January

HEALTH & DISEASE

- VD & AIDS -

1999

JAN — DEC

AIDS activist's death strengthens resolve

'Acceptance of HIV status is the greatest task as it means changing people's attitudes'

ARG 2/11/99

(92)

ADELE BALETA

The "barbaric" killing of Gugu Dlamini, beaten to death by her neighbours in KwaMashu township near Durban for "shaming" them by publicly admitting that she was HIV positive, will not drive the disease underground, AIDS activists have vowed.

The activists say the 36-year old woman's tragic death sends a clear message to politicians to stop paying lip service to the epidemic that is infecting 1 500 South Africans daily and to stop expecting underfunded NGO's to do all the work for them.

Insisting that Ms Dlamini did not die in vain, they vowed to ensure her death added momentum to the nationwide "disclosure and acceptance" campaign.

This involves getting HIV-positive people to voluntarily disclose their status while at the same time preparing the community to accept them.

Ms Dlamini's death also reinforced the recent call made to people with HIV who are in positions of power in every sector of the community to voluntarily reveal their status showing that the disease affects everyone no matter who they are.

Ms Dlamini, an anti AIDS volunteer, was recently kicked, slapped and beaten to death by youths after she spoke out about being HIV positive on a Zulu radio station and on TV on World AIDS Day, December 1

The killing has scared other anti-AIDS advocates who say that her death proves that although three million South Africans are infected with the virus, most of them are afraid to admit it because of the hostility they face

Peter Busse, head of the National Association for People Living With AIDS (Napwa), said Ms Dlamini's death would be used to lobby against health Minister Nkosazana Zuma's call for notification of the disease "The social climate is not ready for this," he said.

Describing Ms Dlamini's death as "a barbaric act", Patch Hlongwane, Natal's Napwa secretary, said KwaMashu was a political hotbed that was "rotten" and filled with criminals and a place where people shoot at their own political leaders.

"We AIDS activists are not freedom fighters carrying AK47s We go in there armed only with banners and condoms. The community leaders cannot even help us

"If we organise an anti-AIDS meeting in KwaMashu we will be sacrificing our teachers and councillors Even you as a journalist cannot go in there and cover an AIDS meeting You will be shot at," he said.

The tragedy was that there were many people living with AIDS in

GRIEVING Gugu Dlamini's sister Bekezela, her daughter Mandisa and cousin Grace Ntuli

KwaMashu "I have endless lists of names of people from KwaMashu who have the disease. They come to us but have to live without breaking the silence about their psychological pain and physical suffering."

He said meetings were planned with politicians and community leaders next week to point out the "disclosure and acceptance" campaign was not just Napwa's problem.

On World AIDS day on December 1 President Nelson Mandela appealed to all sexually active people who have not been tested to have the test for the virus and if they are infected to "openly seek the support of the community". Mr Mandela said everyone had to work to eradicate discrimination that denied support and dignity to those who needed it.

But Mr Hlongwane said the Government would have to give practical input to these words to ensure what happened to Ms Dlamini never happens again.

Mr Hlongwane – who is HIV-positive – said. "Gugu's death has affected all of us It's very stressful. Her death has affected my immune system badly I have just come back from hospital and don't feel too good," he added. He said Ms Dlamini died bravely and for a good cause, but he said it was a pity that she did not come to Napwa to get help on how to disclose her status

"We do not believe that people should come out publicly if they are not ready to do so"

Napwa has counselled many people who had the virus. "We then help them by going to their homes and communities and preparing everyone so that they are able to accept the people with HIV living in the community"

He said the Government had to do a lot more than preaching to make sure that the community accept people with HIV and AIDS.

Napwa head Peter Busse said disclosure had to be linked with acceptance. It took enormous courage for an individual to disclose their HIV status, but acceptance was the far greater task as it meant changes to the community's attitudes.

Khayelitsha's HIV mums first to get AZT

(97)

JUDITH SOAL
HEALTH WRITER

CT 4/1/99

PREGNANT women attending clinics in Khayelitsha and found to be HIV-positive are to be the first in the country to be offered the Aids drug AZT in a project beginning today

Hundreds of young lives will be saved by the treatment, which has been found to reduce by at least 50% the likelihood of a mother's passing the Aids virus to her unborn child

If the project at the Site B and Michael Mapongwana hospitals in Khayelitsha is a success, authorities hope it will be phased in throughout the province

"The implementation is the culmination of a year of careful planning," Sadiq Kariem, head of the provincial Aids programme, said yesterday "We are delighted we can begin at last"

The project is to run for at least 12 months and reach an estimated 5 000 pregnant women, saving the lives of at least 200 babies It will cost R650 000, but as these children will not have HIV and will not need hospital treatment for Aids-related illnesses, it is expected to save the health services more than R2-million

As part of the project, counsellors are to speak to the mothers-to-be about Aids and ask their permission to test them for HIV Those found to be HIV-positive will be offered a short course of AZT before they give birth and one dose during labour They will also be asked not to breastfeed

The project was conceptualised under the former MEC for Health, Ebrahim Rasool, a member of the ANC, and survived the transition to the current incumbent, Peter Marais of the National Party It also survived Minister of Health Nkosazana Zuma's recent announcement that all AZT projects would be cancelled because of a lack of funds

"In a way the national department has given the provinces the leeway to continue, provided we use provincial funding," Kariem said

"In terms of the Constitution it is a provincial function"

The AZT project has been the subject of much recent debate, with Aids organisations threatening to take Zuma to court for failing to provide the treatment Although it would cost R80m to implement nationally, estimates based on the cost of one hospitalisation in each Aids death have shown the project would save at least four times this amount.

The National Association of People living with HIV and Aids (Napwa) has welcomed the start of the project

"We congratulate everyone who has placed ethics above politics to save the lives of young children," Zackie Achmat of Napwa said yesterday "This project is an important first step and we call on the Minister of Health to consult Aids organisations about implementing it nationally"

Cape will give pregnant women AZT

ARG 5/1/99 (92)

JENNY VIALL AND JOYFUL MLAMLI MANELI
STAFF REPORTERS

A pilot project in which HIV-positive pregnant women will be given the AIDS drug AZT to prevent them infecting their children is going ahead in the Western Cape in spite of a decision by Health Minister Nkosazana Zuma not to implement the plan nationally.

Fareed Abdullah, chief director of health care in the Western Cape, said his department had decided to proceed with the project because the national Health Department had agreed to AZT trials

"This is in not in contradiction to national policy," he said "We are in contact with national health and are talking about it"

The project would mean more information could to be collected on mother-to-child transmission of HIV, which was in line with the decision made by Dr Zuma and provincial ministers of health, he said

A similar pilot project in Gauteng was stopped late last year.

The project, which began yesterday in Khayelitsha, will prevent hundreds of babies from becoming infected with HIV during birth.

Trials in Thailand have shown that giving HIV-positive pregnant women AZT during the last month of pregnancy and during birth significantly reduces the chance of babies getting the virus

The Khayelitsha trials will examine the feasibility of an AZT programme in the Western Cape

Dr Abdullah said the project was specific to the Western Cape

"Estimates show that for our local situation it is cost-effective to implement the programme," he said

One reason for this was that hospital bed costs for children sick with HIV/AIDS were much higher than in other provinces, because they were located at Red Cross and Tygerberg, both tertiary hospitals

The cost of giving AZT to pregnant women was lower than the costs of treating babies with HIV/AIDS.

A second reason for going ahead with the project was that infant mortality rates, now at 20 per 1 000 in the Western Cape, could increase by as much as 30% without an AZT programme

Dr Abdullah said the cost of the programme would be lower in the Western Cape than in other provinces because of a lower prevalence of HIV.

Further expansion of the project would be discussed with the Health Department once the project had been assessed, Dr Abdullah said

Sadiq Karriem, of the Western Cape's reproductive health directorate, said the programme would be implemented at two sites in Khayelitsha, Michael Mapongwana and Site B community hospitals.

It was estimated to cost R700 000, depending on the price of AZT, which fluctuated with the rand exchange rate

All women coming for ante-natal care would be counselled and tested for HIV with their permission.

Those found to have HIV would be offered AZT. HIV prevalence in Khayelitsha was around 15%, he said.

The project would run for at least 12 months and reach about 5 000 women.

It would include HIV testing, counselling, AZT treatment and milk formula for six months as well as follow-up testing for infants The Western Cape was funding the project from its health budget

Virus 'blocks cell growth'

San Francisco – The AIDS virus not only kills off T-cells in the body's immune system but also blocks the production of healthy new versions of these vital cells, according to a new study

The California study, which involved the first direct clinical evidence of cell production in the human bloodstream, could prove important in developing new therapies to combat AIDS by jump-starting new T-cell production, researchers said

"These results have important implications on new approaches to therapy aimed at augmenting T-cell production rather than simply blocking T-cell destruction," said Dr Warner Greene, director of the Gladstone Institute of Virology and Immunology at the University of California-San Francisco, said in a news release –Reuters

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AIDS IN THE WORKPLACE (92) fm 8/1/99

A HURRICANE HEADING YOUR WAY, READY OR NOT

Few companies are doing enough to combat the disease

Aids is one of the most important strategic issues facing business in the Nineties and, though many companies are well aware of this how to combat its effects on company performance is still a mystery to most.

Winning companies are developing Aids management strategies but many have yet to draft a simple Aids policy Those that wait until Aids hits company performance will probably be too late to take evasive action

"Most employers in SA will not yet have seen significant evidence of HIV and Aids in the work force, as the epidemic is at an early stage,' says Wayne Myslik of lifeworks health management consultancy "Over the next few years however, companies will witness increasing numbers of staff living with the virus, leaving work because of Aids-associated illness and dying of Aids while in service "

One SA mining company reports that shifts lost because of Aids-related illness have doubled over the past two years, another, in heavy industry, diagnoses one new Aids case a day

"With as many as one in 10 workers already infected, productivity is beginning to be affected, as are training budgets, medical costs and the retirement funding of thousands of workers," says Occupational Care SA (OCSA) consultant Charles Harebottle

According to a recent World Health Organisation (WHO) report, SA's average life expectancy is likely to drop from 64 years to 47 in the next 12 years as the country approaches a full-blown Aids epidemic

Business expects most losses to occur among unskilled workers, who are easy to replace in an economy with high unemployment But Myslik says experience elsewhere in Africa is that high staff turnover, even among unskilled workers, can hammer productivity He estimates Aids could reduce productivity in many companies by as much as 2%

Harebottle argues that the impact of the disease will be even more severe on streamlined organisations where the loss of just one worker can reduce output

Malcolm Steinberg, director of healthcare consulting at Abt Associates SA says companies already feeling the effects of the disease are those with a heavy commitment to group benefits, companies that are vulnerable to intermittent absenteeism — like car manufacturers and bottling plants, which rely on continuous production processes — and those like the mines which provide medical, and especially hospital care to their workers

Niche retailers will also suffer once the epidemic becomes full-blown

Companies will have to reconsider their reliance on skilled labour, says Myslik Increased mechanisation is one solution, another is "multiskilling"

Despite these dire warnings, few companies are doing enough to combat the disease Aids consultants say this is mainly because business prefers to believe Aids is purely a health issue that has no bearing on the workplace, or that drafting an Aids policy or creating Aids awareness among staff is sufficient, or that HIV/Aids statistics are overstated

"Most companies are approaching Aids from a superficial basis and taking a short-term view says Steinberg

Consultants say employers must quantify the effects of the disease on operational performance and profitability as soon as possible "In every case where it has been possible to present quantified impacts to management, their commitment to taking action has been immediate and supported by the allocation of resources " says Harebottle

Aids will threaten the sustainability of company employee benefit schemes where its impact is usually sudden and substantial

The cost of providing the average set of benefits — death disability health care and pensions — could double for many schemes over the next five to 10 years This has already happened to the Gold Fields Group, whose health-care costs per worker have almost doubled in five years

"Companies will have to consider increasing the employee contribution to employee benefit schemes, or reducing the level of benefit," says Myslik.

The upward shift in contribution rates may price medical aid beyond the reach of older members and pensioners Their contributions will have to cross-subsidise younger members, where the disease will be rampant

Attempts to insulate medical aids against the epidemic by excluding or limiting medical benefits for Aids have not worked because doctors deliberately hide the true diagnosis behind secondary infections like pneumonia

Medical schemes are fast realising that they can no longer afford to ignore the cost of Aids and are beginning to offer managed-care products for people with the virus

SA's largest medical aid administrator, Medscheme, has found that the medicine claims submitted by members with Aids are five times higher than the average claim It realised that unless remedial action was taken, some schemes would eventually face bankruptcy

It has opted for a programme that aims to enrol those infected early on and to manage their treatment from the outset so as to reduce the long-term costs to the scheme Other schemes are beginning to see the benefits of this approach.

Schemes are also beginning to realise that discrimination against the virus is hard to defend in law though the benefits conferred for Aids obviously have to be affordable to the scheme

Parmed, parliament s medical scheme, recently made headlines when it increased the limit for annual HIV/Aids benefits from R4 800 to R25 000 per beneficiary in the face of potential legal action to have the previous limit declared discriminatory

Companies are also beginning to realise that like medical schemes, they cannot avoid these costs by discriminating against those with the disease

Discrimination in the payment of employee benefits is considered unfair employer conduct under the Labour Relations Act And under the Employment Equity Act an employer may not reject a job applicant on the grounds of their HIV status unless the Labour Court agrees that this is fair and justifiable The military is exempt from this provision

"Companies may continue to protect themselves by passing the burden on to the individual and government," says Myslik, "but the public sector will not be able to cope on its own and government will be tempted to force the private sector to take responsibility "

He argues that certain provisions in the new Medical Schemes Amendment Act are merely government's first attempts to force the private sector to share the burden of social development.

What then, should business be doing to combat Aids in the workplace?

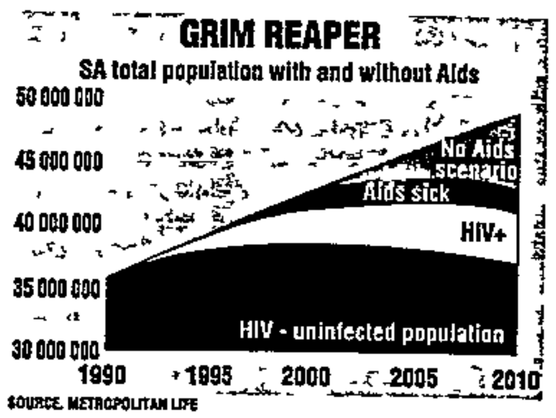
Myslik says business needs to find ways of providing appropriate medical care to people with the virus, educate employees and their communities about the disease, motivate people to change risky sexual behaviour and protect themselves from infection, and assist family and community efforts to support individuals and families affected by Aids

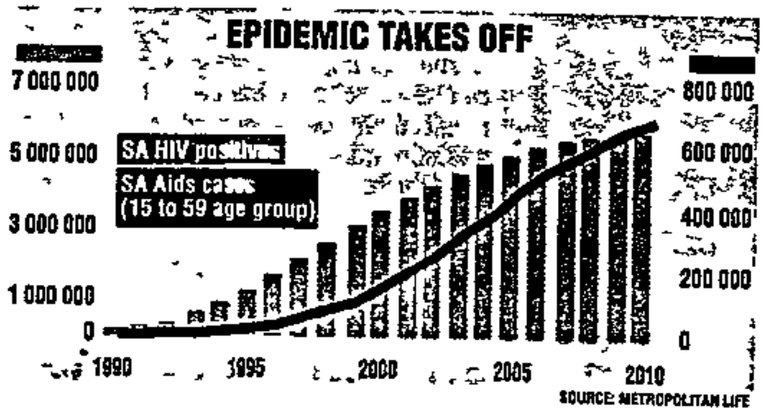
"Failure to develop a timely and integrated response to Aids could not only damage company performance but result in workplace conflict and even costly lawsuits," he warns

"Efforts must be tightly focused on a few key issues that will deliver results All available resources must be concentrated on these areas, targets must be set, action taken, results measured and modifications made where necessary

"If an organisation doesn't have meaningful indicators that track the results of their HIV/Aids programme, or they are not reviewed regularly by senior management, the organisation has not yet recognised the seriousness of the challenge "

Claire Bisseker





THE BODY POLITIC

Barney Mthomboth

HAMBA KAHLE, M

Nyembe's life mirrored our times

A small piece of SA history disappeared with the death in Durban last month of Dorothy Nyembe, or Mam D to her admirers She was 67 There was very little in the way of obituaries celebrating the remarkable life of this ordinary woman

She was more than an MP Nyembe's life mirrored our times She was in the forefront of most of the events that helped shape today's SA, like the 1952 Defiance Campaign against unjust laws and the 1956 women's march on the Union Buildings in protest against pass laws She suffered for her involvement in the struggles of the Sixties and survived the killing fields of KwaZulu-Natal She worked with such stalwarts as. Albert Luthuli, M P Naicker and M B Yengwa

It is not easy to fully comprehend Nyembe's contribution to the fight against apartheid without considering the position of African women especially in Natal, where the infamous Natal Code reduced them to the same status as children

President Nelson Mandela, in his funeral oration, described her as a "true lion of the struggle" Born in rural Dundee, she was barely out of her teens when she became a volunteer, marking the beginning of more than 40 years of involvement in the struggle When the State cracked down on anti-apartheid organisations in 1960 she was served with a stringent restriction order, but immediately got involved in underground work becoming one of the first recruits of Umkhonto we Sizwe Mandela and Nyembe were arrested within weeks of each other in 1963 She was jailed for three years and was behind bars again two years after her release

It was this arrest and subsequent long jail term that thrust Nyembe into the political spotlight, perhaps because of the cast of characters involved The investigating officer was one Johan van der Merwe, then head of the Special Branch in Empangeni, and later Commissioner of Police and self-confessed hero of Khotso House During her trial, a Mr X testified for

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❑ *Mthomboth*

Soaps in front line of battle against Aids

(92) MtG 8-14/1/99

David Gough
in Dar es Salaam

Mashaka is the best-known truck driver in Tanzania, and his exploits are famous He spends most of his time on the roads of East Africa, rarely sees his wife and has a girlfriend in every town

Mashaka became ill a few weeks ago and Tanzanians are holding their breath as his health deteriorates by the week He coughs a lot, is covered in a rash and complains that his friends are keeping their distance

Knowing that his promiscuity puts him at risk of contracting the Aids virus, his friends fear the worst Despite the fact that Mashaka is a fictional character in the popular radio soap opera *Geuza Mwendo*, his plight is the talk of some six million people who tune in every week

Since the programme *Let's Move with the Times* first broadcast warnings about the dangers of Aids in 1993, radio soap operas have featured similar messages to good effect In a recent survey, 75% of respondents said they had been made aware of Aids, and its prevention, through radio programmes

At the moment, four such dramas are playing on Radio Tanzania Some aim to educate listeners about a range of issues including family planning and drugs

Dr Edith Ngirwamungu, information co-ordinator for the health ministry, said the programmes were started to combat ignorance about Aids In 1993 a survey revealed that up to 20% of Tanzanians believed they could protect themselves from the virus by using insect repellent A similar number believed condoms caused the virus

"There is a strong tradition of education through storytelling in Tanzania," Ngirwamungu said, adding that soap operas are the perfect format to get the message across because, while few people can afford newspapers, most households own a radio

The radio shows have gone a long way towards raising Aids awareness, but rates of HIV infection continue to rise Up to 10% of Tanzania's 30-million people are HIV positive and in urban areas the figure is as high as 25%

AIDS will spur on crime, say experts

'Orphaned children will steal to survive'

(92) ARG 9/1/99

MOSES MTHETHELELI MACKAY

The AIDS epidemic sweeping South Africa will cause an escalation in the crime rate, AIDS experts have warned

Ashraf Grimwood, of the National AIDS Coalition, said crime would increase because there would be more AIDS orphans, who without parental supervision and support would resort to crime to survive

"Crime will increase because of the disintegration of the fabric of our society It will be made worse by the lack of guidance, care and support for HIV-positive people, including children. Children orphaned by AIDS will have no role models in future and they will resort to crime to survive."

The impact of AIDS has already been felt at most hospitals in South Africa where admission rates are said to have increased by about 40% because of HIV-related diseases

It is estimated that South Africa's orphans will number one million by the year 2005

Dr Grimwood said AIDS was sending more children on to the streets where they were easy pickings for child labour and prostitution

He said the prevailing attitude towards people living with AIDS, especially by some in the Government, did not help the situation

People infected with HIV felt that they were not worthy That created a negative environment in which people felt disempowered, he said.

Dr Grimwood said the solution to the problem would be to ensure that people living with HIV were not discriminated against and were supported by their communities

He also proposed that water and electricity be subsidised for AIDS patients "We need to set up houses for AIDS patients and orphans where they can be cared for," he said

Dr Grimwood said the SA Police Services, the housing and health departments and other stakeholders had a role to play in addressing the problem Some employees in these departments were HIV positive or had full-blown AIDS, he said

Colwyn Poole, of the National Association of People Living with AIDS, said the effect of AIDS on orphans and other children who were left by their parents or guardians had to be addressed

Mr Poole said that could be done by increasing awareness in society

He said the social welfare and health departments should look at the practical issues concerning orphans

He asked "If an orphan's motivation to steal food is hunger, then whose responsibility is it? It is the Government's responsibility, people who were elected and voted into power "

He said that if both parents died the Government should assume responsibility to care for the orphaned child

Ray of light for HIV moms

AZT drug could save lives of hundreds of babies in Western Cape hospitals

ST(CN) 10/11/99 (02)

NATALIE KAMMIES

DR SAADIQ Kariem is a relieved man because staff at two Cape Town hospitals will no longer have to stand by helplessly and watch the slow death of HIV-positive babies

Kariem, head of the Western Cape's AIDS programme, this week launched a pilot project to treat pregnant HIV-positive women with the drug AZT, giving their children a 50-50 chance of surviving

The project was launched at Site B and Michael Mapongwana hospitals in Khayelitsha and will continue for 12 months

Although the drug has proved to be effective, the national Health Department decided last year that it could not afford to administer it on a national scale.

But the Western Cape government decided to fork out R650 000 to fund the project

The authorities believe the cost of AZT will work out at a quarter of the cost of treating AIDS babies till their deaths

Pregnant women at the hospitals are given the option of an AIDS test and if they test positive they are treated with the drug

Two women who went ahead with the tests were Nokubonga Maxhayi and Rose Dukumbana. They will be given the results this week, but both say the project has given them peace of mind

Maxhayi, 21, who is six months' pregnant, said "I'm very interested in my baby's life and I'm glad there's something that might save the baby from contracting the virus should I have it.

"I've got a bit of fear but I'll take the news as it comes because everything has been explained to me clearly"

Dukumbana, 36, a single mother, said her latest pregnancy was unexpected She read about the AZT project in newspapers and agreed to go for the HIV test after attending a talk at the hospital

"I didn't know that you could pass HIV on to your unborn child," she said

Midwife Tozama Qomfo said "I'm very happy because the project gives hope to the unborn baby"

All mothers who had tested HIV-positive in the past would be told about the programme when they came in for routine checks Around 5 000 women would be tested at the two clinics over the next 12 months and doctors expected 750 of them to be HIV-positive.

Kariem said 98 percent of pregnant women agreed to be tested

Those who were HIV-positive would take three tablets twice daily as well as during labour and delivery

After birth, the baby would be monitored until it was 18 months old

HIV-positive mothers would be discouraged from breastfeeding as there was a 25 percent chance of HIV being transferred through breast milk.

Kariem said setting up the pilot project was a "frustrating process, largely because you've got to get the support of everyone"

"We could not have done it if the Khayelitsha community did not want us to Ultimately we'll save these babies' lives and that to me is what it is about"

Dr Fareed Abdullah, provincial chief director of Health Care said the project would help determine national policy Abdullah said the AZT programme could substantially reduce the infant mortality rate in the province.

He said the project was initiated in the Western Cape because HIV was less prevalent here than in other provinces and would cost less

Another reason was that the cost of hospitalising infants in the Western Cape was one of the highest in the country

The programme would mean fewer infants would be hospitalised, leading to an expected saving of some R2-million.

Dr Harm Pretorius, national acting director general of health, said "The information from the Western Cape trial will inform policy making on a national level"

Regional ANC leader Ebrahim Rasool, who was involved in initiating the Western Cape AZT project when he was MEC for Health in the government of national unity, said this week that during the planning stage they had looked at the cost implications — such as whether AZT could be provided for every mother

"We also looked at the ethical implications, like what happens to the baby when the mother dies

"I think it's a good idea if it is affordable but if the Western Cape is going to be the only supplier and other provinces do not have the resources, one could see an influx of pregnant mothers to the Western Cape."

At King Edward Hospital in Durban a similar trial called the Perinatal Transmission Reduction Study is being done on pregnant woman who are HIV-positive.

Dr Jack Moodley, head of obstetrics and gynaecology at King Edward said all pregnant mothers coming to the hospital were counselled and asked if they wanted an HIV test. If they agreed and were found to be HIV-positive they could be put on a course of anti-viral drugs like AZT

The programme was started two years ago and is funded and co-ordinated by the World Health Organisation and has no provincial funding

HOPE AT LAST: Dr Saadiq Kariem holds the AZT tablets that could save the lives of hundreds of babi whose mothers are HIV positive
Picture: RICHARD SHORI

AZT denied – and Aids keeps killing

Star 16/1/99 (9a)

By CHARLENE SMITH

Glory Mapetla rocks back and forth, the limp body of 2-year-old Eric in her arms. He has a bandage around his head, and although his eyes are closed, his face is turned up towards his mother, a smile on his lips. She sings softly, "I love my baby, I love my baby", and kisses him. His life expectancy can be counted in days.

In South Africa one in five mothers is infected with HIV/Aids.

Each year, more than 1 million babies are born in South Africa and tens of thousands are infected. Most will not see their second birthday.

But if the government gave babies the drug AZT in their first month of life, and mothers did not breastfeed, the lives of most of these could be saved each year, according to Professor Peter Cooper, head of paediatrics at Johannesburg Hospital.

But Health Minister Dr Nkosazana Zuma is refusing to allow the drug, which costs less than R400 a month per baby, to be given. Within a year of birth, these babies become very ill and require frequent hospitalisation. By the time they die at around 2 or 4 years of age, they will have spent most of their time in hospital – at an average cost of R300 a day.

An Aids baby in a hospice costs around R2 500 a month or R30 000 a year. But, for the cost of R400 and a life saved, hospitals will have to spend a fortune in a losing battle for that child.

There is an argument from the Department of Health, conveyed to health practitioners, that there is no point in saving the lives of babies born to HIV infected mothers because the mothers will die quite soon anyway and the children will be orphaned. It's a theory which forgets that, constitutionally, children have a right to life.

Much pain

Eric became infected with Aids from Glory when he was born. She tries to talk but her eyes fill and she cries.

In the next room of Cotlands, an Aids hospice in Johannesburg, Sister Betty Olifant sponges down a baby who seems plump and healthy, but has Aids. "Hai, that baby (Eric) is in too much pain, he will die soon. You never get used to losing them, but at least it gives them relief from the pain."

Some 22,5 million children in sub-Saharan Africa have HIV/Aids, according to the World Health Organisation.

By 1996, of the 4 million babies born each year in the United States (overall population 245 million people), only 600 had Aids transmitted to them from their mothers.

Says Cooper: "Of the deaths in our wards, excluding newborns, at Johannesburg Hospital, 70% will die because of HIV/Aids. Our general paediatric wards accommodate an average of 80 children a day, and 30% to 40% of those have HIV.

"Most HIV patients are under the age of 2, and are infected by their mother (by coming into contact with the mother's blood) during birth or through breastfeeding, but we are now starting to see older children come in with HIV/Aids.

"Half of the children who contract HIV/Aids during birth become ill in their first year. In adults, the average time from contracting the virus to getting sick is seven to eight years."

Cooper says hospitals began seeing the first HIV/Aids children in the late 1980s. "It has developed from us having to deal with the occasional child to a full blown epidemic."

Now several children die each week in Johannesburg Hospital alone from HIV/Aids.

Last week British Prime Minister Tony Blair, gave South Africa a R100-million package to fight Aids – part of a larger grant Britain is giving to fight Aids on the continent.

According to UN figures, southern and eastern Africa are the world's worst hit Aids areas.

In 1993, life expectancy in South Africa was 63 years but by last year it had dropped to 55. In the same period, life expectancy in Botswana was 65 and has now plummeted to 40.

A third of all children admitted to South African hospitals are HIV positive or have Aids.

Lindi Sithole approaches newcomers to the paediatric ward that is her second home, smiling sweetly. In her long pink gown with carefully braided hair she looks like a princess.

Dr Ashraf Coovadia turns over her hands: her palms are blue. "Why are you not in bed having your oxygen?" he gently scolds.

Lindi has Aids and should be on oxygen permanently. She is entering

UNBENDING: Dr Zuma has opted to ignore special-price offer from drug company

the final stages of her illness, but paediatric staff at Coronation Hospital, which is wedged between Johannesburg and Soweto, also know the 4-year-old needs to play.

Her mother died in March last year, and no one knows where her father is. Although the hospital regularly sends oxygen to the home she lives in with her aunt, she sometimes becomes so ill she has to be hospitalised.

Professor John Pettifor, head of paediatrics at three hospitals – Coronation, Soweto's Chris Hani Baragwanath, and Johannesburg Hospital – and head of the paediatrics chair at the University of the Witwatersrand, says hopefully, and somewhat wryly, in connection with the British gift: "Could we build a children's hospital with it?"

Blair has said the money will be targeted at educating people about the dangers of Aids and supplying contraceptives. But Pettifor says: "I am pessimistic about changing sexual habits – education is not enough. What we need is a cheap vaccine. Without one we won't make a dent, but such a vaccine is still some time off.

"A survey done in Soweto last year showed that 20% of all mothers giving birth were HIV positive. Think of it: in the next eight to 10 years, a fifth of all women of child-bearing age will die. Within five years there will be huge numbers of women dying. The disruption to family life and the fabric of society will be enormous."

Dr Glenda Gray, who heads research into Aids at Chris Hani Baragwanath, says three children are born with HIV/Aids every day in Soweto.

Research has shown that if a baby is born negative to an HIV positive mother, and if she breastfeeds, she will probably transmit Aids to her otherwise healthy infant.

It is becoming increasingly unequivocal that HIV-positive women who have access to clean water for formula feeding endanger the lives of their babies if they breastfeed. A study due out in South Africa on February 1 is expected to reconfirm this.

Pharmaceutical giant Glaxo-Wellcome, the manufacturer of AZT, has made the government an offer, but Zuma has refused.

Glaxo-Wellcome has cut its price by three-quarters for a five-year period and offered the government some free supplies of AZT.

And yet the disease is putting huge strain on health services – Gauteng puts an astounding 45% of its budget into combating the disease, but other provinces tend to have lower figures.

Putting so much of a budget into one disease means that other areas suffer. Hospitals which are already chronically understaffed and poorly resourced, for the most part, are battling with impossible patient loads, and for the past year have had to freeze the posts of doctors and nurses who leave, so all hospitals are suffering critical staff shortages, and those left are working impossible hours.

Tuberculosis

Jackie Schoeman, assistant director of child care at Cotlands, says many families refuse to look after children with Aids "because of the stigma, so we lie to some family members about why the child is in our care – we say he or she has meningitis or tuberculosis".

Tuberculosis, fuelled by HIV, has become rampant in South Africa. More than 60 people a day succumb to the disease and the figures are climbing steeply.

Cotlands, which receives a small stipend from the government and raises other funds privately, admitted 54 children to its hospice last year. Most were under the age of 4, and 46 died. Cotlands is trying to encourage people to foster Aids babies, but in four years only two children have been fostered.

Doctors are furious that the government is refusing to administer AZT to pregnant mothers, and one province, the Western Cape, is currently ignoring the government's ruling.

Pettifor says: "If we are to decrease the prevalence of children suffering from HIV, we have to look at the use of AZT in pregnancy. But because the government is refusing AZT for pregnant women, all we can do now is give TLC (tender loving care)."

"Doctors are becoming impotent again and it is depressing. Doctors are back in the situation of 40 or 50 years ago when there were no antibiotics – except that now, far more people are dying."

■ Patients' names have been changed to protect their identities.

DESPERATE: These women claim they were dismissed after being found to be HIV positive. Their employer says infected people shouldn't be in any workplace

Pastors threaten to sue doctor fo

By HERMAN LEEUW

Two Sharpeville pastors have threatened to sue a Vaal Triangle doctor – Rodney Lindani Bulawayo – for allegedly disclosing their HIV status. According to both men, Bulawayo failed to respect their confidentiality and impaired their dignity.

The angry pastors this week confronted Bulawayo at his surgery, where they claimed damages of R60 000 each.

"He attempted to give us R6 000 each in a bid to silence us but we have rejected his bribery," said one of the pastors. "We wonder how many people know that we are HIV positive. Our occupations don't necessarily mean he had a right to expose us to the media," he said.

Despite the pastors' anger, Bulawayo was in relaxed state of mind when he told the *Saturday Star* that he had been furious with the pastors, who, he claims, lied about their names, addresses and phone numbers on their HIV test forms.

"We doctors always experience problems about patients who give us

Some of the shocking figures

- One in five mothers in SA is infected with HIV/Aids.
- 60 000 babies are infected each year – most will not see their second birthday.
- To hospitalise a sick child costs R300 a day or millions a year for all of them currently being treated. Aids babies require frequent and lengthy hospitalisation.
- An Aids baby in a hospice costs R2 500 a month or R30 000 a year.
- Within eight years, a fifth of all South African women of child-bearing age will be dying from Aids.
- 22,5 m children in sub-Saharan Africa have HIV/Aids.
- Fifty times more babies are infected with HIV/Aids in South Africa than in North America.
- 70% of children who die in Johannesburg Hospital do so because of HIV/Aids.
- A third of all children admitted to SA hospitals are HIV positive or have Aids. In some areas figures are higher.

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...ERATE. These women claim they were dismissed after being found to be HIV positive. Their ...ployer says infected people shouldn't be in any workplace Photograph: HERMAN LEEUW

Two women fired after 'secret' tests

By HERMAN LEEUW

Two middle-aged women were dismissed from their jobs at a Vanderbijlpark textile factory this week for being HIV positive, following what they claim was a secret HIV test ordered by the factory owner.

According to them, their employer, Craig van der Merwe, invited health workers to his Shakespeare Textile Factory in November to test the HIV status of his employees, apparently without consulting them. Both women were later called into Van der Merwe's office and told they had been dismissed because of their HIV status.

One of the dismissed employees, a mother of two, sobbed bitterly when interviewed this week.

"It's better to commit suicide because I have begun to hate every man in this world," she said. "Why did I have to invite this deadly disease into my house? I always feel guilty whenever I see my family, especially my boyfriend. What wrong have I done to deserve dismissal? I am the sole breadwinner.

Not convinced

"I am still not convinced that I am HIV positive because none of the HIV test procedures were carried out in a professional manner," she claimed. "I intend to consult a lawyer."

But Van der Merwe told the *Saturday Star* that he wouldn't employ HIV/Aids sufferers "It sounds unfair but I was trying to help others not to be infected.

"Such people are dangerous to the community, especially if they are dealing with customers. I don't regret what I did because I believe HIV/Aids victims should not be in workplaces

"I've been requesting employees to consult their personal doctors for HIV tests since the beginning of 1997, but none of them ever came back with results"

Percy Mahlati, spokesperson for the SA Medical and Dental Association, condemned Van der Merwe's decision, saying his action had to be addressed immediately. "There's nothing wrong about Van der Merwe's HIV-positive employees," he said.

"Most HIV-positive victims are still employed by companies nationwide. Nobody has the right to discriminate against people on the basis of their illness. To dismiss them in this manner is illegal."

...astors threaten to sue doctor for revealing their HIV status

...HERMAN LEEUW

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"He attempted to give us R6 000 ... in a bid to silence us but we have rejected his bribery," said one of the pastors. "We wonder how many people know that we are HIV positive. Our occupations don't necessarily mean he had a right to expose us to the media," he said.

Despite the pastors' anger, Bulawayo was in relaxed state of mind when he told the *Saturday Star* that he had been furious with the pastors, who, he claims, lied about their names, addresses and phone numbers on their HIV test forms

"We doctors always experience problems about patients who give us wrong information," he said in his defence. "It is difficult for doctors to provide counselling for such patients We are here to help them, but if they don't co-operate with professionals, they are likely to spread their deadly disease wherever they go"

Bulawayo denied he had tried to bribe both of them "I wouldn't attempt to bribe them because I don't feel guilty for disclosing their HIV status to the media."

Percy Mahlati, spokesperson for the SA Medical and Dental Association, strongly condemned doctors who disclose confidential information about their patients to the media "The confidentiality of patients is not merely ethical, but is also a legal duty," he said. "We are going to investigate this case thoroughly."

"Most doctors are bound to be frustrated because they are unable to conduct proper procedures like providing patients with counselling. I urge all doctors to contact the medical association for advice before they take any drastic decisions"

Some of the shocking figures

One in five mothers in SA is infected with HIV/Aids.

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Within eight years, a fifth of all South African women of

NUMBER 15.. Esselen Street centre has waged a war against AIDS for eight years, lately amid severe budget cuts and scant resources

Aid needed to help AIDS centre battle epidemic

(92)
CP 17/1/99

By MAPULA SIBANDA

WITH up to 10 percent of the total population of Gauteng already infected with HIV, the Esselen Street AIDS Centre in Hillbrow is a much needed resource that cannot be allowed to fold

In an interview with City Press, the manager for Greater Johannesburg's AIDS programme, Mary Crewe, this week painted a gloomy picture of a centre that has had to practically halve its resources to accommodate budget cuts

"We used to be one of the most effective AIDS programmes in the country, but now we have been reduced to a shadow of our former selves," she said

The centre, which is popularly referred to as "Number 15" or "17 Esselen Street", has for the past eight years offered AIDS education and family planning services for the more than one million migrant inner city population

Today, only seven of the original fifteen permanent staff members are working as the remaining eight positions had to be frozen

The centre has to rely heavily on volunteers

Crewe proposed that it will take up to R5 million a year for the centre to be run effectively

At present though, the centre has to do with the R600 000 budget offered by provincial government, an amount which Crewe said has not increased in the past four years

Local government contributes more than one million rand to the centre

Crewe believes politicians are only paying lip service to the AIDS problem

"It does not seem as if politicians are making a difference in fighting the epidemic, as there has not been any major policy announcements regarding the epidemic," Crewe said

Politicians and councillors rarely bother to visit the centre

On a normal busy day the Esselen AIDS Centre is visited by more than 100 people Some come for free condoms, some for counselling on family planning, STDs and AIDS awareness, while some come for HIV tests

Pre- and post-test counselling is offered and the centre also runs outreach programmes for street children and commercial sex workers

Crewe is worried that the number of people they are seeing has not reduced since the centre was opened, and this can only mean that limited resources and budget cuts are forcing them to fall behind in the prevention of the epidemic

NO MORE LIP SERVICE Government must help fight AIDS, says Greater Johannesburg AIDS manager, Mary Crewe

For Jabu Tshabalala, counselling both HIV negative and positive people about the effects of the disease, has become a regular job in the past four years

Many have tested positive – sometimes up to four people a day

Tshabalala cannot remember the first positive case he counselled

"When I started I preferred giving only the negative results, because telling anyone they were positive was like giving them a death sentence," he said

Tshabalala said counsellors do not beat about the bush when they deliver the bad news

"You do not start by enquiring about the weather You go straight to the fact that they are HIV positive

"Although I have been doing this for long, I feel bad every time I have to tell someone that they are HIV positive "

Tshabalala also co ordinates volunteers to cope with the growing demand for AIDS support from inner city communities

Crewe and Tshabalala agreed that, despite budget cuts and limited resources, the services offered by Esselen Street will continue as long as the epidemic is spreading

HIV/Aids timebomb in mining community

(92) (92)

FRANK NXUMALO
LABOUR EDITOR

CT(PR) 18/11/99

Johannesburg — The mining industry is staring disaster in the face because of a rapidly increasing HIV/Aids epidemic on the mines, a survey published last week shows.

The study by the Epidemiology Research Unit and sponsored by the Mothusimpilo Trust, showed that one in every five mineworkers in the Carletonville mining area, near Johannesburg, and up to 75 percent of the prostitutes from a nearby informal settlement, were infected with the HIV virus.

The research was conducted among 1 597 mineworkers and 500 prostitutes in the Carletonville area. Anglo American and Gold Fields employ about 70 000 mineworkers in this small mining town. Experts estimate the Carletonville HIV infection rate to be more than two-thirds higher than the national average, estimated at 2,8 million people and increasing at a rate of about 1 500 a day.

Although Aids cuts indiscriminately across social class, race and age, research has shown it spreads like fire in migrant labour compounds and communities living in squalid conditions.

Zwelinzima Vavi, the deputy general secretary of Cosatu, stressed recently that the catalytic role played by poor social conditions in the rapid spread of HIV infection. He identified "a relationship between the legacy of apartheid and HIV/Aids in that this epidemic is rife among mining towns, informal settlement, hostels and surrounding areas.

"Surely the greatest contributors to this situation is the labour migrant labour system and single-sex hostel system which unfortunately continued to be allowed to exist".

Cosatu has committed itself to a partnership with government to fight the scourge of Aids.

HIV stigma hinders disclosure

(92) Star 21/1/99

By Claire Keeton
Feature Writer

THE fear of rejection and hostility makes it hard for people living with HIV-Aids to disclose their status particularly in South Africa where many people still refuse to believe that HIV-Aids is a reality

As many as one in seven South Africans are HIV-positive

And until South Africans encourage disclosure and accept people with HIV-Aids, the risk of infection is even higher since the virus is still being passed on – silently

'No one knows It's my secret," said a 40-year-old women from Alexandra Her husband has died and she has five children to support alone

'Scared to come out'

"I'm scared to tell people" says the woman, who appears healthy

An Alexandra man, who found out that he was HIV-positive three years ago, said No one can tell I m positive Only my wife knows"

He said that his disclosure had increased tensions in their relationship and his wife was scared to go for a test

But the man said 'I'm just like any other person who is normal since I came to the clinic for treatment"

He came to the clinic because he had been losing weight and had a chest problem The doctors found he had tuberculosis and a blood test revealed that he was HIV positive

"I was shocked I did not understand what HIV was although I was sick But now that I'm attending the HIV clinic, I'm healthy again"

HIV-Aids counsellor Lulama Sulupha outside the Alexandra office of Friends for Life, which runs a support group and self-help project for people with Aids.
PIC CLAIRE KEETON

The man said 'I would like to tell people that HIV is like any illness If you do not take care of yourself, it kills you The clinic and the drugs make a difference"

For this reason he would encourage people to go for HIV screening at their local clinics

Apart from medical care, knowing that he is HIV-positive allows this man to share his problems with other people and this gives him strength

The Alexandra support group for people with Aids is part of Friends for Life, a non-governmental organisation that was started seven years ago by volunteer

Rejected

"Friends for Life is a community-based Aids service organisation, providing care, support and empowerment to the broad spectrum of people living with and affected by HIV-Aids," according to its mission statement

Friends for Life – like other organisations dealing with HIV-Aids in South Africa – provides a lifeline for those rejected or abandoned by their communities "It is like a family, like brothers and sisters," said the Alexandra office coordinator, Lulama Sulupha 'We share everything, happiness and sorrow

"In December we lost many people, I was sobbing and angry,' she said explaining that it was painful work at times, but appealed for volunteers not to be deterred and to come forward

Sulupha is committed to this work and to educating people about the virus ' Most people in the township are scared of the stigma of HIV But they do not take it seriously as long as no one in the family is positive, she warned

'We sometimes ask rough questions like How do you know your status if you have not even had a test ?

Blacks and whites

"Some people believe it is only for whites Some think it is for blacks It is for all of us"

Friends for Life launched a campaign for people to disclose their HIV status at the end of last year However, it did not have popular support

Yeoville counsellor Stevie Megens explained why they thought it was important "The more people come out about their status, the less stigma is attached to it"

Friends for Life is based in Yeoville with branches in Alexandra and Witbank, Mpumalanga The Witbank branch, in a lounge at Witbank Hospital, was opened late last year and has been hectic

"We're the only active HIV-Aids organisation there," said counsellor Thembi Khanyile 'When we handed out condoms, it was the first time for many people to receive them

Friends for Life has several projects, including the support groups which aim to empower people with Aids There is a support group for women in Yeoville and a mixed group in Alexandra which meets twice a week

' It helps a lot with accepting HIV, said one man from the group The Alexandra group has also started an income-generating sewing project in their office above the new Eastern Metropolitan Local Clinic

Sulupha said "Friends for Life also have buddy teams, which visit people who are ill at home They assist with cooking feeding and cleaning and provide food parcels to those in need'

The organisation does hospital visits to Johannesburg General Hospital, Helen Joseph Hospital and the old Hillbrow Hospital as well as pre- and post-test counselling

'It is scary having an HIV test," admitted Sulupha, who is HIV-negative "But it is a relief to know the result It is better to know early than late It helps if you need drugs"

Friends for Life does workshops to convey this message to people at schools, firms and prisons They educate people about the risks of sexually transmitted diseases, including HIV-Aids and nutrition Sulupha said some of their HIV-positive members attend workshops and disclose their status to participants She concluded 'People should stop talking about other people who are HIV-positive unless they do the blood test themselves"

● Friends for Life can be contacted at (011) 882-8473 or 882-9152

Minority members want to see Virodene firm liquidated

BD 20/11/99 (92)

Stephané Bothma

PRETORIA — The future of Cryopreservation Technologies (CPT), which made international headlines two years ago with its anti-AIDS agent Virodene, is in the balance after four minority members asked the High Court to liquidate the firm

Court papers claim that two members of CPT have been illegally distributing Virodene locally and overseas, despite a ban on the drug by the Medicines' Control Council, and that distribution and manufacturing agreements have been concluded throughout the world

The papers say rights to Virodene have also been sold by CPT for R5m, but that the deal cannot be finalised because members do not hold meetings The four applicants cite irreconcilable differences between members and insolvency as reasons for the application

The urgent application, launched in December by clinical assistant Carl Landauer, neurosurgeon Gabriel du Preez, Pretoria businessman Charles Fourie and accountant Stefanus Maartens, was postponed again yesterday by Judge Fanie Mynhardt because certain documents were filed late

The applicants have a 27,7% interest in CPT Their application for liquidation is being opposed by five other members of the company, including researcher Olga Visser and her former husband Zigi

The Visser couple has instead launched a counter-application to oust their four opponents from CPT and to form a new company, Virodene Pharmaceutical Holdings

The Vissers claim the four do not have the interests of CPT at heart According to an affidavit filed by Fourie, serious problems exist among CPT members and these came to a head in November 1997 when a high court order prevented the Vissers from trading in Virodene During the November court action, Landauer described the Vissers as "medical laymen" who were allegedly illegally distributing Virodene locally and overseas, despite a ban on the drug by the Medicines' Control Council

In December 1997, the high court appointed Hugo Snyders to manage CPT's affairs following an agreement between the members However, according to Fourie, Snyders failed to solve the company's problems and could not protect CPT's rights to Virodene.

In the court papers Fourie referred to an agreement between CPT, a Mr Mngomezulu and a Quinton van Rooyen, in terms of which a new company would be formed and CPT's rights to Virodene sold to Mngomezulu for R5m "A deposit of R200 000 has been paid, but R4,8m is still outstanding," Fourie said

He said no decision could be taken to either cancel the deal or enforce the payment of the outstanding amount because CPT had not held members' meetings

Fourie said the Vissers were already involved in Virodene Pharmaceutical Holdings and "were acting as if Virodene belonged to them"

Clinical trials on Virodene had been conducted in London, but the Vissers had refused to give other CPT members feedback on the tests, Fourie said

According to Fourie, the Vissers claimed the sole right to trade in Virodene and related patents, to the detriment of CPT and its other members In the meantime, Fourie said, CPT was "drifting around" without any management and nothing was being done to protect the interests of members.

Africa's plague in a world of plenty

Finding a cure for Aids may take years, but the medical fraternity is attempting to stop the spread of the disease, writes **Stuart Hess**

While the world looks forward to a future in which infertile couples can have children via genetic cloning, and people with missing limbs can be given fully functional robotic hands, arms or legs, the people of Africa face a major struggle as the Aids epidemic continues its unstoppable march through the continent.

Although South Africa has been at the forefront of some significant innovations in health care this century — notably Professor Chris Barnard's heart transplant at Groote Schuur in 1967 — those triumphs may be overshadowed as more people contract the Human Immunodeficiency Virus, and Aids-related deaths accelerate

A researcher at the Medical Research Council (MRC), David Wilkinson, says Aids will lead to a social breakdown as many families lose breadwinners and loved ones

"We are going to see a continued increase in the number of new infections which will place enormous pressure on the sector," says Wilkinson. "We will see an almost total breakdown in the health system."

Wilkinson says South Africa has made significant strides in the past two years in raising awareness of the disease and believes the country will lead the rest of the continent in finding a vaccine to kill the C-strain virus, most common in sub-Saharan Africa.

Already the MRC has developed a relationship with the community in Hlabisa, KwaZulu-Natal, to test new drugs on residents who have contracted Aids "The community are totally open to the idea because it is addressing a crucial need," says Wilkinson.

Suffer little children: If an Aids vaccine is not found soon, many more children will contract the disease. PHOTOGRAPH: NADINE HUTTON

Research in the developing countries is still far behind work being done in Europe and the United States, where a drug has been produced which stops the virus replicating. But at a cost of $10 000 per year, it is far too expensive to be used locally

"Finding an Aids vaccine will take years There are hopeful signs, but there have been hopeful signs before," says Wilkinson.

His colleague, Gita Ramjee, is studying the spread of the disease in urban centres, especially among prostitutes. Researchers at the MRC in KwaZulu-Natal have been testing a new drug with prostitutes

Called vaginal microbicide, the medication, which comes in the form of a cream, is applied inside the vagina and prevents the transmission of HIV during intercourse The local experts are working in conjunction with scientists in West Africa and Thailand and the results of the study are expected in June 1999.

However, while the world seeks a product which will kill the Aids virus, scientists in the field of genetics want to use the virus to combat genetic ailments such as the visual impairing disease, retinitis pigmentosa, and various forms of cancer

"We are using our molecular technology to study the Aids virus," says the associate professor of human genetics at the University of Cape Town's medical school, Jacque Greenberg.

"It is a very powerful virus and it would be wonderful if we could utilise it to help rather than harm the human race We would like to adapt the virus by nullifying its deleterious effect and then use it as a carrier to deliver healthy genes into the human body," says Greenberg. "This way it could be used during gene therapy to replace genes or repair faulty genes "

Genetic researchers are also concerned with the controversial topic of cloning and many believe that one day it will be possible for infertile couples to have children using cloning techniques

Greenberg believes scientists still have a lot to study in the field of cloning before reproducing children. "Right now cloning is a very valuable tool for molecular geneticists and the more it is used, the more we learn about how it can be used," says Greenberg "The cloning of humans for reproductive purposes is still a long way off "

As local scientists continue to study new ways of improving health, the government is trying to improve the quality of health care available at the 486 primary health care clinics built since 1994. The Department of Health wants to provide each clinic with X-ray machines and ultrasound equipment The advances made in radiology mean the equipment is of a higher quality and, more importantly, it is cheaper.

A professor in radiology at the University of Natal, Peter Corr, says the next big step is to link the clinics with larger hospitals through telemedicine "As the images [from X-ray or ultrasound] are downloaded digitally they can be linked via a network of telephone lines," says Corr "This will enable more experienced doctors in urban areas to help staff in rural hospitals and clinics "

Studies done internationally have shown that, through radiology, diseases such as breast and liver cancer can be detected before they become life threatening

The single biggest dilemma facing firms

2005 Aids countdown for business

CT(BR)27/1/99 (92)

MARC HASENFUSS
CAPE EDITOR

Cape Town — By 2005 nearly one in five workers in South Africa will be HIV positive, research released yesterday by Metropolitan Life showed.

Deane Moore, an actuary at Metropolitan Employee Benefits, said the way business and industry tackled the many issues Aids raised in the workplace would ultimately determine whether South African companies remained in business beyond the next decade

He said projections obtained by Metropolitan using the Metropolitan-Doyle model — developed in 1988 to provide reliable estimates of the progression of HIV and full-blown Aids in South Africa — highlighted the rapidly increasing incidence of HIV infection and full-blown Aids in the country

Based on the latest statistics, the model projects that the percentage of the workforce that is HIV positive will increase from 11 percent in 1999 to 18 percent in 2005

Metlife estimated that the percentage of the workforce that was infected with Aids would grow from 0,6 percent this year to 1,8 percent

Research also showed that the number of new Aids cases each year would surge dramatically, from 175 000 this year to 461 000 by 2005. The life expectancy of the South African population would dwindle down to 43 years by 2005

Moore said the latest statistics showed that Aids was the single most strategically significant dilemma facing South African companies at the onset of the 21st century

He believed that developing countries with lower standards of education were generally much harder hit by the Aids epidemic than their competitors in the developed world

"This will make it increasingly difficult for companies based in South Africa to sustain any competitive edge they enjoy at the moment," Moore said.

The direct costs associated with the disease were likely to continue escalating too, especially the ongoing provision of employee benefits such as life, disability and medical cover

Moore predicted that for many retirement funds the cost of an average set of benefits was likely to double by 2005 and treble by 2010

He said employers who continued to assume full responsibility for increases in the cost of risk benefits would have to add some 15 percent to their remuneration budgets for 2005

"Alternatively, the value of such benefits would have to be halved by that date."

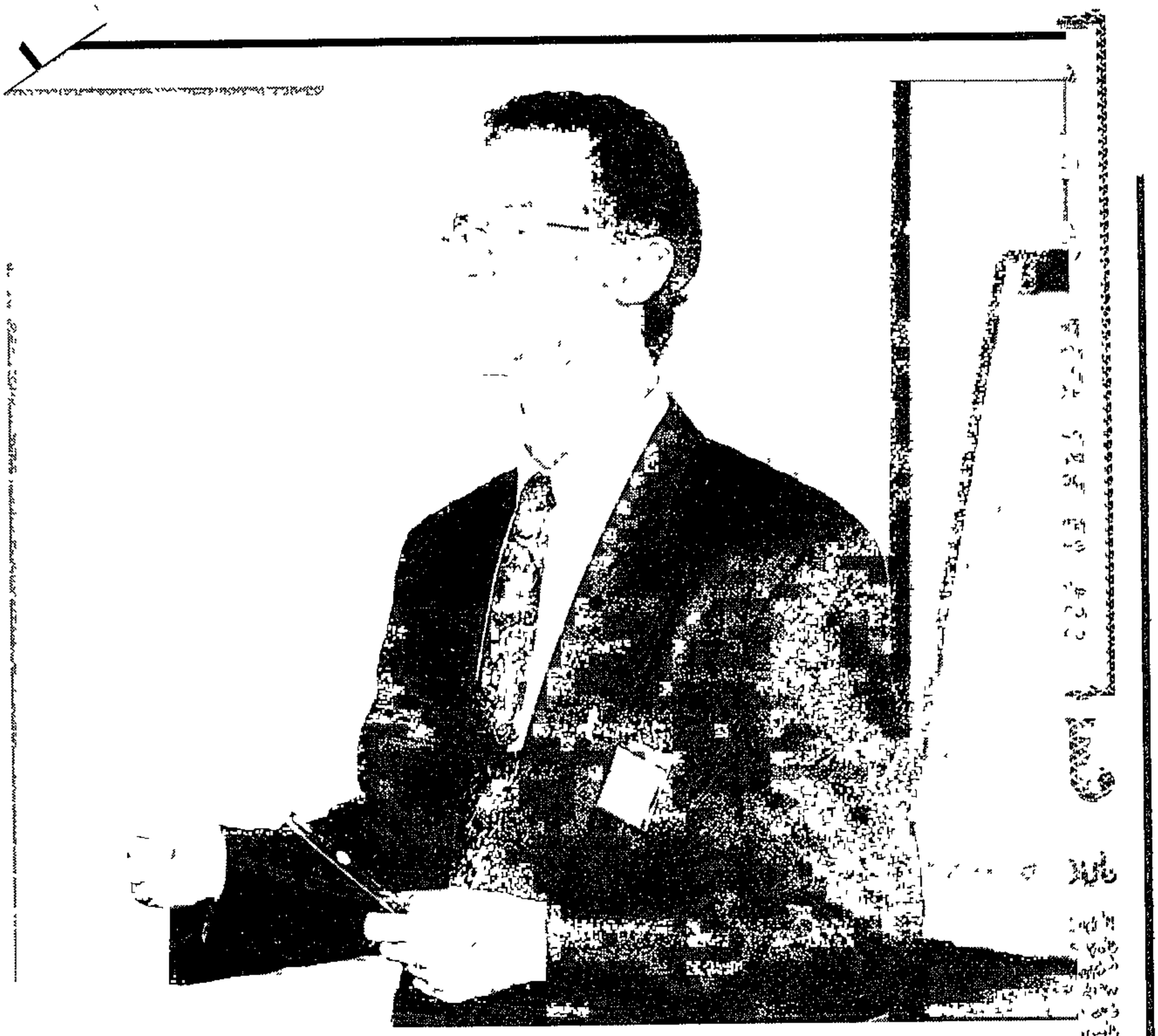
Moore pointed out that the impact of the epidemic does not end with its direct costs

"Research shows that indirect costs will add another 10 percent to the remuneration budget of a typical manufacturing company within the next five to six years and 15 percent within the first decade of the new century," he said

"Our projections show that by spending R100 000 up front on developing a holistic solution to Aids, plus a further R25 000 a year, a manufacturing company employing 1 000 people could save about R10 million in indirect costs over a period of 10 years"

This equated to a return on investment in excess of 50 percent a year, he said

☐ **Business Watch, Page 2**



The percentage of the SA workforce infected with HIV is expected to rise from 11% this year to about 18% in 2005, and the number of new AIDS cases increase from 175 000 to 461 000, making AIDS the single biggest crisis facing SA business, Metropolitan actuary Deane Moore told the fifth annual conference of Retirement Funds Management for Trustees in Sandton yesterday

Picture ROBERT BOTHA

AIDS is business's 'single biggest crisis'

(92) BD 27/1/99

Samantha Sharpe

CAPE TOWN — The percentage of the SA workforce infected with HIV is expected to rise from 11% this year to about 18% in 2005, and the number of new AIDS cases to increase from 175 000 to 461 000, making AIDS the single biggest crisis facing SA business, says metropolitan actuary Deane Moore

He said at the fifth annual conference of retirement funds — management for trustees — that for many retirement funds the cost of an average set of benefits was likely to double by 2005 and treble by 2010

Employers who continued to assume full responsibility for increases in the cost of risk benefits would have to add about 15% to their remuneration budgets for 2005 or halve the value of these benefits by that date

Moreover, Moore said, the effect of the epidemic did not end with its direct costs "Our research indicates that indirect costs from training, sick leave, productivity loss, legal cost, management and labour meetings and loss in turnover will add a further 10% to the remuneration budget of a typical manufacturing company within the next five to six years, and 15% within the first decade of the new century

"This figure assumes even greater significance when one considers that many companies embark on extensive re-engineering projects in order to try and save costs of this magnitude "

Moore said it was required of companies that they take a proactive, holistic approach to managing the epidemic, which should include projections of the effect of the epidemic on staff, employee benefit arrangements and consumer markets as well as the customisation of employee benefit arrangements to meet specific needs

Businesses had to move towards the presentation of AIDS education programmes for employees via a medium that was easily accessible and in language culturally acceptable to staff At the same time labour unions, a strong driving force behind the changeover to the type of fund where members themselves carried the risk, had to become actively involved in addressing the consequence of HIV/AIDS on member benefits

"It is essential that management and labour collaborate to find a proactive, holistic solution to the AIDS crisis facing our country The epidemic must not be allowed to become a political football, with both sides indulging in petty point scoring at the expense of SA's continued economic viability and global competitiveness," Moore said

news

Firms 'must act now on Aids'

Sowetan Business Reporter

MANUFACTURING companies employing at least 1 000 people could save up to R10 million in indirect costs over a period of 10 years if they take proactive steps to deal with the Aids epidemic in the workplace

This was said by Metropolitan Employee Benefits Actuary spokesman Deane Moore in Johannesburg yesterday

Delivering a paper on Aids in the workplace, Moore said the savings equated to a return on investment of more than 50 percent a year This was likely to be the best investment that any company could make, he said

He argued that while companies were waging an unrelenting focus on the millennium bug problem, millions of rands and hours were being spent on ensuring that the bug did not destroy or disrupt the productive capacity of computer systems

"But there is another totally incurable virus that is eluding the attentions of many management teams at present Without companies even being aware of it, the human immuno-deficiency virus (HIV), is insidiously attacking their most valuable corporate assets – the human resources," he said

Based on projections by Metropolitan using the Metropolitan-Doyle model, his organisation had found that 11 percent of South Africa's workforce would be HIV positive by 1999 and 18 percent HIV positive in 2005

The study also found that new Aids cases would increase from 175 000 in 1999 to 461 000 in 2005

"Less easily quantifiable but equally devastating, especially as the consequences are not only financial, is the psychological impact on South African society of extremely high death rates due to Aids"

Adding fuel to the fire were the escalating costs as regards to provision of employee benefits such as life, disability and medical cover

Moore stressed the importance of implementing an ongoing programme, or series of programmes, aimed at reducing the number of new HIV infections, and doing so immediately

"The time is ripe for companies to involve schools (where Aids education should become a compulsory component of the syllabus), sports clubs and any other community-based organisations in their educational drives"

Sowetan 28/11/99

AZT, surgery helps stop AIDS at birth

ARG 30/1/99

Method can save babies of HIV+ mothers

(92)

BOSTON

Pregnant women infected with the human immunodeficiency virus (HIV), which leads to AIDS can dramatically reduce the chance of passing the disease to their children if the babies are delivered by Caesarean section (or C-section) before labour has begun, according to ground-breaking analysis of 8 533 births released this week.

The finding offers a new twist to the complicated question of how best to care for pregnant women carrying the virus

Such women normally face a 20% chance of spreading the disease to their children, according to Jennifer Read, a paediatrician at the National Institute of Child Health and Human Development and the chief author of the new study

By combining the results from 15 smaller studies, Dr Read and her colleagues discovered that a C-section performed before the onset of labour can bring the risk of giving birth to an infected child down from 19% to 10,4% among women who are not getting drug treatment for their HIV infection

Among pregnant women receiving standard treatment with the drug AZT, the risk reduction was even more dramatic

The risk of delivering HIV-infected babies dropped to just 2% among women who underwent an elective C-section compared with 7,3% for women who delivered their babies naturally or via unplanned C-sections

"That's a big reduction in risk, a very strong result," said Dr Read "So there's a significant relationship between how the baby is delivered and the risk of transmission "

The findings were originally scheduled to be published in the April 1 issue of the *New England Journal of Medicine* The journal's editors decided to release them in advance, "because of the health implications of this study"

Dr Read said "HIV-infected women have to be informed of this new data It's their decision whether they want surgery or not, and whether they want medications or not "

"We already have an intervention that works [giving AZT] When you use the two simultaneously, you add the benefits," she said

Studies from Europe had hinted that a planned C-section could block the spread of AIDS, but data from the United States had not clearly shown that C-sections had any benefit, she said

That is why she and her colleagues pooled the findings from 15 studies. "You need big numbers to see the effect "

But even the new results are not going to produce hard-and-fast rules for all women and their doctors, Dr Read cautioned

For example, mothers with HIV probably face a greater-than-average risk of complications from a C-section if their immune system has been crippled by AIDS

Another unresolved question is whether today's multi-drug treatments for AIDS, which can reduce the amount of virus in the blood to virtually undetectable levels, reduce the risk so much that a planned C-section isn't necessary

"That's a question we couldn't address," said Dr Read, because the studies examining that issue had been too small to reach definitive conclusions

Doctors were also exploring whether the multi-drug therapy posed a risk to the foetus, she said – Reuters

Activists threaten to boycott SA AIDS talks

(92)

LAURICE TAITZ
ST 21/11/99

INTERNATIONAL AIDS activists are threatening to boycott a major conference to be held in South Africa next year because of the government's refusal to give the drug AZT to HIV/AIDS-infected pregnant women.

The threats have been contained in anonymous e-mails sent to convenors of the 13th World AIDS Conference.

They coincide with an editorial this month in a leading UK scientific journal, Nature Medicine. Under the heading "South Africa — Setting the wrong example", it says: "The meeting organisers and financial backers must be aware that worldwide concern for Zuma's AZT decision is so great that talk of a boycott is emerging."

Minister of Health Dr Nkosazana Zuma justified withholding AZT, which can help block transmission of the virus to babies, on the grounds that it was not cost-effective. But doctors who treat those with HIV disagree, arguing that it is cheaper to give AZT to mothers, than it is to care for babies if they contract the disease.

South African AIDS activists and researchers support handing out AZT but are opposed to a boycott.

The Medical Research Council's Professor Salim Abdool-Karim, who is chairman of the scientific committee convening the conference, said: "We are not taken aback by this. We expected politics to feature but we are taken aback by it happening so early. We have just started organising the conference."

Pregnant, 14 years old — and HIV-positive

(92)

NATALIE KAMMIES

ST (Cpt) 31/1/99

NURSES at Khayelitsha hospitals are used to the heartache of discovering that their patients are HIV-positive But nothing could prepare them for two pregnant 14-year-olds who tested positive for the deadly virus

The nurses are from Michael Mapongwana hospital which is one of two hospitals in the area where the AIDS drug AZT is being given to HIV-positive mothers in a pilot project

The programme started there and at Site B day hospital on January 4 It is the only AZT programme in the country which is funded by the province

Latest figures from both hospitals show that of the 406 mothers tested, 53 where HIV-positive

AZT could stop the transmission from mother to child by 50 percent

Mothers found to be HIV-positive would start getting the drug from the 36th week of pregnancy

A sister in charge of the Midwife Obstetrics Unit at Michael Mapongwana said that by January 20, 206 mothers had been tested, 33 of whom were positive

Two were 14 years old and the others' aged between 18 to 30 years

"We didn't expect them to be so young, that is why we are shocked It was a trauma extremely painful I really feel it for them," said the sister

She said all mothers were shocked at their results "They do cry but you allow them to because it's part of the healing process "

The one 14-year-old had already received her results but late this week the other still had not returned to the hospital to get her results

No mothers at Michael Mapongwana had yet been started on the course of AZT as they were between 22 and 28 weeks pregnant

But the sister said there was hope for the mothers

"There are options for all of them There are support groups and they will get vitamins after delivery We are not going to desert them after birth "

She said that although staff were upset by the results, they were getting support from their supervisor and the head of the programme, Saadiq Kariem

Although there was a large number of mothers coming for counselling and testing, the staff had been coping well

Kariem, also head of the Western Cape's Aids programme, said "We were expecting more of the reproductive age group of 16 to 25, who are more likely to be HIV-positive

"The younger ones — that's still a bit unexpected I thought they would have been more in their 20s "

At Site B, 200 women had been tested and 20 diagnosed as HIV-positive by the end of last week The age groups were between 16 and 25 years

None had been started on the programme as the mothers were between 12 and 28 weeks' pregnant

Kariem said 98 percent of women had agreed to be tested and only a "handful" said they would still consider participating in the programme

The programme will continue for 12 months

February

1999.

Sex workers aid HIV vaccine quest

ET 1/2/99 (92)

NAIROBI: An experimental HIV vaccine based on the natural resistance of a group of Kenyan sex workers will be tested on human volunteers later this year, scientists say

The scientists, who were speaking at an Aids workshop in Nairobi, have been monitoring 3 000 sex workers in the Kenyan capital since 1985

The University of Nairobi researchers have been joined over the years by scientists from the universities of Oxford (Britain), Manitoba (Canada), Washington state (United States) and Gent (Belgium)

Among the 3 000 women, 30 were discovered to be resistant to HIV, the human immunodeficiency virus, which is the precursor of Aids, (acquired immunodeficiency syndrome) and have never contracted it

Another 60, although HIV-positive for at least 12 years, exhibit no symptoms of Aids

"We wanted to discover what mechanisms allowed these women, who have six to seven clients a day, to resist infection over the years," said Omu Anzala, a researcher in microbiology at the University of Nairobi

Researchers have developed a vaccine, based on the immune systems of these "resistant" women, and the "long-term survivors", which has already been tested with success on animals at Oxford, Anzala said

The vaccine "has been conceived specifically to respond to the commonest HIV sub-types in the African Great Lakes region, particularly in Kenya"

The first phase of these tests will be carried out on volunteers in Britain to determine whether the vaccine has any harmful side-effects

If these are successful, further tests will be undertaken in Nairobi in June or July next year, Anzala said

If the Nairobi tests go well, two following phases — lasting till 2004 — will determine the efficacy of the vaccine

About 40 volunteers in the two countries will take part

"A lot of Kenyans, many of whom have lost a family member or a friend to Aids, have already come forward and are ready to participate," Anzala said

Kenya's health ministry says 1,5 million of the country's 29m people are estimated to have been infected with HIV since 1980 Some 50%-60% of Kenyan hospital beds for adults are occupied by patients with HIV-related illnesses — Sapa-AFP

AIDS RESEARCH

(92) FM 5/2/99

SA IN RACE TO DEVELOP AN AFFORDABLE VACCINE

Initiative driven by different viral strain, and national pride

SA is in the race to develop an Aids vaccine, not only because vaccines developed elsewhere may not be effective against African strains of the virus, but also as a matter of national pride

Medical Research Council (MRC) president Prof Malegapuru Makgoba says SA will develop a vaccine at the same time as the US, "if not sooner" President Bill Clinton has called for this breakthrough to come within 10 years

"It's not a pipe dream," Makgoba says "But it's not easy Vaccines require hard work, the application of rational scientific principles and a bit of luck, but certainly we'll find it"

His optimism stems partly from the fact that local scientists have high-level links with two of the world's leading Aids experts — Prof Andrew McMichael and Prof Robert Johnston — who are conducting research into some of the most advanced vaccine candidates in the world

McMichael was Makgoba's mentor at Oxford University and has offered to make his research available to SA

SA Institute of Medical Research virologist Dr Carolyn Williamson is collaborating with Johnston of North Carolina University in a R26m project to make a vaccine most closely related to the viral strain, HIV subtype C, that is found predominantly in southern Africa, China and India This is necessary because vaccines designed specifically for other subtypes may not be effective against the local strain

Thanks to innovative drugs like protease inhibitors, the Aids death rate in the US almost halved last year Aids is no longer among the top 10 causes of death in the US

There are 54 approved Aids drugs on the market and 113 in the pipeline, but scientists are years away from finding a cure Even if one is found, most people in the developing world will be unable to afford it Nor can they afford the best treatment, triple cocktail therapy, at R3 500/month This is why the drive to develop an affordable vaccine is so important

Williamson, who has been researching the genetic diversity of HIV in SA for the past six years, is responsible for selecting the SA isolate or strain that will go into Johnston's vaccine She believes his research project is SA's best shot at getting an Aids vaccine, but, even if it's successful, it will be at least eight years before it is available to the public

"It's exciting to be involved in something that might make a difference to millions of people, but sometimes it's also scary because the expectations are so high and making a vaccine against HIV is so difficult," she says

For Makgoba, issues of national pride take precedence "We are a nation that must be responsible for our own ailments," he says "For me it's more about liberty and independence"

For Makgoba, issues of national pride take precedence "We are a nation that must be responsible for our own ailments," he says "For me it's more about liberty and independence."

The process of finding a vaccine for SA will be fast-tracked by the SA Aids Vaccine Initiative (SAAVI) — a joint undertaking by the Department of Health, the MRC, Eskom and the National Institute of Virology It aims to co-ordinate and channel all local HIV/Aids research towards the development of an affordable and effective vaccine against HIV subtype C

Though a detailed business plan has still to be compiled, Makgoba says, initial estimates are that the initiative will cost R120m-R200m over the next seven years Government, business and the international donor community will be relied on for funding He says donor agencies, including the World Bank and UNAids, have agreed in principle to support SAAVI financially, having helped SA to establish the initiative as part of a global movement to develop Aids vaccines

There has been a push to make vaccines for Third-World countries, after accusations that the pharmaceutical industry is interested in developing Aids drugs for the developed world only

Makgoba was recently appointed to the board of the privately driven International Aids Vaccine Initiative (IAAVI) in New York, which funds McMichael's and Johnston's research

A spokesman for Pharmaceutical Research & Manufacturers of America (PhRMA) says several large pharmaceutical manufacturers are co-operating with UNAids to find ways to make Aids drugs affordable to developing countries Glaxo Wellcome, for example, has guaranteed sub-Saharan countries a 70% discount on Retrovir (AZT) for five years

But the spokesman says the problem often is how to distribute the drugs and ensure compliance with complicated treatment regimens in countries where the health infrastructure is inadequate Manufacturers are involved in several pilot projects with UNAids in Africa to solve some of these practical issues

Though most laboratory research into new Aids drugs is conducted in developed countries, multinationals — including Glaxo Wellcome, Ingelheim Pharmaceuticals, Merck Sharpe Dohme and Roche — have involved SA scientists in human drug trials Much of this research is into the efficacy of different combinations of drugs

Two of Glaxo's drugs, Retrovir and 3TC, are being evaluated in SA for use in preventing mother-to-child HIV transmission, and Roche is awaiting approval to begin trials in SA with the drug Neflinavir for the same purpose **Claire Bisseker**

Prof William Makgoba

RIGOROUS ROAD TO APPROVAL

America's drug development and approval process

- It takes 15 years on average for experimental drug to travel from the lab to US patients
- Only five in 5 000 compounds that enter pre-clinical testing make it to human testing
- One of these five tested in people is approved for sale
- On average, it costs a company US$500m to get one new medicine from the lab to US patients
- Last year the pharmaceutical industry invested $21bn in research and development

PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA (PhRMA)

AIDS will kill 70 000 in Zimbabwe

HARARE— AIDS is expected to kill about 70 000 Zimbabweans this year, nearly 200 a day

Dr Evaristo Marowa, head of Zimbabwe's AIDS prevention programme, blamed this on young sexually active adults refusing to use protective measures

By thje end of the year, Zimbabwe's death toll from AIDS-related illnesses is expected to tip 400 000 since AIDS was first reported in the country in 1985, Marowa said An estimated 1,6-million of the country's 12-million citizens are infected Last year, the disease killed about 100 people a day, Marowa said

Health officials estimated that 25% of sexually active urban dwellers are infected The rate is lower in rural areas Harare maternity services said more than 30% of pregnant mothers tested positive for AIDS Many babies, infected in the womb, would die before reaching four years of age

BD 5/2/99 (92)

REPORTS Reuter, Sapa-AP

MAIL & GUARDIAN
February 5 to 11 1999

Tempers rising against Zuma

M+G 5-11/2/99 (92).

Ann Eveleth

Minister of Health Nkosazana Zuma's refusal to treat HIV-positive pregnant mothers to reduce the transmission of the virus to their babies has sparked unprecedented protest in international Aids circles

An international crisis meeting was held this week in a bid to cool rising tempers over the issue International Aids Society president Mark Wainberg flew to South Africa last week to convince Zuma that the treatment was a cost-effective way of fighting the epidemic The society also met South African and international scientists in Chicago on Monday in a bid to dampen growing calls for a boycott of the 13th World Aids Conference due to be held in Durban in July 2000

Wainberg called on President Nelson Mandela, Deputy President Thabo Mbeki and Minister of Finance Trevor Manuel to "support Zuma in recognising that perinatal treatment is a cost-effective way forward, and in making funds available for this. South Africa must consider itself to be at war. Its number-one enemy ... is not some neighbouring country threatening its borders It is HIV."

Wainberg said his meeting with Zuma left him "encouraged and confident" that new information would spark a shift in the South African position. He said his society and South African researchers agreed to oppose boycott efforts, but warned he would return to South Africa in April and "certainly if we don't have positive signs by then, it may be time to consider another course of action" This follows suggestions from some researchers that Zuma should be barred from participation in the conference if she failed to change the policy.

Local activists said they would "not rule out" a boycott. "The conference is still 18 months away, and it is too early to call for a boycott, but I wouldn't rule out support from local researchers and activists if the government has not significantly shifted its position on mother-to-child transmissions and other Aids policy issues by September," said Aids Consortium representative Mark Heywood.

On Tuesday, however, the Ministry of Health turned its back on the most positive research findings yet to emerge on cost-effective means of reducing mother-to-child transmission.

In October, Zuma pulled the plug on a local pilot study of a four-week AZT treatment for pregnant women, claiming the government could not afford the R80-million annual cost of this treatment. Studies conducted in other countries suggested this treatment could reduce transmission by 51% New preliminary findings of a study by UNAids released in Chicago this week suggest that a one-week treatment of mother and child, beginning at the start of labour, could reduce transmission by 37%.

The findings, based on clinical trials of 1 357 mainly breastfeeding women in South Africa, Uganda and Tanzania, suggest the cost of a national programme could drop by 50% to R40-million annually, or 0,2% of the R20-billion national health budget.

The treatment could still save the lives of more than 20 000 babies a year, based on a Department of Health antenatal survey in 1996. Babies born with HIV now represent about 20% of new infections in South Africa.

But Zuma's representative, Vincent Hlongwane, said the government would not reconsider its decision not to fund the AZT programme. "What we are saying is that we don't have the budget for it That position has not changed. It has not been influenced by the research findings coming from Chicago or anywhere else," he said.

Local Aids activists this week slammed the ministry's response as "autocratic", "extraordinary" and "ludicrous" University of the Witwatersrand Aids Law Project attorney Fatima Hassan said it was "unacceptable that the government won't seriously consider these results .. We were under the impression that the government was waiting for the [UNAids study] results to decide on the intervention "

The ministry's hasty response runs counter to its ongoing efforts to gain preferential pricing for AZT and 3TC — the two drugs needed for the treatment — from the company that makes them. Glaxo Wellcome medical director Peter Moore would not comment on a projected price, but said he hoped to release a statement on the negotiations with the ministry soon.

The decision also flies in the face of Zuma's promise last October that her department would "continuously evaluate the decision as new scientific information on cost-effective interventions appropriate to our situation in South Africa becomes available"

Medical Research Council researcher Mark Lurie said the decision to cut the funding had "closed the door ... to any possibility of introducing a national programme".

Hlongwane said Zuma's position was supported by the Cabinet, which was "fully briefed" on all HIV/Aids developments. "The Cabinet's position is to rather use the money we have for prevention The majority of South Africans do not have Aids now, but that could change if we don't focus on prevention."

National Association of People with Aids representative Mark Decker said the government was creating a "false division between prevention and treatment"

Virodene probe clears Mbeki, Zuma

Star 12/2/99

BY MARCO GRANELLI
Political Staff

Cape Town – Public Protector Selby Baqwa has cleared Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma after investigating allegations of their involvement in developing the Aids drug Virodene

His probe was at the request of the Democratic Party, which in 1997 claimed the ANC may have had a financial interest in the company developing Virodene

At the time, the DP said Zuma may have taken, or considered taking, legislative steps to clear the way for the drug's fast-track testing and approval, and that Mbeki had brokered a deal to appoint a government-paid administrator for the close corporation behind the drug

In a recent letter to DP health spokesperson Mike Ellis, Baqwa wrote "During the course of this investigation I could not find any evidence that the minister of health, the deputy president or any other person performing a public function have had any financial interest in the development of Virodene P058"

He also found no evidence that changes made to the Medicines and Related Substances Control Amendment Act last year had been influenced by the drug

WATER TEST: one of the stapled condoms distributed throughout the country

AIDS scare over stapled condoms

ARG 13/2/99 (92)

Johannesburg – The danger of contracting AIDS has been heightened by a Governemnt campaign after perforated condoms were distributed to thpousands of people throughout the country during "Condom Week"

The anti-AIDS pamphlets were handed out, each with a free condom stapled to it The steel staples went directly through the packaging and the condom itself

Anyone using the stapled condoms runs the risk of contracting a sexually transmitted disease, including HIV, or causing an unwanted pregnancy

And, whether the looming health crisis is the result of gross negligence or deliberate sabotage is impossible to determine

The pamphlet, in Zulu, Xhosa, English, Sotho and Afrikaans, features "Johnny" the Condom, also referred to as a "raincoat"

The message of safe sex is propagated on behalf of the non-government organisation Society for Family Health, which is also the distributor for the "Lovers Plus" brand of condoms The organisation is funded by donor money from the United Kingdom and the United States The condom stapled to the pamphlet is, however, not a "Lovers Plus", but is a standard issue government one

When contacted initially for comment, Society for Family Health marketing manager Dave Nowitz said. "My organisation is extremely embarrassed about this and it is unthinkable that such a thing could have happened It is immoral and flies in the face of what we want to achieve

"We were made aware of the disaster two weeks ago But at that point it was too late to do anything about it The deal was with a low budget company that was contracted to package them They are obviously inexperienced and we won't use their services ever again "

The perforated batch was aimed at Soweto and the Durban township of Umlazi only Later in the day, Mr Nowitz sent a fax denying any association with the condoms

"I responded thinking that the perforated condoms were Lovers Plus condoms I only discovered from someone in the office that the perforated condoms are the government issued ones We shall try to identify those responsible with the aim of preventing this from happening further "

Mr Nowitz acknowledged that there might be the possibility of sabotage but said he was not aware that the society had "enemies"

The deputy director of the AIDS directorate in the Department of Health, Mokgadi Phokojoe, said "We gave the Society for Family Health box-loads of condoms but we are not aware of them being perforated by anybody

"If they have perforated the condoms we gave them, 'normal procedures' will take place"

When asked to describe what the normal procedures were, she said "No comment until I have seen the condoms myself"

Female condom joins SA's fight against AIDS

(92) ST 14/2/99

CHARMAIN NAIDOO
New York

SOUTH Africa has placed an order for 1,5 million female condoms in its fight against AIDS, unwanted pregnancies and the transmission of sexually transmitted diseases

The order is part of the manufacturing company Female Health's multiyear contract with the United Nations Joint Programme on AIDS (UNAIDS) The condoms were market tested in 1997

Statistics show that women are the fastest growing HIV-positive group in the world. It is expected that by the end of next year women will make up the majority of those newly infected with HIV.

In South Africa, more than 17 percent of the population is infected In the worst hit province, KwaZulu-Natal, almost one third of pregnant women are infected

Results from an UNAIDS study in 1997 showed that when the female condom was made available, sexually transmitted diseases fell by 34 percent and the number of unprotected sex acts decreased by 25 percent

The female condom has not been well accepted in the US, where it was introduced in 1994

However, since the UNAIDS programme took the condom on as a means of protection for women in developing countries it has negotiated bulk sale discounts, which have seen the retail price fall about 75 percent. Zambia, Uganda, Zimbabwe, Brazil, Venezuela and Tanzania are some of the countries that have put in orders for the female condom.

Studies supported by UNAIDS show that when the female condom is available there is a significant reduction in the incidence of sexually transmitted disease and that it is highly cost-effective

Dr Mary Anne Leeper, the president and chief operating officer of the Chicago-based Female Health Company, has been negotiating the deal with the South African Department of Health

She said "Everyone [in the US] thought we were a gimmick The media made a joke of it and everyone forgot what it was doing It's saving lives."

In April last year an UNAIDS meeting in Pretoria was devoted exclusively to the female condom. Eighty delegates from 15 Southern and East African countries called for greater availability and access to it.

At the meeting, Leeper said. "Here you are talking about a need that is just terrible In Botswana, 20 percent of the sexually active population has AIDS. It's beyond comprehension. They're all dying. The average lifespan was 65, now it's down in the low 40s

"The ones who are dying are the young people. The life of the country is being squeezed out "

It is widely known that the male condom has had a luke warm response in Africa

The female condom is a pre-lubricated disposable sheath made of fine polyurethane, unlike the male condom which is made of latex It is inserted by the woman into the vaginal canal before intercourse The flexible ring inside the closed end is used to insert the condom Like a diaphragm, it hugs the cervix The outer ring of the sheath is worn outside the body, covering the labia and providing a barrier from the penis. The condom should be used only once.

According to the manufacturer, the female condom will prevent pregnancy in 95 percent of users over the course of a year.

'Fight against Aids started too late'

Sowetan 16/2/99 (92)

HEALTH Minister Nkosazana Zuma yesterday defended her department's track record in the fight against Aids, saying the country "needs more *Sarafinas*"

She said the fight against Aids should have begun 10 years ago, and that because the apartheid government had neglected the disease, its successor had started "in the red"

"This country is going to pay very heavily for this debyt in terms of people's deaths," she said

"It wouldn't be accurate to say we've failed, but what I would say is I don't think we've done enough It's an area where literally every sector of our community has to participate, on an almost daily basis"

There might have been problems with the "operationalisation" of anti-Aids projects such as the musical *Sarafina*, and the claimed cure Virodene

"But in my view, we need many *Sarafinas* in our country to get through to our youth A lot more needs to happen until we know that our youth do use condoms, do abstain as much as possible, as long as possible"

Aids would remain the Government's priority for the next decade or more, she said

Zuma also said she would not back down on the decision not to supply the drug AZT to pregnant women with HIV/Aids

She said statistics showed that the drug would prevent only 15 percent of those treated from passing on the virus to their infants, and health care – like a business – had to look at getting the best return on its investments.

"It would be unwise for any government to shift resources away from prevention to waiting while women get infected," she said

"What we should be aiming at is having pregnant mothers Aids-free . that is where we must put as many resources as possible" – *Sapa.*

'Previous government allowed Aids to grow'

Star 16/2/99 (92)

Virus placed on agenda only after 1994, says Minister

By Marco Granelli
Cape Town

Health Minister Nkosazana Zuma has blamed the previous government for contributing to the Aids pandemic in this country through its inaction.

Responding to criticism, at a media briefing yesterday, that she had failed to have an impact on the relentless march of HIV/Aids, Zuma said that something should have been done 10 years ago. Instead, she said, the previous government had hardly mentioned the virus.

Zuma said she had studied Hansard (the official transcripts of Parliament) carefully and had found only two references to HIV/Aids before 1994.

"We started with a debt – in the red – and that debt the country is going to pay very heavily for in terms of people's deaths."

She said that at least she had put Aids on the agenda but she admitted that the current Government had not done enough.

"Until a year ago the Government saw Aids as a health issue only. It has taken lots of work to get the Government to acknowledge it's everyone's problem."

Zuma yesterday stood by her decision not to give AZT – a drug that helps to prevent the spread of HIV infection from a mother to her unborn child – to pregnant women in state hospitals and clinics.

"AZT does not really impact on the epidemic itself. What we should be aiming at is having pregnant mothers Aids free."

She also said the expensive drug cocktail was not very effective: "Only 30% of HIV-positive pregnant women pass this on to their children. Of those, AZT only stops this in 50% of cases, so it is only 15% effective in stopping the virus."

She said dishing AZT out would consume almost all of her department's R80-million Aids budget. "If we had an endless pot of money, of course we would use AZT, but we don't."

Zuma then announced that the Health Department had budgeted R90-million for a new vaccine aimed at preventing croup in children. She said this was part of a process to protect children from curable diseases, the department's goal being to eliminate measles in southern Africa by the end of 2002.

Zuma said mass immunisation campaigns in 1996 and 1997 involving children under 15 had led to a significant drop in measles cases

Zuma surfs wave of popularity

By Judith Soal

Cape Town – Health Minister Nkosazana Zuma was clearly buoyed yesterday by her third-place ranking on the ANC election list – a ranking that could make her a candidate for a future deputy president or even president

But she refused to join in the speculative fray.

"Being ranked number three at least assures me a place in Parliament, beyond that it is up to the president to decide"

Zuma said she was prepared to serve in any capacity.

"If I am asked to sweep the floors of Parliament, I will do it like Michelangelo painted his pictures. If I can't be the sun, I will be a little twinkling star"

The minister, known for her single-minded support for public health issues as well as her sometimes troubled relationship with the press, laughed at suggestions that she might be too tired to continue.

"Exhausted – who says I am exhausted? I think that is wishful thinking on behalf of some quarters."

Among the successes of her term in office, Zuma named:

■ Improved access to healthcare, particularly in rural areas and small towns.

■ Moving doctors to areas where nurses previously worked without support.

■ Implementation of community service for new doctors.

■ Expanded immunisation coverage. Zuma predicted that South Africa would soon be declared a polio-free country

■ Improvement in maternal healthcare.

■ Providing abortion services to stop women dying from unhygienic backstreet abortions.

■ Health promotion, especially on the dangers of smoking.

■ R100-million was allocated last year to fix dilapidated state hospitals R200-million would be allocated this year

■ The Medical Schemes Amendment Bill should give more people access to medical aids.

■ The Tobacco Products Control Amendment Bill would be passed this year after some definitions were tightened up

Zuma said her focus for the coming year would be on quality of service

Dr Zuma wants more 'Sarafinas'

Cape Town – Health Minister Dr Nkosazana Zuma yesterday defended her department's track record in the fight against Aids, saying the country "needs more *Sarafinas*"

There might have been problems with the operation of anti-Aids projects such as the musical *Sarafina*, and the claimed cure Virodene, she said

"But in my view we need many *Sarafinas* in our country to get through to our youth A lot more needs to happen until we know that our youth do use condoms, do abstain as much as possible, as long as possible" – Sapa

▶ Aids 'allowed to grow'

Aids plays havoc with life expectancy figures

(92) Sowetan 17/2/99

By Bhungani ka Mzolo
Health Reporter

SOUTH Africans face a drastic reduction in life expectancy of nearly 30 percent in the next 10 years if the rate of HIV infection does not slow down

Head of the HIV and Aids research unit at the University of Natal in Durban, Professor Alan Whiteside, said the projected life expectancy without Aids for 1998 was 65,4 years, but was now 55,7 years

Whiteside said this figure would change dramatically in 2010, when the projected life expectancy would be only 48

"Both these figures are based on the model of life as used by the US Bureau of Censors," he said

Whiteside said the decline in life expectancy could change if the rate of infection was slowed

It is estimated that 1 500 people are infected with the Aids virus daily in South Africa

HIV Management Services projects infection in the year 2000 at over four million and approaching six million by 2005

Prominent specialist Dr Neil McKerrow of Greys Hospital in KwaZulu-Natal put life expectancy figures at between 35 and 40 years old by 2010

"Unless people begin taking preventive measures sensibly, such as having monogamous relationships, using condoms and treating sexually transmitted diseases, this is likely to remain unchanged," he said

The Medical Research Council (MRC) said that the effectiveness of both male and female condoms was compromised by how the people used them

Neetha Morar of the MRC said research showed that both the male and female condom provided substantial protection against STDs and HIV if used consistently

"Sometimes people use the male condom when they are under the influence of alcohol and sometimes they tear it up," she said

Morar said studies were still being conducted by the medical fraternity on the female condom as to its durability, hence its relative scarcity compared with the male condom

Primary care, AIDS work boosted

ARG 17/2/99 (92)

HEALTH

The Department of Health's primary school nutrition programme reached about five million children in poor communities last year, adding to their physical wellbeing, learning capacity and creating thousands of jobs.

Up to March 1998, nearly 20 000 people worked in the feeding programme The Department of Health, which has a budget of just under R6-billion this year, has built 638 clinics over the past four years

Finance Minister Trevor Manuel said the progressive restructuring of health service was enhancing access to affordable care for all, while preserving the research and teaching capacity for which South Africa's medical community was famed.

The National Expenditure Survey accompanying the Budget shows that the focus on primary health care has increased pressures on public hospital budgets This is worsened by an inability to reallocate staff in-line with new priorities.

Rising personnel costs have affected budgets for consumables, particularly medicines and equipment.

In today's Budget, the Government's total spending on AIDS-related programmes will be R110-million Of this, R58-million will go to the AIDS Action Plan.

The HIV epidemic continues to spread rapidly Surveys of HIV prevalence among women at public health antenatal clinics show that between 14% and 18% were infected in 1998 – double the rate in 1994.

This year, the Central Hospital Grant paid to the Western Cape, Free State, Gauteng and KwaZulu-Natal totalled R3,1-billion. The grant aims to provide access to high-level service for all South Africans, regardless of whether these services are provided in their province

1 News 3

R110-m shot in arm for AIDS programme

(92) ARG 18/2/99

HEALTH

DI CAELERS
HEALTH WRITER

A total of R110-million for AIDS and a big price increase for smokers appear to have attracted most attention of health specialists and politicians watching this year's health budget.

Finance Minister Trevor Manuel yesterday allocated R24-billion to health spending and said this figure would rise to R28,3-billion in 2001 Last year's allocation was R23-billion

AIDS was singled out this year as a priority with R110-million committed to programmes

Of this, R58-million will got the AIDS Action Plan, the Government's awareness initiative

Yesterday, Saadiq Kariem, head of the Western Cape's AIDS programme, said the allocation would be a tremendous boost, adding that most money previously channelled to AIDS-related programmes had been international donor money

"We will be able to do 100% more than we are doing already"

Dr Kariem anticipated the increased funding would allow the the AIDS Action Plan to extend its life skills programme at secondary schools to primary schools, too.

Mike Ellis, the Democratic Party's health spokesman, welcomed the additional money to fight AIDS

Warnings were also sounded by Ashraf Grimwood, chairman of the National AIDS Coalition of South Africa, who said he continued to be concerned that no special note was being taken of increased hospital expenditure as a result of the growing rate of HIV and AIDS infections

With the 41c increase on a packet of 20 cigarettes, the total tax on cigarettes was 50% of the current retail price

The price increase was welcomed by the Medical Research Council which said it believed duties could still be raised about 50%

This would give South Africa levels similar to those countries with successful tobacco control policies

AZT really works – study

AIDS drug also tested in W Cape, with results out soon

(92) ARG 19/2/99

DI CAELERS
HEALTH WRITER

A study involving nearly 2 000 babies in South Africa, Tanzania and Uganda has found that two anti-viral drugs reduce mother-to-child transmission of the AIDS virus by more than one-third when given for only a week.

With a five-week course of AZT and lamivudine, or 3TC, the reduction was even more dramatic – about 50%

AIDS experts have hailed the trial by international organisation UNAIDS, the Joint United Nations Programme on HIV/AIDS, as watertight confirmation of the need to supply AZT to pregnant women infected with the HIV virus

The two South African hospitals involved in the Petra – perinatal transmission – trial are Baragwanath in Johannesburg and King Edward in Durban. But at the beginning of the year the Western Cape health department flouted national policy and set up a pilot project to supply AZT to HIV-positive mothers in Khayelitsha.

This week Health Minister Nkosazana Zuma reiterated her stance on AZT, saying she would not back down on her decision to not supply the drug She said statistics showed it would prevent only 15% of those treated from passing on the virus to their infants

Health care, like a business, had to look at getting the best return on its investments, she said

The Petra study, presented early this month at a conference on retroviruses in Chicago, evaluated three different regimens using AZT and 3TC, as compared with a placebo

In the longest, in which women took AZT and 3TC from four weeks before expected labour and continued for a week afterwards, there was a 50% reduction in transmission.

UNAIDS executive director Peter Piot said in the report that similar findings had emerged from a study among non-breastfeeding Thai women in which AZT alone was given from the 36th week of pregnancy through delivery.

The results raised the possibility that for even the poorest nations, a practical method of cutting perinatal – or mother-to-child – transmission of the AIDS virus was within reach, he said

According to estimates, as many as 600 000 babies are infected each year worldwide, either during delivery or from breastfeeding afterwards. Most infections occur in Africa.

Saadiq Kariem, head of the Western Cape's AIDS programme, said the Petra results enforced those of the Thai study, and confirmed the need to provide AZT to HIV-positive pregnant women.

"The results confirm that if you give pregnant women AZT a week before delivery, transmission of the virus is reduced by 37%. This is confirmation that intervention methods do indeed work and are not just theory."

The first results of the Western Cape study in Khayelitsha, in which the AZT drug is being financed by the provincial health department, are expected within five to six weeks.

"We believed so firmly that AZT works that we secured the money for the trial from the provincial budget This is also important because it means the project is sustainable, which it would not be if it was funded for a limited period by overseas organisations," said Dr Kariem.

The Khayelitsha study, via the screening of pregnant women attending the Site B and Michael Mapongwana hospitals, had confirmed that about 14% were infected with the virus that causes AIDS

Infected women take AZT for a month and do not breastfeed at all The babies are tested at nine months and again at 18 months

"A total 97% of women who are counselled agree to be tested and to take the drug, which is a strong indication of the need out there for treatment," said Dr Kariem

The pilot project is planned to run for a year and Dr Kariem said negotiations were continuing with the national Health Department

Witch-hunt against AIDS sufferers

CP 21/2/99 (p2)

People threatened with death for revealing HIV status in KZN

A WITCH-HUNT for people infected with HIV and AIDS is being carried out in KwaZulu-Natal

First a mob beat an HIV-positive woman to death for going public about her status and now a growing number of those who have also gone public like her are being threatened with death for "deliberately infecting people with the dreaded virus"

One of the victims of this "infect one, infect all" rumour is 18-year-old Sinenhlanhla Xaba

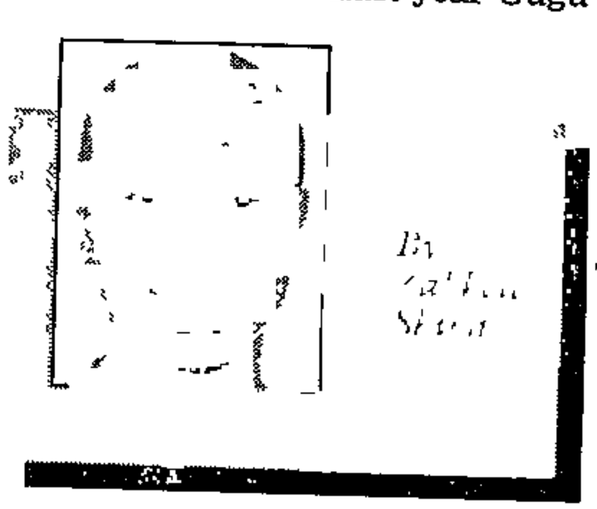
She is accused of infecting others by having unsafe sex in Empangeni, north of Durban, where she works for the Young Positive Living Ambassadors (YPLA) organisation

She was this week transferred to Durban by the organisation after receiving death threats

It has also emerged that friends of a former boyfriend in Empangeni kidnapped her and beat her up, after accusing her of infecting "our brother"

Xaba was even afraid to lay a charge with the police against her accusers

She has a two-year-old child by the former boyfriend



☐ The National Youth Commission (NYC), which formed YPLA as an AIDS/HIV project, held a press conference last week to deny that she – or other members – had deliberately infected any of their former lovers

The NYC also vowed to investigate any member "who might be deliberately infecting others"

Xaba and her YPLA colleagues were present in the media briefing but preferred not to speak "because she was intimidated by the media"

Last year Gugu Dlamini was killed near KwaMashu – for admitting in public that she was HIV positive

The NYC believes the rumours against Xaba and YPLA members are an attempt to discredit those who have publicly come out about their status

Chairperson Pinky Kunene said "We cannot be sure if Sinenhlanhla's boyfriend was positive or negative before she found out she was positive

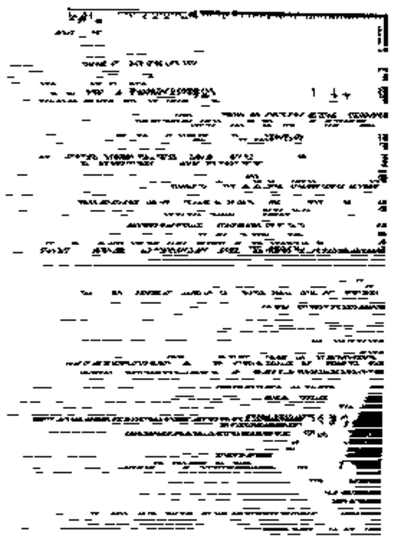
"If he can come up with a medical certificate to state if he was positive or negative by January 1997, then we can take it from there"

The organisation said they could not provide Xaba with the necessary protection

Thembinkosi Ngcobo, the director for policy and programmes of the NYC said they were prepared "to talk to the faceless people" who accuse members of YPLA of spreading the HIV virus.

Ngcobo urged these people to talk about the virus and how to prevent it The organisation has already started publicising their message by visiting churches, schools, tertiary institutions and prisons.

"The organisation talks to young people about HIV counselling pre- and post-counselling and the HIV status," he said



Aids clinic in Pretoria will close shortly

(92) CP 21/2/99

Hospital says it is rationalising

the co-ordinators, demonst-
■ *Pic· George Mashinini*

By MAPULA SIBANDA

AIDS and HIV patients at the Pretoria Academic Hospital are outraged at the imminent closure at the end of March of the hospital s Aids clinic and are drawing up a petition to try persuade management to reverse its decision

The Aids clinic was established in April 1987 by Dr Pierre Eloff and is one of the oldest institutions of this sort in the country It is believed to offer one of the most comprehensive ranges of services to Aids and HIV patients

Up to 30 HIV and Aids patients are treated daily at the hospital, and the clinic, which operates once a week, sees up to 60 patients every Tuesday

Initially the clinic treated mainly white homosexuals These days more than 90 percent of its patients are black heterosexuals

The clinic's chief social worker, Magriet Spies, who has worked there for more than six years, said hospital management had to close the clinic because they did not have a specialist doctor to run it

The last doctor to run the clinic left the hospital last December Since then two physicians from the hospital have had to help at the clinic

"Management told us the reason for the closure is that the department is under a moratorium to hire new doctors, and that HIV and Aids fall under primary health care, while we are an academic hospital," said Spies

The Aids clinic provides counselling and disseminates information, while its social workers assist patients in matters related to employment and their legal rights

Appointments at the hospital will be phased out by March and Aids and HIV patients will now be incorporated into the Western Out-patients Clinic, to be treated like all other patients

Spies said the patients were unhappy about this development as they were content with the clinic's multi-disciplinary approach Many thought they would not receive the same service elsewhere

She confirmed that the patients had drawn up a petition which was forwarded to the Aids Consortium for them to intervene to ensure the interests of patients were protected "It is sad that we have to close after we have fought for so many years to try to get the clinic established In my opinion, we need a specialised clinic, and academic hospitals should be seen as leaders in the field of HIV and Aids," Spies said

The chief superintendent of the hospital, Zola Njongwe, said she did not agree that the changes would affect the hospital's services

"We are not closing down the clinic, we are rationalising This means that the Aids clinic will cease to be different from other sections of the hospital But it does not mean that we are less committed to our Aids patients," she said

Njongwe said budget constraints and an overload of patients had influenced their decision to integrate the treatment of all medical problems

Dr Ernest Kenoshi, a senior medical superintendent who deals directly with HIV and Aids, pointed out that rationalising would actually mean that Aids patients could be seen every day of the week and have a choice of more doctors from the out patients' clinic

Though unable to give figures on the cost of running the clinic, Njongwe insisted that management would not reverse its decision to rationalise, unless the budget and staff shortages were resolved.

Kenoshi pointed out that the changes taking place would mean that patients would have to make appointments to see social workers, nurses and pastors, who all form part of a counselling panel

Meanwhile, in a separate but related development, allegations have emerged that doctors at the hospital's medical wards have been conducting HIV/Aids tests without the consent of patients

According to information, the patients are merely given forms to sign on arrival and then blood samples are taken from them for the tests

"There is no counselling before or after the tests are conducted, and a number of medical ward patients have been left in extreme shock after being told they were HIV positive," a source said

Spies said she had no knowlege of the lack of counselling and doubted that doctors would use the forms to test medical patients for Aids without proper consultation

She said the doctors were "tuned" to the needs of Aids patients

"Our consent forms are in all languages and pre test counselling is carried out We used to have problems with testing done without patients' consent, but that was years ago," she said

Spies said the hospital was negotiating with the Aids Consortium to ensure that HIV and Aids patients continue to receive fair treatment after implementation of the changes at the hospital's Aids clinic

A meeting is to be held next month to try and find an amicable solution

"The hospital has been extremely accommodating and they are open to suggestions which may be acceptable to all parties," said Peter Busse of the Aids Consortium

KACG is spreading the gospel of how to prevent HIV, Aids

By MAPULA SIBANDA

WHETHER it's a squatter camp, maternity ward, high school or a group of giggling youngsters, the Katorus Aids Control Group (KACG) is always raring to go and spread the message of Aids prevention amongst Katorus communities

This week City Press tagged along when they went to Vosloorus' Thuto-Lesedi High School to educate the youth about condom use and other preventative measures to combat Aids

At 1 35 in the afternoon, after the last bell has rung, is probably not a good time to conduct an Aids workshop

At first the Standard 10 pupils congregating for the workshop looked bored, glancing out of the windows impatiently and watching longingly as the rest of the school's pupils left the premises for home.

"We know all about Aids This is a waste of our time," a boy from the back of the class mumbled

It was later, during question and answer time, when one of the co-odinators had finished a lecture on HIV and Aids, that a heated debate on relationships, sexual behaviour and Aids ensued

Pupils asked basic questions how to use condoms, ways of HIV transmission, and how people living with Aids could be detected.

Some strange questions were also asked

Ivo asked if it was possible for one to contract HIV through masturbation. Ndumiso asked about the difference between lubricated and non-lubricated condoms, while one other pupil wanted to know why animals could not contract HIV.

It was clear the pupils were well informed on some issues relating to HIV and Aids but quite ignorant on others. Later though, most pupils admitted that the workshop had been informative and useful

The KACG was started in 1996 with the idea of spreading information on HIV and Aids to communities in Alberton, Thokoza, Katlehong, Vosloorus and other East Rand areas. Of its 170 staff, 30 are full-time and the rest volunteers

The group uses humour, sketches and analogies from real life situations to get its message across – always talking the language of their audience

At Thuto-Lesedi most of the KACG co-odinators were young enough to be in school. KACG is a firm believer in the idea of peer-to-peer interaction.

Although Papi Thetele is a few years older than most of the pupils, his forthright advice was well received, with pupils clapping and cheering in agreement

"I want to appeal to the boys to stop having relationships with girls in every standard of the school, and for the girls to stop having boyfriends at home, in the choirs, at school and at societies," he warned.

An hour later, shouting for more from Thetele, the pupils did not want the workshop to end.

PROTECT YOURSELF .. Busi Radebe, one of the co-ordinators, demonstrates to the class how Femidom is used ■ *Pic: George Mashinini*

Aids c
Preto
close

Hospital says

By MAPULA SIBANDA

AIDS and HIV patients at the Pretoria Academic Hospital are outraged at the imminent closure at the end of March of the hospital's Aids clinic and are drawing up a petition to try persuade management to reverse its decision

The Aids clinic was established in April 1987 by Dr Pierre Eloff and is one of the oldest institutions of this sort in the country It is believed to offer one of the most comprehensive ranges of services to Aids and HIV patients.

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Monday February 22 1999

Medics urge HIV rethink

By Mokgadi Pela

IT IS far more cost-effective to prevent mother-to-child transmission of HIV than to treat children infected with the virus, leading medical scientists have said

Writing in the latest issue of the *South African Medical Journal*, Drs G Hussey, D Fransman, G McGillivray, L Reynolds, M Jacobs, D Power, B Eley and D Woods of the department of paediatrics and child health at the University of Cape Town, urge Health Minister Dr Nkosazana Zuma to rescind her decision not to allow pilot projects to reduce mother-to-child transmission of HIV

Zuma said the programmes were too costly and the money would be more wisely spent on primary preventive measures such as vaccine development and behavioral modification

"The strongest arguments in favour of the implementation of a programme to reduce mother-to-child transmission of HIV are cost-efficacy, its potential for enhancing preventive strategies and our moral obligation," the doctors said

One study estimated the cost per infection averted at about R5 000 and the cost per potential life gained at R450, which was likened to other cost-effective public health interventions such as immunisation

Aids drug drive divides health departments

(92) ARG 22/2/99

DI CAELERS
HEALTH WRITER

The Khayelitsha AZT project, funded by the New National Party led provincial government against the official policy of the ANC's national health department to not supply the drug, had created tension between the provincial and national health departments

The Khayelitsha AZT "project" is aimed at giving the AZT drug to HIV-positive pregnant women in Khayelitsha, according to Saadiq Kariem, head of the Western Cape's Aids awareness programme

Dr Kariem was speaking at a quarterly public meeting of the Western Cape branch of the National AIDS Coalition of South Africa (Nacosa)

He said the Khayelitsha AZT project was planned in November 1997, and began six weeks ago, even though the national department 'refused to budge" on supplying the drug

"This has placed the national department in a difficult position and it has become something of a political football but for us this is not a political issue," he said

"Somebody had to do it It is a moral and ethical base that we are coming from'

Dr Kariem said the tension between the provincial and national health departments created "a difficult situation"

CAPE TIMES
MONDAY, FEBRUARY 22, 1999

Babies' lives in balance as Zuma zaps Aids drug trial

(92) CT 22/2/99

JUDITH SOAL
HEALTH WRITER

THE three babies born to mothers on an Aids treatment project in Khayelitsha have a good chance of life without HIV. Babies born next year might not have the same chance.

The National Health Department has clamped down on the Western Cape's Aids treatment programme for pregnant women with HIV, insisting it be cancelled after 12 months.

The project, launched at two clinics in Khayelitsha in January, was intended as the beginning of a province-wide programme to give the anti-Aids drug AZT to women with HIV to reduce the likelihood that their babies would carry the virus.

At a recent meeting of provincial heads of health, it was decided that the project be allowed to continue — but only for a year.

"The Minister of Health (Nkosazana Zuma) is not prepared to budge," said Saadiq Kariem, head of the Western Cape's Aids plan and one of the main forces behind the AZT project.

"We have been told that we are to call it a 'trial', not a 'programme', and that we may not continue after December."

Zuma announced in October last year that all AZT projects were to be cancelled, apparently because the government could not afford to provide the treatment.

The Western Cape went ahead with its planning and launched the project at Site B and Michael Mapongwana Hospitals in Khayelitsha without the minister's knowledge. Sources say she was not happy.

"It has been a stressful time for us," said Kariem. "There was a lot of tension between the province and national government.

"We have no choice but to accept their decision. We knew we were out of line with the national policy."

"We believe this (AZT) project should be extended to the whole province, not cut back."

But Aids activists have vowed to fight the decision.

"We believe this project should be extended to the whole province, not cut back," said the National Aids Coalition's Ashraf Grimwood. "The money allocated to Aids in the budget can be spent just as effectively, if not more, on this as on anything else."

Zuma has said money cannot be taken away from Aids-prevention efforts to be spent on treating people who are already HIV-positive, but Grimwood believes the AZT projects are an essential part of preventing the spread of the virus.

"Firstly it is prevention in itself, because you are preventing the spread of HIV to unborn children. But also counselling pregnant women and testing them for HIV has a very strong prevention aspect, especially to the mothers who are HIV-negative."

Grimwood said the benefits of the Khayelitsha programme in its first six weeks had been "enormous". "There is a much higher awareness of HIV in the community. People are talking about it. That kind of effort is invaluable in the fight against HIV."

Six hundred women have been tested for HIV at the clinics since the project was launched. Ninety-six of them are HIV-positive and will take a short course of AZT from their 36th week.

So far three babies have been born — all of them prematurely — to Khayelitsha mothers taking the drug. These babies are twice as likely to be free of the Aids virus than if their mothers had not participated in the programme.

By the end of the year the department estimates that some 200 young lives will be saved. If these babies were to be born next year, they might not have the same chance of survival.

Draft policy on AIDS in schools falls far from the mark

(92) BD 23/2/99

A failing sex education system is not being remedied and providing sexual health care at schools is not even proposed, writes **David Hirsch**

THE HIV/AIDS threat to society and the economy demands changes in many sectors — not least secondary schools, where a cultural change is needed so that the behaviour of the next generation will create substantial immunity to HIV infection

This is far from the case at present, where the level of sexual activity is high at many secondary schools Although most pupils are not promiscuous, there is a small number of girls who have sexual relations with older men This is the conduit for all sexually transmitted diseases (STDs) into the school population, the presence of which accelerates the transmission of HIV Teenage pregnancy is a major problem in its own right

The deadline of the request period for comments on the draft national education policy on HIV/AIDS in schools and tertiary education institutions has now passed It seems appropriate to look at its strengths and weaknesses

The policy does not make practical proposals on the most important issues — the school day sex education and sexual health care at secondary schools

First, the policy does not declare that the high level of teenage sexual activity is an overwhelming HIV risk to teenagers Not coincidentally, many secondary schools close at 1 30pm Schools should remain open until the late afternoon and include a broad range of activities that ideally also involve a diversity of people from the community Educators should put in a full eight hours of work every day in these schools and school holidays should be reduced

These changes are likely to reduce the level of sexual activity and the associated risk of HIV, other sexually transmitted diseases and teenage pregnancy

Second, the policy does not recognise that the guidance counsellor, normally a teacher with a conventional teaching load of exam subjects, is often not a good choice for sex educator She or he usually has the dignity and reticence of a teacher, is usually middle class, older and lives in another area.

Sex education should not be regarded as a conventional pedagogical topic It should involve the pupils committing themselves to open and honest debate so that they comprehend and apply the knowledge to their choices This is an ideal opportunity for them to realise themselves as responsible and self-reliant individuals who have obligations to themselves, their fellows, their families, their school and their community

A young person from the community, employed full-time at schools (but not permanently), deployed by a nongovernmental organisation or community-based organisation and guided by teachers, is the most effective and preferable sex educator

Third, the policy does not envision a yardstick to measure the effectiveness of sex education at each school If there is no measurement, there is no means to identify and replicate excellence and direct attention to poor performance There is such a yardstick available — teenage pregnancy More than half the girls in SA have a baby in their teenage years The prospects for the mother and the baby are poor

If the incidence of teenage pregnancy was largely reduced, nearly half the fertility reduction necessary for long-term population stabilisation would be achieved All secondary schools should be required monthly to report teenage pregnancies to the provincial education department, which should use the information as a management tool for HIV/AIDS and pregnancy prevention

Fourth, the policy does not embody a realisation that secondary schools where high levels of sexual activity are prevalent represent large gatherings of young people who need active, albeit largely routine, support of their sexual health Most of it can be done at the school, just as sex education is best delivered at school Otherwise, the reservoir of STDs will tend to increase and multiply the rate of HIV transmission

Tracing of STD contacts will be more difficult There will be more abortions, unwanted children and schoolgirl mothers. Community health workers, led by a nurse, can do routine consultation and contraception for large numbers of pupils during regular school visits Arising from this will be small numbers of pupils referred to clinics for STDs, pregnancy and contraception

Thus the clinics will deal only with pupils who require their resources The community health workers will do more mundane tasks

Last, the policy does not acknowledge the pivotal role that lay people can play. At present, nongovernmental organisations all too often have a core of officials surrounded by "volunteers" who are given partial responsibility, part-time work and derisory payment They depend on their families who themselves live in poverty Eventually, many give up in despair

The nurse, teacher and social worker have failed because HIV/AIDS requires a cultural response — not trained expertise It would be a great pity if the pandemic resulted in more certified and licensed officials

What is needed is a steady spread of work, knowledge, skills and solidarity among many ordinary people paid living wages under the aegis of nongovernmental and community-based organisations It is an ideal focus for funding arising from the job summit Co-ordination could be provided by small secretariats, and resources by organisations such as education and health systems, tertiary education institutions, research institutes, mining houses and commercial firms

□ David Hirsch is the executive director of the Sapier Population Trust, supporting sex education and school health visits in Odi district

R200M OVER SEVEN YEARS

Shot in arm for Aids research

(92) ET 24/2/99

ONE OF THE biggest research budgets ever in South Africa has been established to promote Aids vaccine research Health Writer **JUDITH SOAL** reports.

THE cabinet has approved an extensive plan to fast-track Aids vaccine research in South Africa, the president of the Medical Research Council (MRC) said yesterday

"The budget will be R50 million for the first two years and R150m to R200m over seven years," William Makgoba told the *Cape Times* This is one of the largest research budgets ever in South Africa and will be drawn from public, private and international donor funds

The vaccine initiative is a collaboration between the Department of Health, the Department of Arts, Science, Culture and Technology, the MRC, the National Institute of Virology and Eskom

"In the absence of a cure for HIV, a vaccine is one of the best ways of preventing the spread of the virus," Minister of Health Nkosazana Zuma said recently "We have to make sure that we prioritise its development "

It is estimated that 1 500 South Africans contract the virus that causes Aids every day, and that Southern Africa has the fastest-growing epidemic in the world

Despite this, most of the research into Aids vaccines focuses on clade B HIV — the type of virus found in developed countries But 95% of HIV in Southern Africa is a different type of virus, known as clade C HIV

"We need to make sure that research into clade C HIV is conducted and that when a vaccine is developed it will be affordable and effective in our setting," Makgoba said

"The research will be co-ordinated by the MRC, but money will be available to researchers from outside the organisation as well "

Rather than focusing efforts on one vaccine, many projects involving different scientific researches and formulations will be funded

"Our best chance of developing an effective vaccine is to tackle it in as many ways as possible," said UCT virologist Carolyn Williamson "This money will allow us to do this

"And we won't be starting from scratch, we will be able to build on work done in other countries "

International research focuses on a different strain of virus to that found in Southern Africa

Last year Williamson received international funding to research an Alpha-vax vaccine in collaboration with the University of North Carolina She expects the product to be ready for testing on humans in less than three years

The new partnership hopes to have a vaccine available for testing within two years But human trials take six to eight years so, even if all goes well, help is not on the horizon Earlier hopes of a vaccine before 2005 have been dashed as results of similar work around the world have been disappointing

People with HIV also warn that vaccines aren't a cure-all and that the government still needs to live up to its responsibilities to those who are HIV-positive

"There are three million people with HIV in South Africa and some of us can't get access to the most basic treatments," said Aids activist Mercy Makhalemele, who is HIV-positive

"I agree vaccine work is important, but the government must remember it is not the only thing Just imagine how many people will be positive by the time a vaccine is found "

Zuma turns down cut-price HIV drug

ARG 26/2/99 (9a)

We offered 70% off, say makers of AZT

GLYNNIS UNDERHILL
SPECIAL CORRESPONDENT

Health Minister Nkosasana Zuma has been offered a 70% discount on the cost of anti-viral drug AZT for HIV-positive pregnant women, pharmaceutical giant Glaxo Wellcome has revealed.

But last night, Dr Zuma's spokesman, Khangelani Vincent Hlongwane, said the discount being offered would not maintain a programme – the Government could not afford to give AZT to all HIV-positive pregnant women

Dr Zuma stunned AIDS activists with her announcement at the end of last year that the Government would not, owing to budgetary constraints, be supplying AZT to pregnant women infected with the HIV virus

The controversy was fuelled by the results of a clinical trial in Thailand which showed that administering AZT during the last few weeks of pregnancy to HIV-infected women reduced the rate of transmission to infants by 51%

The debate was re-opened this week when Dr Zuma was asked in Parliament by New National Party health spokesman Kobus Gous whether pharmaceutical companies had offered AZT for pregnant women at a reduced price

Dr Zuma challenged him to ask the companies themselves, and said Mr Gous should find out how long the reduction would last.

"You must bark up the right tree," she said

The director of corporate affairs for Glaxo Wellcome, Vicki Ehrich, told the Cape Argus yesterday the discount had been offered repeatedly to Dr Zuma and her advisors over the past two years

Glaxo Wellcome, which was the sole manufacturer of AZT, had also agreed with the health department that the discount would be fixed for five years, she said

The worldwide concern over Dr Zuma's decision against giving AZT to HIV-positive women is so great that there have been reports of a possible boycott by some United States medical scientists of the 13th World AIDS conference due to be held in South Africa next year

But Mr Hlongwane said the Government could not be bowed by international pressure, and had decided that any programme with accumulative costs should not be funded by donations that could be suddenly withdrawn

The international condemnation was very unfair on the Government, said Mr Hlongwane

The discount on AZT would cut the cost of treatment for each HIV-positive pregnant woman to less than R400, compared with the price being paid in developed Western countries of about R1 200

Dr Zuma's decision against giving pregnant women AZT treatment outraged AIDS activists locally and abroad, especially when the Government announced an R80-million awareness project.

Mr Hlongwane said he did not know Glaxo Wellcome had offered free treatment for 600 women that may have saved more than 300 babies from a life with AIDS

Top clinics for inmates with Aids

(92) Star 27/2/99

Disease 'spreading like wildfire' in jails

By SHONEEZ BULBULIA

Millions of rands of taxpayers' money is being spent every month treating convicted prisoners in private hospitals for Aids complications But at the same time, the Ministry of Health says it can't afford the R400 or so a month it would cost to give pregnant mothers a drug cocktail which would dramatically cut the transmission of HIV to their babies

A Johannesburg doctor told the *Saturday Star* that intensive-care treatment and drugs at private hospitals for prisoners afflicted with Aids and its complications runs between R1 000 and R5 000 per patient *a day*, depending on the severity of their condition.

The doctor said Aids and HIV were being spread through prisons "like wildfire" and that the Department of Correctional Services was perpetuating the problem.

"On the one hand, prisoners are not compelled to take a test for the Aids or HIV virus, so they are not aware who has the virus and could be spreading it. Secondly, they don't segregate infected prisoners and non-infected prisoners, and everyone receives free condoms.

"This creates a major danger because, with homosexuality, sexual assault and rape so rife, prisoners are attacked and exposed to danger all the time."

Marion Stevens, policy analyst at the Women's Health Project, said the extraordinary large sum of money spent on prisoners highlighted the contradictions and ambiguities in the country's health system.

"There is a definite need for more insight and planning into the various government structures and the equitable management of resources. Only then would it be a fair system and allow mothers and babies not only to be treated, but provide medication and bare necessities like painkillers to be provided for hundreds of clinics in our rural areas," added Stevens.

IN THE MIDDLE: Health Minister Nkosazana Zuma

Democratic Party health spokesperson Mike Ellis expressed shock at the large sum of money being spent on prisoners. "It seems incongruous that prisoners should be given specialised treatment when most South Africans who are not criminals would never receive the same opportunity

"There is clearly no co-ordination between the health and correctional services ministries in the provision of healthcare assistance regarding those who suffer from Aids.

"The health minister herself denied innocent pregnant mothers the opportunity to receive AZT on the basis that it's too expensive, and yet criminals are afforded luxury treatment at private clinics"

Suzanne Vos, IFP MP and member of the parliamentary Committee on the Improvement in the Quality of Life and Status of Women, said the prisoners' treatment at private clinics was "outrageously unfair", but that treating prisoners was a human rights issue.

Vos added: "It's a tough decision for the government to make, and it seems prisoners trapped within the system are fortunate to receive the treatment while mothers and babies are trapped outside the system

"Treating prisoners at private clinics is shocking because they receive better medical care, when others desperately ill who can't afford it also need the facilities."

Private hospitals contacted by the *Saturday Star*, and the Department of Correctional Services, both refused to give details on the number of Aids prisoners currently being treated.

To Page 2

Aids prisoners at top private clinics

From Page 1 - story

Correctional Services spokesperson Barry Eksteen said his department pays for the treatment that prisoners receive in both public and private hospitals, although no budget assistance is received from the Health Department.

"According to our policy, our first preference when admitting a prison patient is a public hospital, although HIV and Aids prisoners are referred to private hospitals for the treatment of complications that cannot be managed within the level of care available in prisons, and also if the public hospitals don't have empty beds to admit prisoners," he said

The private doctor said. "The government should make it compulsory for prisoners to be tested for HIV and Aids on admission to prisons, so that these prisoners can be considered for anti-viral therapy."

He said that although the cost of the anti-viral medication is high, "we could prevent the prisoners from developing full-blown Aids and spending thousands of rands" later.

Eksteen said prisoners should not be subjected to tests when the general public was not.

Golden Miles Bhudu, president of the SA Prisoners' Organisation for Human Rights, said testing prisoners for HIV and Aids would do the prison population good because the rate of infected prisoners dying on a daily basis was alarming

But, he added: "Prisoners must not be forced to take tests for Aids and HIV, but rather convinced of the advantages of being tested so that they can then be treated, educated and counselled."

Peter Busse, director of the National Association of People Living with HIV and Aids, said: "All people living with Aids or HIV, including prisoners, should have access to medical treatment They cannot be left to die because others feel that money is being wasted on their treatment."

George Baptiste, marketing manager of Netcare, which owns 44 private clinics that admit prisoners, said the issue of Aids and HIV was confidential. "I don't have statistics, but anyway we are not authorised to divulge such information."

March

1999

Rising AIDS costs affect province (9a)

Pule Molebeledi

DURBAN — More than 40% of patients admitted to Durban's King Edward hospital had contracted the HIV/AIDS virus, while 46% of pregnant women younger than 30 had tested positive for the disease at a clinic in KwaZulu-Natal, provincial health superintendent-general Prof Ronald Green-Thompson said yesterday

He said during the KwaZulu-Natal legislature's budget debate that 32,6% of women attending antenatal care at King Edward had HIV or AIDS

He said the provincial health department had reduced its shortfall from R621m during the 1998/99 financial year to R33m in the current year.

The department had introduced stringent financial controls by cutting down its fleet and overtime pay

The cost of intensive care was too steep due to the high number of victims of road accidents and political violence

The salary bill, which previously consumed 74% of the department's budget, had been reduced The number of staff was cut from 52 188 in October 1997 to the current 50 229 through natural attrition

Green-Thompson said the collection of own revenue in state hospitals was low because many state patients were moving from state to private hospitals

Meanwhile, health MEC Zweli Mkhize said a study done recently had shown that KwaZulu-Natal needed about R2,5bn to improve its hospitals

BD 2/3/99

Nats criticised for anti-Aids efforts

(99) Star Mar 3/3/99

Zuma accuses party of heartless vote-catching in Western Cape by issuing drug to pregnant women

By Clive Sawyer
Cape Town

In a searing and emotional attack in Parliament yesterday, Health Minister Nkosazana Zuma accused the New National Party in the Western Cape of using the anti-Aids drug AZT to buy votes by issuing it to HIV-positive pregnant women in Khayelitsha

Zuma also accused the NNP of hypocrisy for failing to support earlier legislation intended to lower the cost of medicines

The Western Cape government is alone among provincial and national health authorities in issuing the costly drug, properly known as azidothymidine, which is designed to prevent transmission of HIV to babies born to infected mothers

The Department of Health has declined to supply the drug, saying its high cost dictated that it was better for the department to focus on prevention and advocating behavioural changes

The minister came under fire from Western Cape delegate Quarta du Toit (NNP) during debate in the National Council of Provinces on the health budget

Du Toit said the preferential price of R400 per case was available to all provinces

Contrasting this with the R14-million "wasted" by Zuma's department on the *Sarafina 2* musical, Du Toit said that for every rand spent on AZT treatment, R3 was saved on the care of HIV-positive babies

Urging Zuma to allow the

Nkosazana Zuma ... angered by NNP initiatives

national Department of Health to issue AZT, she said. "The next victim could be your child or grandchild"

Zuma said she had until now refrained from commenting on the AZT question because she had not wanted it to become an election campaign issue

"It fills me with sadness that the National Party is using patronage and using it in an area which is so sad"

The decision to issue the drug in Khayelitsha had been motivated by the NNP's desire to win votes there, Zuma claimed

She challenged Du Toit to explain why children in Guguletu, excluded from the scheme, were worth less than those in Khayelitsha

"I will not introduce such a programme until we can give it to every child in the country

"We will not use it as patronage, to gain cheap votes like the NP is doing

"You don't feel for all children, – you are doing it for your own propaganda

"It fills me with sadness, it fills me with tears. I will declare it national policy only if there is money"

Zuma added that she did not want the issue of Aids, about which she felt deeply, to become politicised

Neither did she want to have to pick and choose which of the country's children should benefit from AZT

She asked those on opposition benches why they had opposed legislation designed to reduce the cost of medicine

"If you want to plead for those children genuinely, go and plead with those pharmaceutical companies which make the drugs," she said. – Star Parliamentary Bureau

Zuma lashes Cape Nats

(92) ARG 3/3/99

You're using HIV drug to buy Khayelitsha votes, minister charges

CLIVE SAWYER
POLITICAL CORRESPONDENT

In a searing attack in Parliament, Health Minister Nkosazana Zuma has accused the New National Party in the Western Cape of using the AZT drug to buy votes by giving it to HIV-positive pregnant women in Khayelitsha.

She also accused the party of hypocrisy for failing to support earlier legislation intended to lower the cost of medicines

The Western Cape government is alone among South African authorities in issuing the costly drug, azidothymidine, which has been found to prevent transmission of HIV to babies born to infected mothers

The Department of Health has declined to supply the drug, saying its high cost dictates that it is better for the department to focus on HIV prevention.

Dr Zuma came under fire yesterday

Scientists slam Zuma on AZT stand Page 10

from Western Cape delegate Quarta du Toit (New NP) during debate in the National Council of Provinces on the health budget.

Dr Du Toit said the preferential AZT price of R400 a case was available to all provinces.

For every rand spent on AZT treatment, R3 was saved on care of HIV-positive babies.

Urging Dr Zuma to allow the Department of Health to issue AZT, she said "The next victim could be your child or grandchild."

Dr Zuma said she had until now refrained from commenting on the AZT question because she had not wanted it to become an election campaign issue.

"It fills me with sadness that the National Party is using patronage and using it in an area which is so sad," she said.

The decision to issue the drug in Khayelitsha had been motivated by the New NP's desire to win votes there, she said.

She challenged Dr Du Toit to explain why children in Guguletu, excluded from the scheme, were worth less than those in Khayelitsha "I will not introduce such a programme until we can give it to every child in the country," she said.

"It fills me with sadness and anger that the NP is using people in this way."

Zuma lashes Cape Nats

(92) ARG 3/3/99

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CAPE ARGUS, WEDNESDAY, MARCH 3, 1999

SA under fire over Zuma's stand on HIV drug

Politics seen behind the refusal to give AZT to infected pregnant women

(G2) ARG 3/3/99

GLYNNIS UNDERHILL
SPECIAL CORRESPONDENT

Is South Africa setting the wrong example with its decision not to treat HIV-positive pregnant women with the anti-viral drug AZT?

Many internationally acclaimed scientists and AIDS activists believe so

The respected international weekly science journal Nature recently focused its editorial on the contentious issue

"This is a regrettable decision and South Africa should quickly reconsider," it wrote.

"A simple decision by South Africa to reintroduce routine AZT treatment for all infected pregnant women would not only represent sound economic and health politics, but would also open the door to a more ethical and humane approach to those suffering the extreme discrimination, ill health and early death that comes with HIV infection in Africa."

The international publication New Scientist has also added its voice to the debate in a hard-hitting article

"There are serious worries among international AIDS experts over South Africa's ability to fight the AIDS epidemic," it stated.

"These concerns centre on the policies of the Health Minister, Nkosazana Zuma. Dr Zuma has advocated use of an unproven, locally developed anti-HIV preparation called Virodene and blocked nationally funded trials of the drug AZT to prevent pregnant women with HIV passing the virus to their babies"

The call for Dr Zuma to review her policy has intensified with the international pressure building up 16 months before Durban is to play host to the world AIDS conference in July 2000

The city scooped the prestigious event after an intensive bid programme that began five years ago

Hotels have been booked for the conference and expert planning has gone into the event. With 12 000 to 15 000 delegates expected, the biennial conference is the premier event on the international AIDS calendar

It will be the biggest scientific conference yet held in Africa and will assist in highlighting the situation in KwaZulu Natal, where a reported one-third of all women at antenatal clinics are testing positive for HIV

However, the threat by several United States researchers to boycott the conference is growing and cannot be ignored. Attempts have been made at meetings of South African and international scientists to dampen the call for a boycott of the conference However, the threat still lingers

But Khangelani Vincent Hlongwane, spokesman for Dr Zuma, said the Government had to stay its course, in spite of the international pressure

"The door is not closed on the issue, but we cannot afford to run a sustainable programme to give AZT to HIV-pregnant women," he told the Cape Argus

Recent studies had shown a "whopping 50%" of young people were unaware of the real threat of HIV and AIDS, with many believing that they could not be infected with the virus by a fat person.

"A lot of work has to be done and we have to put the few resources we have into educating young people, who are most at risk," he said.

It could be argued that the vast majority of the population in South Africa did not have HIV or AIDS, Mr Hlongwane added.

"We want to ensure that they remain that way for the rest of their lives, and to use the few resources we have to ensure they do not become HIV-positive"

Meanwhile, the Western Cape government has defied Dr Zuma by implementing a programme to give the AZT to HIV infected pregnant women over the next three years.

The Western Cape government is also conducting a pilot study and administering the drug to HIV-infected pregnant women in Khayelitsha, in an effort to show the programme is cost-effective.

Whereas it would cost the Government less than R400 to administer AZT to a pregnant HIV positive woman, it costs as much as R500 a day to care for a child at a government hospital.

And the statistics are horrific: as many as one in five babies in South Africa is infected with HIV at birth.

Nature pointed out in its editorial that in South Africa, infant deaths due to AIDS are expected to rise 20% by 2001

Discussing the offer by AZT manufacturer Glaxo Wellcome of a 70% discount to developing countries in Africa at a fixed price for five years, the science journal pointed out that Botswana had accepted the deal. It was therefore alarming, it said in its editorial, that South Africa's health minister had announced she would not be implementing the AZT programme.

The announcement has been met with anger and surprise in the South African press and from researchers the world over – but Nature explored another theory

"In explaining her decision, Dr Zuma has raised efficacy, economic and cultural issues, none of which hold water. Either Dr Zuma simply does not understand the arguments in favour of this treatment – in which case she is not up to the job of health minister and should resign – or else there is another agenda.

"Senior scientists in the United States have speculated that Dr Zuma's decision is politically motivated.

"Dr Zuma is said to be the main backer of an effort by the South African Government to abolish intellectual property rights on pharmaceuticals, with a view to pursuing local production of patented drugs," it claimed in its editorial.

Nature concluded that South Africa was in a unique position of influence in sub-Saharan Africa, with ambitions as a leader of countries in the region.

"As such, neighbouring countries often follow South Africa's lead and may do so in the case of AIDS

"South Africa's Nelson Mandela, has been criticised for failing to speak out about AIDS He now has an opportunity to show South Africa and the rest of the world how serious he is about tackling this problem"

Anger: Nkosazana Zuma is accused of having a hidden agenda over AZT

(92) Star 4/3/99

'Statistics a clarion call to stop Aids'

By Jovial Rantao
Political Correspondent

Cape Town – Shocking figures have shown an alarming national increase in HIV/Aids infections, in particular among teenagers

The hike has forced the state to consider laws to punish individuals who deliberately spread the Aids virus

According to the results of the ninth survey of pregnant women attending antenatal clinics in public health institutions, there has been a national increase of 33,8% of people infected with Aids At least 3,5-million South Africans are HIV-positive

The Government has been particularly shocked by the 65,4% increase among teenagers in the 15-19 age bracket – the highest in comparison with percentage increases of 32,5% and 47,8% among women in the 20-24 and 25-29 age bracket respectively

The increase among girls 15 to 19 years-old rose from 12,7% in 1997 to 21% last year The survey showed that

- The rate of infection of adults between 30 and 34 years old is 19,1%
- Among adults between 35 and 39 years old it is 13,4%
- Among women between 40 and 44 years old it is 10,5%
- Among women between 45 and 49 years old it is 10,2%

KwaZulu Natal continues to have the highest prevalence rate (the percentage-rate increase is 20,8%), and Northern Province has the highest percentage-rate increase (40,2%)

The rate of prevalence in Gauteng has increased by 31,6% (from 17,1% to 22,5%) In Mpumalanga it is 32,8%, in Eastern Cape 26,2% and in the Free State 14%

No increase was recorded in the Western Cape where the rate of prevalence is 5,2%

The survey shows that 22,8% of women attending antenatal clinics were HIV-positive

"This is clarion call that we should move at even a greater speed, a t target young people," Health Minister Dr Nkosazana Zuma said

▶ Living with HIV/Aids

MOVE TO CRIMINALISE DELIBERATE INFECTION

HIV explosion among teens

CT 4/3/99 (92)

THE GOVERNMENT has asked the SA Law Commission to look into the feasibility of criminalising the deliberate spreading of Aids. **JOVIAL RANTAO** of our Parliamentary Bureau reports

AN alarming increase in HIV/Aids infections, particularly among teenagers, has forced the state to consider laws to punish individuals who deliberately infect others.

The results of the ninth survey of pregnant women who attend antenatal clinics in public health institutions show an increase of 33,8% in the number of people infected with HIV last year

At least 3,5 million South Africans are HIV positive

Referring to the survey, government spokesman Joel Netshitenzhe said criminalising the deliberate spreading of Aids was part of the government's submission to the SA Law Commission, which was looking into the feasibility of such legislation

There has been an increase of 65,4% in the number of women aged 15-19 infected with HIV Next highest were women aged 25-29 (47,8%), and those aged 20-24 (32,5%)

The survey showed that the rate of infection was rapid among teenage girls, indicating that warnings need to be carefully directed at this age group The increase among women in the15-19 age group rose from 12,7% in 1997 to 21% last year

The survey also gives the rates of infection for adult age groups 30-34 (19,1%), 35-39 (13,4%), 40-44 (10,5%), 45-49 (10,2%)

While KwaZulu-Natal continues to be the province with the highest prevalence and an increase rate of 20,8%, the Northern Province, at 40,2%, has the highest increase rate

The rate in Gauteng has risen by 31,6% from 17,1% to 22,5% In Mpumalanga there has been an increase of 32,8%, in the Eastern Cape 26,2%, in North West 17,7%, Northern Cape 15,1% and the Free State 14%

No increase was recorded in the Western Cape, where the prevalence is 5,2%

The results of the survey were based on the 15 301 blood samples taken from women attending antenatal clinics of the public health services nationally The survey shows that 22,8% of women attending such clinics were HIV positive

Health Minister Nkosazana Zuma said the government was concerned about the rapid spread of the pandemic

She said the increases did not show that the government's campaign against HIV/Aids was not successful It would take time before the efforts of an inter-ministerial committee led by Deputy President Thabo Mbeki and non-government organisations take effect

"We have to target young people because that is where increase is," she said

Plans were being made to ensure that activities to mark Human Rights Day on March 21 will include Aids messages

Mbeki's office also intends to ask all the political parties expected to participate in the June 2 election to include Aids awareness in their messages

Zuma said there were plans to make Aids a notifiable disease without disclosing the identity of those infected with the virus

The government has previously warned that if it continued at this high rate, the Aids pandemic could cost the South African economy R8 billion by the year 2000

Threat to gay partnership rights

POLITICAL CORRESPONDENT

Same-sex partners face a new court battle over access for foreign partners to permanent residence or South African citizenship.

Rulings by the Department of Home Affairs' immigrant selection committee have meant heartbreak and frustration for many couples denied the chance to live legally together in South Africa.

Last year, assisted by the Coalition for Gay and Lesbian Equality, several couples where one partner was South African and the other a foreigner gave evidence to Parliament's home affairs committee about the disruption to their relationships caused by the rulings.

There was exultation earlier this year when the Cape High Court granted new rights to same-sex partners to permanent residence or citizenship.

But the Cabinet yesterday gave the go-ahead for an appeal by the Government, telling a news conference they believed the High Court judgment gave greater rights to same-sex couples than heterosexuals of differing nationality.

Marais defends Cape's AZT campaign

POLITICAL CORRESPONDENT

Western Cape health MEC Peter Marais, stung by Health Minister Nkosazana Zuma's harsh criticism of the provincial government's decision to supply anti-AIDS drug AZT to HIV-positive pregnant women, says it was not intended to turn the issue into a political football. "It was done to save lives," he said.

Dr Zuma told the National Council of Provinces on Tuesday that the New NP-dominated Western Cape government had supplied the drug as a cheap means of buying votes.

In a statement, Mr Marais said he had always maintained that AIDS should not become a party-political issue.

The Western Cape had embarked on an AZT trial in Khayelitsha in an effort to lower the incidence of AIDS as well as raise the standard of health in the province.

"This province has one of the lowest per capita incidences of AIDS and HIV which makes it most suitable for a trial of this nature."

The trial was part of an integrated AIDS programme.

The programme included awareness campaigns and medical intervention, said Mr Marais.

"By this trial we aim to prove conclusively that the treatment of pregnant HIV-positive women with AZT is the most cost-effective method.

"And we hope that in doing so, the central government will see the wisdom of our ways," said Mr Marais.

Editorial comment, page 14

Shock as survey shows HIV/AIDS among teenage girls increased 65% last year

(98?) ARG 4/3/99

CHARLES PHAHLANE
PARLIAMENTARY BUREAU

The Government will redouble its HIV/AIDS awareness campaigns targeting young people after a shock survey found that the rate of HIV/AIDS infection among teenage girls rose 65,4% in 1998 compared to 1997

Health Minister Nkosazana Zuma said the survey was conducted among 315 000 women attending public antenatal clinics

"It does frighten the hell out of me that among young people the rate of infection is that high. This is a clarion call that we should move with greater speed to target young people," said Dr Zuma.

President Mandela in his reply to his budget debate said the HIV/AIDS situation was "grave" and that all political parties and structures should be preoccupied with it

Dr Zuma said that if the figures were extrapolated to the general population, about 3,6 million, or one in eight South Africans, were infected with HIV/AIDS

She said this extrapolation could be an underestimation because men and infants were not surveyed Research findings also indicated that women who were HIV positive were less likely to fall pregnant.

The Northern Province had the highest increase in the rate of infection last year at 40,2% followed by Mpumalanga at 32,8%, Gauteng at 31,6%, Eastern Cape at 26,2% and KwaZulu Natal at 20,8%.

Dr Zuma said there was no scientific explanation for the high rate of HIV/AIDS infection in KwaZulu Natal Part of the reason might be that people in KwaZulu Natal were highly mobile

Dr Zuma questioned the figures for the Western Cape The survey found the Western Cape's rate of infection had not increased and 5,2% of the antenatal clinic population was infected with HIV "(The result) does not look correct I have asked the department to look again to see if there is nothing missing," she said

Dr Zuma said the Government was planning to make AIDS a notifiable disease, but would not require a patient's identity to be disclosed

HIV figures rocketing, Zuma warns

4/3/99 (92)

Farouk Chothia and Sapa

CAPE TOWN — The rate of HIV infection among teenage girls rocketed a staggering 65,4% last year, while the overall increase for women was 33,8%, Health Minister Nkosazana Zuma said yesterday

The figures "frightened the hell out of me", she said She did not believe the infection rate had reached its peak.

The figures were a "clarion call" to South Africans to create greater awareness of infection

Her department's annual antenatal clinic survey, while confined to pregnant women and girls, was a good indicator of the situation in the general population, Zuma said

The epidemic continued to rise at an alarming pace and, if sexual habits did not change, the worst had yet to come

The increase was highest (65,4%) in the 15-19 age group In the 20-24 age group the increase was 32,5% and in the 25-29 age group it was 47,8% Northern Province had the highest increase rate (40,2%), Mpumalanga's was 32,8%, Gauteng's 31,6%, Eastern Cape's 26,2%, North West's 17,7%, Northern Cape's 15,1% and the Free State's 14% The survey showed no increase in the Western Cape In KwaZulu-Natal it was 20,8%, but the province's prevalence rate remained the highest of the nine provinces

Zuma said she wanted to make AIDS a notifiable disease as it was necessary to know how many people were dying of AIDS However, insurance was a major stumbling block to this

The New National Party, meanwhile, hit back at Zuma for saying it was using debate about the anti-AIDS drug AZT to win votes in the Western Cape where the provincial government said last week it would supply the drug — which reduces HIV transmission from mothers to their babies — for trial use

Party health spokesman Kobus Gous said Zuma had refused offers from drug companies that would make AZT available at 70% below its dollar price for five years This showed she was not committed to solving the AIDS problem

Zuma 'frightened' by SA's latest HIV figures

(92) Sowetan 4/3/99

THE rate of HIV infection among South African teenagers had increased by a whopping 65,4 percent, according to a 1998 Department of Health survey of women attending antenatal clinics

As many as 22 percent of women attending public service antenatal clinics were found to be infected with the human immunodeficiency virus (HIV) at the end of last year – a 33,8 percent increase since 1997, Health Minister Nkosazana Zuma told journalists in Cape Town yesterday.

She said the increase had "frightened the hell" out of her and it was clear that the national Aids campaign would have to step up its targeting of young people

"We have to ensure that we strengthen the programme at schools"

The survey's finding showed that the epidemic in South Africa continued to rise at an alarming rate If South Africans did not change their sexual behaviour, the worst was still to come, Zuma said

She did not believe the infection rate had reached its peak.

While KwaZulu-Natal continued to be the province with the highest prevalence rate, and had experienced a 20,8 percent increase last year, Northern Province had experienced the highest increase with 40,2 percent, she said

Zuma also reiterated that she wished to make Aids a notifiable disease

Political football

"I think it is important for us to know how many people are dying of Aids," she said

Making the disease notifiable did not mean victims would be identified by name.

Earlier yesterday, the New National Party hit back at Zuma's claim in Parliament this week that it was using the debate around the anti-Aids drug AZT to win votes in the Western Cape.

Without mentioning Zuma by name, the province's health MEC Mr Peter Marais appealed to political parties not to turn the Aids/HIV debacle into a political football

The Western Cape government announced last week it would supply the drug azidothymidine (AZT) – which reduces HIV transmission from mothers to their babies – for use in trials in Khayelitsha

NNP health spokesman Mr Kobus Gous said the Health Minister had refused offers from pharmaceutical companies that would make the drug available at 70 percent below the US dollar world price for a guaranteed five-year period

This showed she was not committed to solving the Aids problem, he said

"The repeated failure of the minister to grasp the importance of this matter confirms her total lack of suitability with regards to this pivotal portfolio," Gous said – *Sapa*

Priest

'HIV is infecting 1 500 in SA daily'

(92) Sowetan 5/3/99

By Bhungani ka Mzolo
Health Reporter

AN ESTIMATED 1 500 South Africans are infected daily with HIV, the Aids virus, and Health experts predict that in a decade, 1500 people will die daily

Research shows that over 90 percent of Aids cases are found in developing countries like South Africa.

Statistics released about two years ago by the Joint United Nations Programme on Aids showed 22,6 million people were estimated to be HIV positive Of these 21,8 million were adults

What is tragic about South Africa's pandemic is that 80 percent of those affected are unaware that they have the virus and continue to spread Aids

Experts, such as Dr Peter Piot, head of the UN Aids programme, warn that South Africa, Namibia and other African countries could soon reach a 25 percent adult infection rate unless national leaders undertake strong preventative programmes such as those found in Senegal, Tanzania, Thailand and Uganda. In these countries, the rate of infection has remained constant.

In 1996, approximately 14 percent of South African women attending antenatal clinics were found to be infected. Now it is estimated that this figure has risen to between 22 and 27 percent.

Aids researcher Glenda Grey says that in Soweto alone, one in four women is HIV positive

In the southern hemisphere, the four worst affected countries are Botswana, Namibia, Swaziland and Zimbabwe It was found that between 25 to 50 percent of all pregnant women in Zimbabwe were HIV positive At least a third of these are likely to pass the infection on to their babies

"We now know that the worst is still to come in Southern Africa. The region is facing human disaster on a scale it has never seen before," said Piot.

The UN Aids programme has cited four reasons why the infection rates are so high in Africa.

- More women of childbearing age are HIV infected in Africa.
- African women have more children on average, thus infecting a higher number of children
- Nearly all African children are breastfed, accounting for between a third and half of all HIV transmission from mother to child.
- New Aids drugs are less available

HIV-AIDS

IMPENDING DISASTER GOES BEYOND MORTALITY RATES

Average life expectancy likely to fall to 40 years

In a recent address marking World Aids Day Dr Peter Piot, executive director of the UN Aids programme, warned "The southern African region is facing a human disaster on a scale never seen before"

SA is catching up fast with the HIV-Aids levels of its neighbours — 20%-26% of the 15-49 age group and the Health Department projects that Aids-related deaths will increase from 130 000 last year to 260 000 by 2001 and more than 500 000 annually by 2008 Average life expectancy will fall to 40 years

Southern Life Asset Managers actuarial researcher Janine Slawski says that by 2005 4m with incomes of R2 500-R8 000 a month will be affected Higher medical costs and taxation to fund State health services are estimated to reduce the disposable incomes of those households by 20%

Many more dire statistics abound but perhaps the most shocking reality has been the general denial surrounding the problem by almost every organisation except the assurance sector Old Mutual chief operating officer Gerhard van Niekerk says "If the US faced SA's Aids problem it would be regarded as a national catastrophe"

Aids is something local assurers have taken seriously for many years Aids-related mortality has been factored into life product costs and backed by Aids review clauses

Metropolitan, in the forefront of research, has for some time offered life cover to HIV-positive people Other companies offer life products with no Aids testing aimed at the lower-income group's need for funeral cover

Aids will "lead to big premium increases on life cover, particularly group schemes", warns Van Niekerk, citing Zimbabwe's rocketing premiums

Old Mutual Employee Benefits GM Peter Moyo warns "Chunks of my market are dying" OM risk benefits actuary Trevor Pascoe adds "Most employers struggle to visualise how Aids is going to affect them"

Bill Jack *warns on increasing mortality levels requiring higher liquidity*

Life Assurance

Most likely to be affected, he notes, are death and disability benefits and medical scheme costs Funds facing higher risk benefits costs could sacrifice retirement funding allocations

African Life MD Bill Jack warns that increasing mortality levels will require some assurers to build higher levels of liquidity long before they are needed.

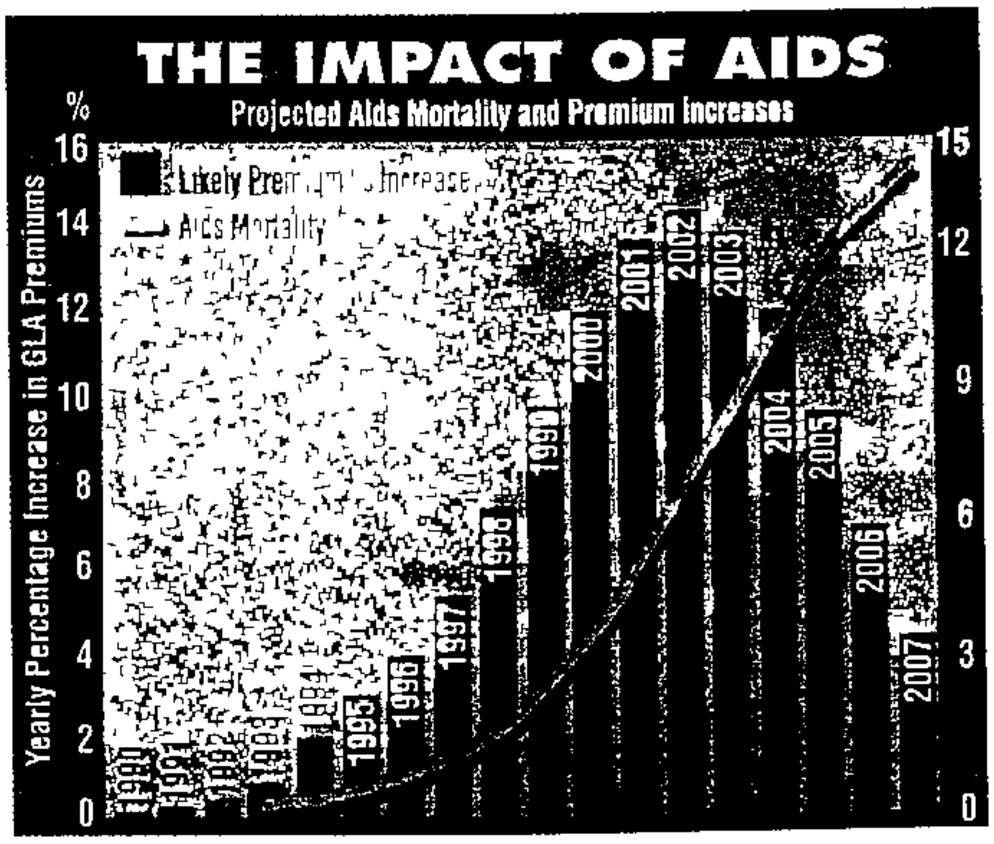
The result will be falling cash flows for equity investment

Problems are not confined to mortality rates A more sinister aspect is the potential impact on company profits and share market performance

An Epidemiology Research Unit study found that 25% of miners in the Carletonville area were HIV positive "Mining is staring disaster in the face," was one comment

Pascoe feels that industry in general could lose many skilled employees

Corporate profitability will in the end be threatened in an economy facing an erosion of its work force, lower demand and falling production This will work through to investment performance — a poor prospect for assurers already struggling with seven years of poor investment returns ■



Planning for Aids needs to start now

M+G 5-11/3/99 (92)

Charlene Smith

In 10 years the average life expectancy of South Afi icans may be 40 years, there will be fewei children and many will be in or phanages

Prison populations will be mostly sick and dying, there will be greater absenteeism in the workplace and farmers will battle to find enough well people to harvest crops and till the land Some people will turn to crime to pay for expensive medication

With the fastest growing incidence of HIV – the virus that causes Aids — in the world South Africa may be facing this scenario — a scenario that will dramatically change the face of the nation Yet neither national nor local government is factoring the economic consequences of Aids or looking at how government should be budgeting and planning for it

They may be examining its impact on health and welfare — but what about trans port safety and security education and other areas?

Craig Schwabe director of the Human Sci ences Research Council s (HSRC) Geographic Infoi mation Centre which undertakes re search in spatial information says 'Late last year, there was a lot of press on the fact that there will be 50 000 Aids orphans — but where? If it is in one area we need to focus efforts in that area develop a Reconstruction and De velopment Programme strategy or special funds

Government is not doing enough fast enough Nothing will have a more negative im pact on the economy of this country than Aids'

Schwabe believes HIV should be a notifi able disease His thinking is in line with that of international researchers, who point out that initial resistance to this in the early 1980s was because it was thought that Aids was a ho mosexual disease and HIV positive people were being discriminated against

But one prominent American researcher with links to Atlanta s Centres for Disease Con trol and who has been monitoring the disease for the past decade in Zimbawe says, Now we know that everyone is at risk from HIV It should be treated like diseases such as measles and be notifiable — it would help us track and work against it better

My concern is that the effective allocation of money for people who are infected can only happen if we have a clear understanding of the population that has HIV and that information does not exist I keep saying government had better do this very quickly otherwise they will be in trouble

At present, KwaZulu Natal is considered the area with the highest incidence of HIV and the Northern Province has one of the lowest statistics — but how accurate are those fig ures? Aids researchers know that the inci dence of HIV in Messina is around 60% and around 77% at Beit Bridge

Is the incidence of HIV low in the Northern Province because it is — or because clinics and hospitals lack equipment to test for the disease and a lack of academic hospitals in the province means that scant research is being done into the problem?

KwaZulu Natal MEC for Finance Mike El lis is presently being lauded for bringing ram pant over expenditure under control, but as part of that he cut health-care by R600-million

He says, 'We have reduced hospital stays expensive procedures are being eliminated — we are vaccinating children rather than doing heart transplants and with Aids, 'we are dealing with it on the educational side, en couraging people to modify behaviour

But he admits, "at the end of the day we are seeing increases in deaths from tubercu losis and malaria in the northern areas [both are opportunistic diseases associated with Aids]' Better Aids education may simply not be enough in a province where a quarter of the populace are infected

The Johannesburg hospital reports that 70% of the deaths in its paediatric unit are due to Aids with pressures on its budget growing by 20% a year

Last year, the Department of Correctional Services spent more than R54 million send ing prisoners for care to private hospitals, and some sources say most of those patients were suffering from Aids related complications

However correctional services represen tative Russel Mamabalo says they do not know that for certain He says that at present there are 142 prisoners in private hospitals Al though correctional services does not test pris oners for HIV unless they consent they have revealed that tests on those who have con sented have shown that at present there are 800 prisoners with full blown Aids, and 1 700 with HIV

However, Mamabalo said the department was not taking cognisance of the virus and its impact on the prison population when com piling its budget

Colin Donian of the Financial and Fiscal Commission says that changes to budgeting to take into account the impact of Aids could come into effect when changes take place to the Medium Term Expenditure Framework in 2001/2002

We are beginning to do work on the par ticular problem of Aids and how it influences general public expenditure and how that af fects expenditure to the provinces

The current approach looks at a set of health indicators but we need to evaluate if the data available is credible and try and cre ate some sort of outcomes

If we look at the indicators presently used for health, it is our view that there is a strong correleation between HIV prevalence and fac tors of ruralness lack of access to medical aids and poverty'

Annameyer Wetz who is involved in Aids research for the HSRC, says it is 'very diffi cult to know the real impact of Aids in the fu ture Demographers will say maybe a vaccine will be developed tomorrow What we do know from a new World Health Organisation report is that the majority of new infections occur in the 14 to 25 year old group But we have not really examined the economic impact we are not health economists the major focus of our work is on prevention

● 1 500 people are infected with HIV each day in South Africa Professor Alan Whiteside of the HIV/Aids Research Unit at the Univer sity of Natal says life expectancy at present has dropped from 65 4 years to 55,7 years and in 2010 would be 48 years However, Aids spe cialist Dr Neil McKerrow of Greys hospital in KwaZulu Natal puts life expectancy at between 35 and 40 years by 2010

Painful work: More facilities will be needed to take care of children with HIV
PHOTOGRAPH STEVE HILTON-BARBER

Criminalising unprotected sex

Ted Leggett

After years of withdrawing from the sex lives of South Africans, the government is considering poking its nose into the bedroom again. The Law Commission is present ly circulating a discussion paper on the "need for a statutory offence aimed at harmful HIV-related behaviour", or rather, the need for crim inalising the spread of the virus that causes Aids.

The commission concedes from the outset that criminal law is not the best tool to use in combating the proliferation of the disease But numerous urban legends and a few prominent cases have created the public perception that some infected people are set on taking a few more citizens with them.

Images of crazed sociopaths stabbing un suspecting grannies with syringes of infected blood fill the popular imagination To this are added more serious studies of infected town ship youngsters saying they don t want to die alone, and the frightening rural maxim that having sex with a virgin (for that read child) will cure the disease

Although these cases could be prosecuted under existing common law (attempted mur der — there is a case pending) or present statutes (sex with a minor and rape are well established crimes) problems with proving causation and intent might be smoothed over with a little statutory assistance

But is this a good idea? From the outset, it should be made clear that very few people will ever be charged under an anti Aids statute The prosecutorial authority has far too many straightforward murders to worry about to be taking on this more arcane caseload At most, we would be looking at one or two prominent test cases meant to act as a general deterrent

So the most important effects of such a statute would not be in the numbers of actual murderers removed from the streets but in the more subtle general impact such a statute would have On the one hand, the statute might deter those thinking of passing on the virus On the other, criminalising the spread of HIV would add to the hysteria around the disease

Remember, this is the country where Gugu Dlamini was beaten to death by her neighbours after coming out as an infected person on National Aids Awareness Day A law making the spread of Aids a crime would no doubt be come the favoured legislation of kangaroo courts

Issues that would supposedly be clarified, such as intent, would continue to be problem atic If you make intentional transmission illegal, you create an incentive for some people (like sex workers) to remain ignorant of their HIV status If you broaden the intent requirement to recklessness, you risk making all unprotect ed sex into legitimate grounds for jail

The chances of a sexually active woman hav ing HIV in KwaZulu Natal are close to one in three, according to statistics Can any sexually active person in Durban be counted as wholly, innocent under these conditions?

Since testing remains confidential It will be necessary to impute intent from circum stances Does being a promiscuous homosexu al male who eschews condoms provide a basis for inferring intentional transmission? How about having an adulterous unprotected liai son or three with a prostitute?

If the statute is intended to deter harmful behaviour, it had better be aimed at behaviour that it has some small chance of affecting.

And why single out HIV? Does not the same logic apply to any communicable disease?

Clearly, we are entering into hazardous ter ritory We must resist the tendency to think that all our answers lie in applying an ever-stronger hand.

Ted Leggett is a researcher in the Centre for Social and Development Studies at the University of Natal

These are the people who are fighting Aids

☐ *Who's creating awareness of the disease* ☐ *Where to go for help with Aids problems*

(92) CP 7/3/99

SINCE the outbreak of Aids in South Africa several years ago, health workers have worked tirelessly to inform people about the disease in the hope that effective communication would help decrease further infection **MAPULA SIBANDA** reports on prominent roleplayers in this struggle.

South Africa has been described as having one of the fastest rising HIV infection rates in the world at 1 500 new infections per day

The number of HIV infections in the country has risen from hundreds of thousands in the eighties to the current figure of 3 million

Health workers have attributed the rising infection rate to a number of factors, such as the context in which people live and the resources they are exposed to

Although Aids awareness was primarily pioneered by non governmental organisations and the gay movement in the early years of the epidemic City Press this week maps out most of the prominent role players in various regions who have helped bring the messages of awareness and prevention to the fore

The Aids Red Ribbon

You cannot think of HIV and Aids without identifying it with the international symbol in the form of the red ribbon logo

Conceived in 1991 by a group of artists and pioneered by the gay movement at the the time, wearing the red ribbon symbolises that you understand issues around HIV and Aids and support those infected

The Aids Helpline

Run by a non-governmental organisation called Life Line and supported by the Deparment of Health the 0800-012-322 Aids Helpline is a 24-hour tollfree line which offers counselling and information about other resources to callers

The Partnership Against Aids

Launched in October last year by deputy president Thabo Mbeki on behalf of the president, Partnership Against Aids was a call from government to invite all stakeholders to unite in the fight against the disease and to stop viewing the epidemic as the responsibility of the Health or Welfare departments

Administered by the Inter Ministerial Committee on Aids, many Aids activists have hailed the call by government as a wake-up call to get South Africa involved in fighting the disease (Tel. (012) 312-0151/2)

The National Association of People Living With Aids (Napwa)

Established in 1995 by people living with Aids, Napwa can be said to be one of the most effective organisations in this country to launch public awareness around the epidemic and it is represented in all regions Their recent beyond awareness campaign of disclosure and acceptance is one of their many initiatives towards preventing more infections (Tel. (011) 403-8113)

Organisations working to combat Aids can generally be divided into the following four categories and are represented in most provinces

- Aids Training, Information and Counselling Centres(ATTICs)

Found in all provinces these centres were set up by the Department of Health in most major cities and offer services such as testing and information distribution

- Clinics and Hospitals

Most government hospitals and clinics offer low cost treatment of most Aids related diseases and condom distribution is mainly done from these points

- Specialised HIV/Aids organisations

In all the nine regions, South Africa has hundreds of organisations working national, provincial and local level. Most are non governmental organisations (NGOs) and work in specialised Aids related areas

- Private sector organisations

Besides companies joining hands with governments and NGOs in awareness campaigns, many organisations also offer Aids related services on a commercial basis Companies such as Escom and Lonhro are amongst those nominated as making a diference from the private sector

Gauteng

With ten percent of the population already infected, Aids activism in the province is dynamic from both the NGO and government sectors

- The Gauteng Aids Directorate and the Aids Consortium may deserve the titles of the leaders of the pack as they often play an intermediate role between various sectors
- The Aids Consortium is an NGO in which several other NGOs working in the HIV/Aids field are affiliated. Here are other prominent role players in the region
- Wolanani Support Group, an NGO servicing Soweto and other surrounding areas (Tel. (011) 938-8370)
- The Katorus Aids Control Group which services Katorus (Tel 082-740-3944)
- Orange Farm Anti Aids Club operating in Orange Farm and surrounding squatter areas (Tel. 082-698-3725)

Media spokesperson for the Gauteng Aids directorate, Zanele Mashinini this week pointed out that an overwhelming response from the private sector has been elicited after the launch of the Partnership Against Aids The trend is not only limited to Gauteng as other provinces have cited a similar response.

ADDRESSING AIDS Health Minister Dr Nkosazana Zuma at a press conference Zuma has played a leading role in Aids education in SA

KwaZulu-Natal

THE region with the highest infection rate (26,7 percent of the population) boasts some of the following NGOs trying to combat the fast rising epidemic

- Tugela Aids programme in the north which has made considerable headway in educating rural areas around Eshowe (Tel (0354) 74181)
- South Coast Hospice in the south has been hailed as having creative community outreach programmes and offering excellent service for patients facing death (Tel (039) 682 3031)
- In and around central Durban the Vulamehlo Health Centre has been hailed for its comprehensive programme which includes income generating projects for people living with Aids (Tel. (0324) 99019)

Free State

Only 22 percent of the Free State population is infected with Aids Here are some of the organisations

☐ Bloemfontein Hospice (Tel (051) 447-7281)

☐ Planned Parenthood Association of South Africa (Tel (051) 432 7302)

☐ National Progressive Primary Health Care Network (Tel. (051) 432 7346)

Other regions had not responded to City Press by the time this article went to print

Response needed on

erating in Orange Farm and surrounding squatter areas (Tel 082-698-3725)

Media spokesperson for the Gauteng Aids directorate, Zanele Mashinini this week pointed out that an overwhelming response from the private sector has been elicited after the launch of the Partnership Against Aids The trend is not only limited to Gauteng as other provinces have cited a similar response

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THE region with the highest infection rate (26,7 percent of the population) boasts some of the following generating projects for people living with Aids. (Tel (0324) 99019)

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Response needed on Aids issue

THE deadline for comments on the SA Law Commission's discussion paper on deliberate HIV transmission has been extended by a month to March 31.

The commission said in a statement that their document looks at whether deliberate HIV transmission should be made a statutory offence.

In the current paper the commission indicates that "it is not in a position at this stage" to come to any firm conclusion on the need "for the creation of a statutory offence aimed at harmful HIV-related behaviour".

Ann Strode, a lawyer working on the project, said that they as yet only eleven responses had been received nationwide, a number "which was far too low to reach any representative conclusion".

- The commision is seeking help from NGOs and other stakeholders to coordinate the submissions to make sure that more people are involved on this issue
- The task of drafting a discussion paper, on whether deliberate HIV transmission should be made a statutory offense, was referred to the Law commission by the parliamentary portfolio committee on justice, last year.
- Peter Busse, director of the National Association of People Living with Aids, said this week his organisatin "would be making a submission nearer the time"

32 pro boxers test positive, careers ending

By PULE MOKHINE

AT LEAST 32 professional boxers countrywide have been refused licences by the SA Boxing Commission of Control after testing positive for HIV/Aids

As a result, their careers – and their chance to earn money in the ring – have ended

Figures released by the six provincial boxing commissions indicate that a further 19 were refused licences because they were infected with hepatitis, a disease of the liver.

KwaZulu-Natal tops the HIV/Aids list with 14 boxers affected Gauteng is second with nine

The figure is likely to escalate in coming months as more fighters renew their licences

The Free State and North West each have three affected boxers Northern Province has two and Mpumalanga one.

Boxers from Border, the Eastern Cape and Western Cape all registered clean bills of health for HIV/Aids

According to Dr Mzwakhe Qobose, a doctor with the Gauteng Boxing Commission and a member of the SANBCC medical panel, two South African-based boxers who come from Malawi and Kenya have been refused permission to pursue their careers in SA because of testing HIV positive He said fighters were being barred from pursuing their careers if they failed to pass the HIV and hepatitis tests

"In Gauteng, more than 100 boxers applied for licences since the beginning of the year, and the unlucky ones were rejected by the commission for failing these medical tests."

Qobose said medical tests on boxers were done annually to conform with international standards

KwaZulu-Natal Boxing Commission chairman Maurice Owen said the province's figure was "disturbing" He hopes the situation will improve soon

Border Boxing Commission chairman Les [illegible]ler said only one boxer in their area (which is part of the Eastern Cape) had contracted Aids last year

According to the secretary of the Eastern Province Boxing Commission, Tennyson McKay, two fighters under their control were rejected last year

AIDS train on the way to put Cape Town on right track

(92)

Half-a-million expected to be dying in SA every year by 2007

ART 8/12/99

LYNNE RIPPENAAR
STAFF REPORTER

A trainload of activists who have travelled the country to raise awareness about AIDS arrives in Cape Town today

The Spoornet-sponsored project, Women in Partnership Against Aids, has drawn people together to discuss the effects of the epidemic, the stigma attached to AIDS patients, cultural beliefs surrounding the disease and sex education.

The train left Pietersburg late last week and has called at stations in five provinces on its way to the Western Cape

Aboard the train are members of such organisations as Wola Nani, Disabled People South Africa, Women Against Violence Against Women, Taleni Home-Based Care, Cosatu and the National Association of People Living with AIDS, and National Welfare and Population Development Minister Geraldine Fraser Moleketi.

Nearly 1 600 people are infected with HIV each day in South Africa.

Last year 130 000 died of AIDS-related diseases, and it has been predicted that, at this rate, nearly 500 000 people will be dying every year by 2007

At a stop-over in Beaufort West, Mrs Fraser-Moleketi highlighted the plight of disabled people and AIDS

"The disabled people are at greater risk than the able-bodied because of the risk of sexual abuse," she said. "Disabled people are being abused within their own families"

Mrs Fraser-Moleketi said that because some disabled people were grateful when somebody wanted to have a sexual relationship with them, they were often not discerning about their partners

While the train trundled towards Laingsburg, Mrs Fraser-Moleketi several times said how critical it was to "target the youth" and "to change their ideas about sex and Aids"

"It doesn't work to scare the youth (from having sex) I'm all for the issue of no sex for as long as possible, but we also need to be realistic. There are kids sexually active"

The issue of the distribution of the anti HIV drug AZT was raised in Beaufort West, an area in which 1 622 HIV infections have been reported this year already

Western Cape Health Minister Peter Marais said he had introduced a pilot AZT distribution project to pregnant mothers in Khayelitsha to "save lives"

"It will cost me three times as much to treat babies with HIV as it will cost me to treat their mothers," he said "So 50% of these babies won't get AIDS."

The Western Cape project has been criticised by Health Minister Nkosazana Zuma, who is not prepared to give AZT to pregnant women.

Mrs Fraser-Moleketi said the Government was awaiting the outcome of a report on the cost-effectiveness of the drug.

"We should never say that we will give it to women in one area and not to women in other areas, but clearly we need to look at more affordable drugs," she said.

LEON LESTRADE

Rolling mass action. national welfare minister Geraldine Fraser-Moleketi on the AIDS train at Beaufort West station

Teens face up to ugly truth about the risks

(92) ARG 8/3/99

LYNNE RIPPENAAR
STAFF REPORTER

While campaigners from the AIDS train spoke to 300 people in a Laingsburg hall, teenagers sitting outside were showing they are well aware of the harsh reality of the disease.

Valencia Harmse, a pupil at the local high school, claimed she knew of 96 people in town infected with HIV

"I know of a lot of people who have died of AIDS," she said

Statistics issued last week show the infection rate among female teens between the ages of 15 and 19 has increased by 65%. The rate rose from 12,7% in 1997 to 21% last year

Grayme Vyver said because so few in his group attended school there were "hardly any opportunities to hear about AIDS". More awareness campaigns were desperately needed in Laingsburg

His friend Tyrone Goliath said he could not understand why people with AIDS hid their plight. "It is only after their death that we hear that they have died of AIDS."

Some of the boys in the group said they could not understand the prejudice against people with AIDS.

One said that of a group of 20 male friends, 15 were already sexually active

But all said if they decided to have sex, they would use a condom

Shocking increase in South Africa's HIV infection rate

Sowetan 8/3/99 (92)

By Bhungani ka Mzolo
Health Reporter

NEARLY four million South Africans are infected with the Aids virus, according to the 1998 Ninth HIV National Survey

The survey is based on 15 301 blood samples screened for HIV antibodies, which showed that an estimated 22 percent of women attending ante-natal clinics nationally were HIV positive

The health department says this translates into about 3,6 million South Africans or 8,6 percent of the total population This means that one in eight adult South Africans are infected with the HIV virus in 1998, the report says

The health department says the survey indicates a 33,8 percent increase in the prevalence of HIV infection since 1997, when a 14 percent increase was recorded

Further, it shows that the prevalence rate of HIV in teenage girls aged between 15 and 19 years has risen from 12 percent in 1997 to 21 percent There was also a high HIV infection among women in their twenties, 26,1 percent for the 20 to 24 age groups and 26,9 percent for those between 25 to 29 years

The survey shows that with the exception of the Western Cape all provinces have recorded an increase in infection rates KwaZulu-Natal continues to have the highest prevalence rate with a registered increase of 20 percent

Northern Province showed the highest percentage increase at 40 percent, while its prevalence rate is still only 11 percent

The following are 1998 figures showing HIV prevalence in women attending ante-natal clinics in South Africa (The 1997 figures are in brackets)

National 33,8 percent (±14 percent)
Western Cape 6,29 percent (5,2 percent)
Northern Cape 8,6 percent (9,9 percent)
East Cape 12,61 percent (15,9 percent)
Free State 19,57 percent (22,8 percent)
KwaZulu 26,92 percent (32,2 percent)
Mpumalanga 22,55 percent (30 percent)
N Province 7,9 percent (11 5 percent)
Gauteng 17,10 percent (22,5 percent)
North West Province 18,10 percent (21,3 percent)

A statement from the national Department of Health said the rise in HIV figures was cause for grave concern and should be viewed as a wake-up call to the nation

Strong call for HIV disclosure

(92) Sowetan 8/3/99

By Bhungani ka Mzolo
Health Reporter

THERE is a growing call in South Africa for HIV-positive people to disclose their status as part of the campaign to combat the spread of the virus

The conspiracy of silence is encouraged by the fact that the disease is not notifiable and because health workers are required to observe confidentiality when dealing with people who live with HIV-Aids

This was said recently by Buyile Monjane of the Carltonville Home Care Project at a conference in Johannesburg to look at caring for the terminally ill

"Confidentiality causes a problem in that relatives and friends are often kept in the dark as to what the real cause of someone's illness is," she said

Monjane said that often a woman does not want her partner to be told that she is HIV positive, out of fear of being rejected or beaten

This is frightening if account is taken of the fact that 1 500 South Africans are infected daily with HIV

According to health experts, this means that 1 500 people will die of Aids every day in just under 10 years from now

However, the reality of Aids, and the painfully slow death accompanying the disease, has galvanised ordinary people to speak out in favour of disclosure, particularly by those who take care of dying family members

A Soweto mother of two boys, whose nephew died after she cared for him for seven months, said people should stop hiding their HIV status "Aids is here, we should not hide it"

About her experience of caring for her nephew, she said "My own children, who had known and played with him, were afraid of him"

Aids babies face a bleak future as they are shunted from one institution to another.

Tatemi Home Care started caring for the terminally ill in 1995, and soon found themselves caring for more than 400 people suffering from Aids

Veronica Khoza, who works for the project, said "We went to about 1 000 people's homes and found 427 people who had been diagnosed by Aids Information Training and Counselling Centres as suffering from the illness"

She said they found an old man at one of the homes they visited, for instance

Children in the neighbourhood referred to him as "a ghost" because he had stayed inside his room for 15 years

Thandi Setshedi told the conference that Emseni, a place for the homeless in Carletonville, also looks after babies abandoned by people who live alone and suffer from Aids

Emseni assists in other ways as well "A patient might be living in an informal settlement, where there is no water or toilet," said Setshedi In such cases, nurses or health workers clean up the place themselves

In KwaZulu-Natal and other parts of the country, communities have resorted to the custom of testing the virginity of young girls and boys

In this way, they are able to achieve two objectives at the same time – to prevent unwanted pregnancies and to prevent the spread of HIV-Aids

Last year more than 700 girls and women in the KwaZulu-Natal Midlands received certificates that confirmed their virginity

● The Aids Training Information and Counselling Centre can be contacted at the following offices

East London
(0431) 34-2383
Port Elizabeth
(041) 506-1415
Bloemfontein
(051) 405-8544
Durban (
031) 300-3104
Empangeni
(0251) 2-1131 (ext 273)
Pretoria
(012) 313-8743
Soweto
(011) 984-4422
Nelspruit
(01311) 59-2167
Witbank (0315) 90-6204
Klerksdorp
(018) 462-2151
Kimberley
(0531) 81-2368
Pietersburg
(0152) 291-4962.
The Aids Support Education Trust (021) 448-3812
Community Aids Centre
(011) 725-6721.

Violence against women linked to spread of Aids

Sowetan 9/3/99 (92)

By Thalif Deen

UNITED NATIONS – The United Nations is concerned over growing evidence of a new link between the spread of Aids and rising violence against women

"This is one of the most insidious aspects of the Aids epidemic," said Peter Piot, executive director of Unaids, the Geneva-based UN body which coordinates the global fight against the deadly disease

Addressing a panel discussion on women and health recently, Piot said violence against women is contributing to "the merciless spread" of Aids "It is only now beginning to receive the international recognition it deserves"

Violence against women causes more death and disability in the 15-44 age group than cancer, malaria, traffic accidents and even war, he said

Piot pointed out that domestic violence, rape and other forms of sexual abuse are gross violations of human rights They are also closely linked to some of today's most intractable health issues, including the spread of HIV

"Violence against women is not just a cause of the Aids epidemic, it can also be a consequence of it," Piot said

Currently there were an estimated 33 million people throughout the world living with HIV or Aids – nearly 14 million of them women Of those whose infection status became known, many suffered direct violence at the hands of their husbands, family or community

Piot singled out the case of a South African woman – Gugu Dlamini – who was ruthlessly murdered by neighbours after she revealed her HIV status

In South Africa there are reports of roving gangs of young men, many infected with HIV, who engage in what is known as "catch and rape"

Gang assaults

Piot said similar situations have arisen in the West Indies, where gangs assaulted women and girls as part of their initiation ceremonies

In Papua New Guinea, 40 percent of rape victims are committed against girls under the age of 15 Aids is also spread through marital rape, trafficking of women for sexual violence and rapes relating to war crimes

"Only recently has rape in marriage been made a criminal offence in some Western countries," Piot said

The International Criminal Court, currently in the process of being established, will recognise rape and other forms of violence against women in times of war as a crime against humanity

Recent studies suggest that between 16 and 52 percent of women are physically assaulted by an intimate partner at least once in their lives This kind of assault is often associated with sexual violence, including rape

In the United States a woman is assaulted – usually by her husband – every 15 seconds In India one study says between 18 and 45 percent of married men acknowledged abusing their wives

Addressing the UN Commission on the Status of Women last week, Souad Abdennebi of the Economic Commission for Africa said one of the major concerns of the African continent is the alarming increase in HIV-Aids and its impact on the social and cultural fabric and the economic productivity of the people

In the developing world, adult mortality from HIV-Aids is projected to reach about 40 percent by 2000 More than half the adolescents in the developing world today will die before reaching the age of 60

Abdennebi said women, the most powerless, were the hardest hit by Aids

The Platform for Action adopted at the 1995 Fourth World Conference on Women in Beijing specifically called for "the prevention and elimination of all forms of violence against women"

There is growing evidence of a new link between rising violence against women and the spread of Aids. PIC PETER MOGAKI

As a result the UN Development Fund for Women (Unifem) established a special Trust Fund, to support national, regional and international actions to eliminate gender-based violence

"The international community recognised that the scourge of violence against women is a phenomenon which must be eliminated," said Unifem director Noeleen Heyzer The Fund will provide assistance to raise awareness among men, women and youth about violence against women and will help respond to the effects of gender-based violence

This will include support for education systems, legislative reform, fair administration of justice, and victims' assistance programmes, Heyzer said – *Sapa-IPS*

Plan in place to contain Aids

(92)

By Claire Keeton
Feature Writer

MORE than three million people in Gauteng, about half its population, responded to a street campaign educating people against Aids during 'Condom Week" in February This shows that the right strategy can reach people and help prevent the rise of HIV-Aids

"Today's invisible HIV epidemic is tomorrow s Aids epidemic," said the Gauteng director for Aids, Dr Liz Floyd Where will South Africa come off the steep curve of rising HIV infection? Where will it stop?"

She said up to now the Southern African HIV-Aids epidemic appears to have known no limits but it is possible to stop infection rates rising

Statistically, the levels of infection in Gauteng measured in antenatal surveys are about 17 percent

These are around the middle of the national levels They are behind the high rates in KwaZulu-Natal (27 percent) and Mpumalanga (23 percent) and are ahead of the low rates in Western and Northern Cape (six per-

"We now know HIV is not spread easily"

cent and nine percent respectively)

The Gauteng Aids strategy document explains "We now know that HIV is not spread easily and that it can be prevented through behavioural changes This has reduced the incidence of HIV in countries as diverse as Australia, Thailand and Uganda.

"The methods to stop the epidemic exist. They are not a mystery They are not technically advanced or specially expensive but they depend on the highest commitment and the greatest involvement of us all, at every level"

Prevention, care and support are the pillars of the province's strategy against the epidemics

In Gauteng, HIV affects about 15 to 20 percent of young adults and about seven percent of the total population

In 1998-99 Gauteng voted a R47 million budget for a three-year interdepartmental Aids programme

The Gauteng Aids strategy is targeted specifically at the South African HIV-Aids epidemic which has infected large numbers of people throughout the population

In response, the province intends preventative measures to reach the entire population with groups at risk receiving attention appropriate to their circumstances

Equal attention will be spent on prevention and care, both on a greatly increased scale

In the short term Gauteng aims to stop the increase in infection, 'holding" it at the present level and in the longer term reducing the rate of infection

Floyd said the province has concentrated on "effective interventions", which include a media campaign, education, management of sexually transmitted diseases (STDs), condom distribution and shifting cultural norms

"South Africa has a high level of sexual activity before marriage and outside marriage but there is a high level of denial of this," said Floyd.

"This is why there is so much stigma attached to HIV People are denying the level of sexual activity while HIV is revealing it."

She said research has shown that over 50 percent of South Africans are sexually active by the age of 15

The media and education campaign is aimed at steering sexual behaviour away from unprotected sex to regular condom use, from many sex partners to one partner at a time, longer relationships and a delay in the onset of sexual activity

It aims to create awareness of the real risk to everyone, give advice on how to stay safe, build life skills, shift attitudes and motivate people to action

This is done through the media, drama and music, promoting role models and street campaigns like the one during Condom Week

The campaign had a Valentine's Day theme and targeted commuters at taxi ranks and train stations

"Volunteers gave out stickers and condoms and answered questions They ran out of condoms at every site" Floyd said

The use of condoms, promoting one long-term partner and abstinence were among the campaign s safe sex themes

The need for HIV prevention is also being raised in schools, workplaces and outreach programmes to groups at special risk.

Dr Liz Floyd says that today's invisible HIV epidemic is tomorrow's Aids epidemic.

The province is using face-to-face contact and peer educators in these programmes to reach commercial sex workers in central Johannesburg and the West Rand, mine workers, gay men and prisoners

The province is making an extra effort to make condoms accessible to them The condom supply by the province has gone up from two to five million a month, and they are available at 41 local government sites.

Another effective way of reducing HIV infection is to treat STDs early and well and Gauteng is making sure that clinics diagnose STDs correctly and treat them appropriately, free of charge

This approach yields positive results as projects at Harmony mine in the Free State, Namdab in Namibia and Mutare in Zimbabwe have shown

Intensive treatment of STDs, available condoms and peer education reduced STDs from 25 percent to two percent in the Free State, while STDs dropped by half in Mutare and condom use increased three times from 27 to 77 percent.

"STDs drop very quickly with intervention HIV infection rates drop slower," said Floyd "It takes almost five years after STD intervention to

"Behavioural changes can prevent HIV"

show a reduction in HIV infection rates"

She said Gauteng was piloting similar projects at Carletonville and other sites – and they were already showing results

But prevention is not the province's only priority – care and support are as central to the strategy

Gauteng is actively working to overcome discrimination, build a caring environment and provide counselling for HIV-Aids victims

"For every person living with HIV, the aim of care is to prolong the period when he or she is able to live a full life and actively engaged in work, family and the community," the Aids document says

HIV and Aids-related illnesses already require 50 percent of the beds in public hospitals. Gauteng aims to strengthen primary care services to carry the responsibility for this load.

On average it takes around eight years for HIV to develop into full-blown Aids Gauteng intends to increase its hospice beds to provide palliative care and to develop home-based care

Another challenge is the care of children orphaned by Aids, estimated to reach 100 000 children in Gauteng five years from now

Their plight underlines the need for the involvement of society and the need for a strong partnership to make it work.

Hot dispute over Aids 'cure' claim

(92) Star 12/3/99

Positive results by Medunsa team testing Irish company's remedy raise hopes

By Cathy Powers

A group of South African researchers unleashed a storm of controversy yesterday when they claimed they might have discovered a cure for Aids.

The medical profession greeted the claim with caution and scepticism, while Aids workers and sufferers were outraged, fearing the announcement would again raise false hopes, as happened with the Virodene debacle.

But the researchers, from the Medical University of SA (Medunsa), had no such qualms "We think we've found a cure," said Professor Wimpie du Plooy, announcing the results of the first clinical phase of drug tests

Small doses of the drug Inactivin, developed by an Irish company, were given to a small group of men in August last year, followed by a second group which received larger doses in November After one injection a day for five consecutive days, the patients showed significant improvements, said the researchers No women were tested

Typical HIV symptoms such as poor sleep, rashes and warts, and light sweating disappeared in all the men after the treatment over five consec-

Subjects given only 5 injections

utive days, Du Plooy said

He admitted the long-term effects of the drug were unknown and it was uncertain if the patients would need follow-up treatment, and when

The drug could be on the market by the end of the year and would be cheaper than other drugs, he said

But Helen Rees, chairperson of the Medicines Control Council - which has given the go-ahead for testing – said the team's claims were premature because the researchers had not tested a significant number of people The groups which had been tested numbered fewer than 20 people, she said

Medunsa was approached by pharmaceutical company Hollis-Eden after Irish company Colthurst Limited developed the drug Initially sceptical, because of the Virodene scandal, Medunsa researchers nevertheless agreed to test the drug

Inactivin is an anabolic steroid that stops HIV from replicating in white blood cells The virus spreads by transferring its DNA to the cells' DNA

When the cells replicate, the virus spreads with them With the inhibition of this transfer, the body can reproduce white blood cells free of the virus

As the infected white blood cells die, the virus is released into the blood The body replenishes the infected white blood cells with uninfected ones, strengthening the immune system and increasing the body's chances of fighting the virus.

The way the drug works means it could be used to treat other viruses like hepatitis and herpes, though it had not been tested for these, Du Plooy said.

Symptoms disappeared after days

In all the men tested, white blood cell counts rose, the viral culture in their plasma fell, and the number of infectious viruses in the white blood cells dropped to almost zero

Testing on a larger group is expected to begin in May

▶ More reports, pictures Page 3

Harsh words as experts warn against Virodene-type fallout

By Anso Thom
Health Reporter

Aids workers, activists, researchers, doctors and people living with Aids/HIV are outraged and at the same time puzzled as to why Medunsa researchers so prematurely announced the early results of their study into a new drug

Aids specialist Dr Clive Evian said he was angered by the actions of his fellow scientists, who claimed their preliminary trials showed the drug could be a cure for Aids

"This is not the way to release information. Why the hell did they not put the study up to the scientific world?" he asked angrily "It is totally irresponsible to do this in the light of the fact that it has been tested only on five people for five days

"It is absolutely disgusting that they choose to release this information to lay-people first It is too early and too soon to measure long-term effects All kinds of questions need to be asked It is totally unprofessional and an attempt to catch the limelight and (stir) sensation "

"I'm not saying there is nothing in it, but it can be very demoralising for people living with the disease "

Dr James McIntyre, co-director at Chris Hani Baragwanath Hospital's peri-natal HIV research unit, said the unit might do collaborative work on dosing

"This is a compound with promise, but this is very, very preliminary work The Medunsa study looked at the safety and dose of the drug I'm concerned that we have a little bit of a Virodene scenario, where the findings have not yet been backed up by science," McIntyre said

"This is only phase one of the trial You can only start measuring the effectiveness of the drug when you reach phase two and three "

Peter Busse, national director of the National Association of People Living with Aids/HIV said it was "absolutely irresponsible" to claim a cure for Aids might have been found

"We are doing what we did with Virodene Expectations are once again raised and hopes dashed Our message to researchers is clear – be careful about using the word 'cure'. It can have a devastating impact on people with Aids "

Vincent Hlongwane, spokesperson for Health Minister Dr Nkosazana Zuma, said "We have always encouraged all research into Aids/HIV and we believe this is a step in the right direction " He said Zuma had not yet been officially contacted by the researchers

HIV-positive man wouldn't take new drug

By Matthew Burbidge (92)
Star 12/3/99

Claims by a team of researchers that they might have discovered a cure for Aids have been branded inaccurate, irresponsible and unrealistic by a person living with HIV

Peter Busse, national director of the National Association of People Living with HIV/Aids (Napwa), who is himself HIV positive, said he would not take the new drug Inactivin if it were offered to him because there was not enough accurate information available

"Medunsa are irresponsible, in that they haven't completed the research It was tested on a small number of people for a limited time, and nothing supports their claims of a cure They don't have enough data"

Busse said the media was also responsible for raising the hopes of critically and terminally ill people, as had been done with Virodene

"The media hype wasn't supported by the facts or hard data A lot of desperate people are going to phone our association and ask us where they can get the cure Napwa would be the first organisation to welcome something that does work"

Peter Busse ... pessimistic

The Medunsa researchers claimed that treatment with the drug reduced the presence of HIV in the body to "almost zero"

However, Busse said "almost zero is not a cure – the virus regenerates"

He said the researchers claimed that the viral culture in blood decreased significantly with Inactivin medication, but did not take into account that the virus gathered in places like the lymph nodes, which were known as viral reservoirs

Busse was scathing of the prediction that there was a "chance" that Inactivin could be on the market by the end of the year

"They haven't thought through the implications (of releasing their findings) One would expect a press release from an organisation such as Medunsa to contain more clinical information and not deal with the results of the drug trial on an anecdotal basis Their claims are unsubstantiated, and Medunsa should know better"

Busse said the South African attitude to people living with Aids or HIV was one that nothing could be done to help them, and to break this mindset, Napwa had launched a movement called the Treatment Action Campaign

The campaign would focus on helping people to gain access to a broad range of treatment, from simple, cheap medication to more advanced multi-drug therapy

Busse has been living with HIV since 1985 and for 10 years received no treatment He has subsequently participated in two drug trials

Professor Wimpie du Plooy shows a bottle with the anti-HIV drug at a press conference yesterday. Researchers at Medunsa say results of the first clinical tests of Inactivin are promising.
PIC: CLEMENT LEKALA ANE

Aids breakthrough

(92) Sowetan 12/3/94

By Bhungani ka Mzolo

A BREAKTHROUGH in the treatment of HIV-Aids was announced by the Medical University of Southern Africa yesterday It says it has successfully tested a new drug – developed by an Irish company – that boosts the body's immune system.

Researchers at Medunsa announced the results of the first tests of Inactivin to treat people living with Aids

Until now only AZT has been used to treat pregnant HIV-positive women to prevent mother-to-child transmission of the Aids virus.

According to Professor Wimpie du Plooy, who is leading the research, a small group of HIV-positive individuals were given small doses of Inactivin in August last year, while a second group received larger doses in November

Du Plooy said after treatment none of the patients – with the exception of one – were found to have infectious viruses

"One of the patients was regularly admitted to hospital with secondary infections in the past, but has not required hospitalisation at all since receiving the drug Another's condition has improved so dramatically that he has taken up a new job, while another has been able to sleep normally for the first time in years

"The results of this initial trial, which show no negative side-effects, have allowed the Medicines Regulatory Authority to authorise the expansion of Inactivin trials in South Africa."

Inactivin is in the form of an injection given once a day for five consecutive days. It is not given to patients who have life-threatening diseases, or with liver conditions or those who are on anti-viral drugs such as other anti-Aids medication.

Du Plooy said only male patients were allowed to take part in the trials, although women would be included in the next group

He said the results of the latest trials, in a group three times larger than the first, are expected soon.

Two years ago the Department of Health was at loggerheads with the Medicines Control Council when it opposed clinical trials of Virodene as favoured by Health Minister Dr Nkosazana Zuma.

Zuma's spokesman, Mr Khangelani Hlongwane, said they had not been briefed about the new drug but the minister supported any research aimed at finding a cure for HIV-Aids

MCC head Dr Helen Rees confirmed that permission was given to Medunsa to go ahead with the clinical trials. But Rees cautioned the public that these were early days

"There has to be much bigger clinical trials over a longer period to determine its correct dosage, how it is to be applied and what its side-effects are."

● See page 3.

'HIV cure' puts Medunsa on the map

Sowetan 12/3/99

By Mokgadi Pela

THE medical breakthrough announced by the Medical University of Southern Africa (Medunsa) yesterday in the treatment of HIV brings to mind other therapies that gave hope to millions of people with the disease and their families

The drug, Inactivin, is said to significantly boost the immune system Researchers said as it was still new, its long-term effects were not yet known

In 1996 University of Pretoria researchers invented Virodene PO58 It was claimed the drug reversed the Aids status completely after 12 volunteers were tested The scientific community complained that not enough people had been tested for a claim of a breakthrough

Progression of Aids

Among drugs that seem to be effective are AZT or zydovudine which is being used along with 3TC to stop the progression of HIV It has been successfully used to treat HIV pregnant mothers in trials in Thailand Similar trials have been conducted at the King Edward and Chris Hani Baragwanath hospitals

Experts have on several occasions said a cure for Aids seems far away and have warned against premature celebration. Should the Medunsa drug prove successful, it will put South Africa in the limelight, considering that Durban is hosting an international conference on Aids in June next year

The hospital recently performed delicate operations to separate Siamese twins like the separation of the Makwaeba twins and Joseph and Luka Banda of Zambia

The unlikely birthplace of an Aids drug

One of South Africa's most under-resourced hospitals has been named as the research base of a new Aids drug. **David Shapshak, Evidence wa ka Ngobeni** *and* **Aaron Nicodemus** *report*

Ga Rankuwa is an unlikely place for an Aids breakthrough The dusty, dishevelled hospital outside Pretoria has been almost abandoned by the health system, leaving it critically under funded and understaffed

Despite this, researchers this week announced positive results in a drug trial of a relatively inexpensive Aids drug, Inactivin, that may have extremely beneficial results for the millions of Aids sufferers in South Africa and on the continent.

However, one Aids expert cautioned that the evidence is still anecdotal and until more rigorous trials have been completed, the effects of this drug remain unknown

What is most remarkable about Inactivin is how the researchers managed to conduct the trials in the veritable ruin of the hospital that has now become the drug's primary centre of research, along with the Medical University of South Africa (Medunsa) and the department of virology at the University of Pretoria

Professor Wimpie du Plooy and Dr Andries Lategan of Medunsa, who are directing the study say that although the long term effects of Inactivin are not yet known, the immediate effect on patients involved in the study has been dramatic.

They report that one patient who had been regularly admitted to hospitals for secondary infections caused by his weakened immune system has not visited one at all since the drug trial. Another patient's condition "improved so dramatically that he has taken a new job, while yet another has been able to sleep normal'y for the first time in years", Du Plooy said.

Two small groups of HIV positive men were administered doses of Inactivin last August and November, over five consecutive days In both tests, the amount of HIV in their blood streams decreased to almost zero

After treatment, only one trial patient still showed signs of living HIV in the blood, and even that patient's count was one viable virus per one million white blood cells None of the other patients in the study were found to have any viable viruses present in plasma or white blood cells, according to the study

The clinical trial did not reveal any side effects of Inactivin, and the Medicines Regulatory Authority has authorised the expansion of Inactivin trials in South Africa The results of the latest trials are expected to be released soon Another trial, still in the planning stages, would test an oral form of the drug and include HIV positive women for the first time

Inactivin was first discovered and developed by an Irish company called Colthurst Limited The company then funded clinical trials through Medunsa.

The trials have resulted in plans to set up a special laboratory at Medunsa to make it possible to conduct every aspect of research on the drug

Although Medunsa has experienced severe financial and infrastructural problems since its establishment 22 years ago in the heyday of apartheid to train black doctors, dentists and veterinarians, it has achieved remarkable success

The university has produced about 50% of black health care professionals in South Africa — and most of its graduates work in the country at hospitals and clinics where their skills are most sorely needed

Unlike the Witwatersrand University and the University of Pretoria medical schools, Medunsa has inadequate training hospitals for its students Ga Rankuwa hospital is attached to Medunsa, while the University of Pretoria has more than three training hospitals

More than 23 Medunsa students surround one patient in wards during their practicals Students say education at Medunsa is more theoretical than practical because of the situation at Ga Rankuwa

In 1995, an investigation by Parliament's portfolio committee on health found that Ga Rankuwa hospital was severely under resourced it had no trauma unit, the out patients department was "overcrowded and offered no privacy" and conditions in its morgue and kitchens were "appalling"

But its report concluded that "given the financial and infrastructural restrictions, it is clear that Medunsa/Ga Rankuwa is producing an exceptionally high calibre of work"

Academic work at Medunsa is regularly disrupted by boycotts — and this year was no exception In January management closed down the university when students boycotted in protest against the exclusion of students who had not paid fees last year Students owe the university about R50-million

In October last year, students abandoned classes following a dispute with management over the appointment of the university's new rector The boycott severely disrupted the final examinations

Turbulent history Boycotts and student protests regularly disrupt Medunsa's academic progamme, sometimes causing the university to close down PHOTO: BEELD

■ There have been several controversies over Aids treatments in South Africa. The most bitterly contested was Virodene, whose active ingredient was a solvent called dimethylformamide (DMF), that took the world by storm last January However, the research methodology of the three University of Pretoria scientists who discovered it has been questioned, as has the questionable involvement of Minister of Health Nkosazana Zuma in supporting the drug's attempts to be registered by the then Medicines Control Council

Last year it emerged that DMF may actually activate HIV, as suggested in a study published in the journal *Aids Research and Human Retroviruses*, in September 1997

Another questionable approach involved oxytherapy, a procedure involving the "oxygenation" of blood in patients with Aids, muscular dystrophy and other diseases Oxytherapy, or polyatomic apheresis has been banned in the United States and several European countries, although it is apparently legal in Germany and elsewhere

A local oxytherapy clinic counted African National Congress MP Winnie Madikizela Mandela and former security branch policeman Paul Erasmus as its backers

But perhaps the most controversial aspect of Aids treatment in the country has been the recent furore over Zuma's refusal to administer AZT to pregnant mothers — a drug which could significantly reduce the transmission of the virus to babies — because of the cost.

The "drug cocktail" of AZT and other antiviral drugs like 3TC have proved effective in slowing down the development of Aids from HIV The drug cocktail works not by eliminating the virus but suppressing it patients who had believed Aids to be a death sentence found themselves returning to a relatively normal life

Hype over Aids 'cure' raises false hope

(92) CP 14/3/99

☐ *Fear that people will stop using condoms* ☐ *Long-term effects of drug still unknown*

By MAPULA SIBANDA and MAX MARX

PREMATURE announcements of HIV/AIDS cures could further exacerbate the epidemic in South Africa, experts have warned.

Health Minister Dr Nkosazana Zuma also poured cold water on the so-called breakthrough when she said she would not look into the matter at this stage for fear of raising false hope

AIDS activists and People With AIDS (PWAs) have warned of the immense danger of increases in Aids cases following Thursday's announcement of an HIV/AIDS cure by a research team from the Medical University of South Africa (Medunsa) in Ga Rankuwa

"There is already a perception, following the announcement, that it is okay to have unprotected sex because people believe there is a cure," said a clearly concerned Glen Mabuza, a former nurse who runs an AIDS support group at Baragwanath Hospital

Mabuza told City Press that when people in her Soweto communities hear there is a cure for HIV/AIDS, they stop using preventative measures that curb transmission, such as condoms

"This clearly hampers the progress of AIDS awareness programmes," she said

Mabuza added that the incorrect use of the word "cure' often caused anxiety among PWAs because of the many people who have mistakenly claimed to find cures in the past.

Hazel Mothopa and Patience Molokomme both PWAs also dismissed the news of a cure They said it encouraged people to become sexually active without worrying about protection, thereby aiding the spread of the disease

Meanwhile millions of hopeful HIV positive South Africans could once again face bitter disappointment after the medical profession and AIDS activists slammed the premature announcement as irresponsible at such an early stage in the clinical trials and research

Dr Thandi Mtsi from Lesedi Clinic, who regularly treats HIV /AIDS patients was sceptical about the findings

She said the sample used was too small for any scientific conclusion and questioned why the researchers chose to publicise the results in the media before being published in a medical journal

"This type of hype is cruel and gives false hope to PWAs Yesterday one of my patients asked for Inactivin and I did not know what to tell him," she said

The Medunsa researchers, headed by Professor Wimpie Du Plooy and Dr Andries Lategan, announced the results of the first clinical tests of a new drug called Inactivin aimed at treating HIV infection in Pretoria this week

Du Plooy said the drug was shown to be successful in decreasing the number of 'viable" HIV virus present in circulating white blood cells "almost to zero'

"After treatment only one trial patient still showed signs of living virus in his blood. None of the other patients were found to have any viable HIV viruses present in plasma or white blood cells," he said.

He added that typical HIV symptoms such as sweating, rashes and warts disappeared after treatment and that it had an immediate and significant effect on the quality of life of the men who took part in the trials

The trials consisted of two small groups of HIV positive men who were administered small doses of Inactivin One group received a small dosage in August 1998 while a second group received a larger dose in November

Mtsi said there was nothing in the research that indicated that Inactivin would stop the regeneration of HIV and that suppression of the virus could mean continuous use of the drug.

Du Plooy conceded that the long term effects of Inactivin were not yet known and that it was unclear whether patients would need follow-up treatment.

The Medicines Regulatory Authority has authorised the expansion of Inactivin trials in South Africa.

Inactivin, an anabolic steriod that stops HIV from replicating in white blood cells, was first discovered and developed by the Irish company Colthurst Limited.

It has been used to treat, cure and prevent a variety of infectious diseases and immune system disorders, and is said to be comparatively inexpensive.

Du Plooy said the drug, which could potentially be used to treat other viruses such as hepatitis and herpes, could be on the market by the end of the year

Mabuza suggested that guidelines should be imposed on researchers as to how to handle such announcements.

She added that it was unfair that only academic breakthroughs received such prominent media coverage while discoveries by traditional healers and alternative practitioners were largely ignored

A Medunsa spokesperson said it was too early to identify those who had taken part in the clinical trials

Over three million people currently living with Aids in South Africa today will continue to hope that full Inactivin trials yield positive results

Drugs shown to offer value for money

The health department has been criticised for not supporting certain AIDS interventions. Malcolm Steinberg and Anthony Kinghorn take a look

ONE of the most recent and heated debates provoked by the severe HIV/AIDS epidemic in SA has been the decision by the national health department not to support even pilot projects aimed at reducing mother-to-child transmission of HIV

The number of children with HIV/AIDS is becoming massive, and is both tragic and costly About 22,8% of pregnant women attending public sector services nationwide are HIV positive, and projections using Metropolitan Life's Doyle model have indicated that in 2003 there will be 212 000 HIV-positive pregnancies and 277 000 in 2008 About a third of these babies will be infected with HIV around the time of delivery or through breastfeeding

Almost 60 000 children are expected to develop AIDS in 1999 Around half of the children in many hospitals' paediatric wards have HIV/AIDS-related illnesses

Administration of antiretroviral drugs — drugs that act against the virus itself by slowing down its reproduction — in late pregnancy, and formula feeding of infants provide ways to reduce the epidemic's toll substantially in developing countries in the immediate future Clinical trials have shown that short, relatively inexpensive courses of the drugs AZT and 3TC combined with formula feeding of infants can reduce transmission rates by about two thirds

Longer courses of AZT have been shown to be even more effective, and caesarean section also reduces transmission, although these interventions are less likely to be feasible in resource-poor settings

Given the scale of the epidemic, the economics of any interventions to combat HIV/AIDS in children need to be clearly assessed before implementation Antiretroviral drug treatment and formula feeding are clearly effective, but are they affordable on the scale required? Will they remain affordable and sustainable as the epidemic grows? Furthermore, are they a cost-effective use of resources, or should resources rather be spent on other services in the health (or other) sectors?

Unusually for a country in which few health care decisions have been based on clear economic criteria, the economics of mother-to-child transmission interventions in SA have been quite extensively investigated

Potential costs of a mother-to-child transmission intervention programme include not only drugs and formula feeding for infected women and their babies, but also costs associated with pre- and post-test counselling for all pregnant women, and HIV tests

Taking into account all cost components of a short-course AZT intervention and assuming a 50% discount offered on the current market price of AZT, two studies early last year suggested that the overall cost of a universally accessible programme in SA's state health sector would be between R80m and R218m in that year This would be equivalent to between 0,4% and 1% of the total health budget

Furthermore, the cost could rise substantially if current trends in HIV prevalence among women are not checked The cost was dependent on how the delivery system was organised, and assumed population size and fertility rates The cost could be lowered substantially if better drug and formula prices could be negotiated A system of cost-sharing with patients might also be feasible.

Despite some divergence in projected cost, the message of these studies is essentially the same A universally accessible mother-to-child transmission programme involving formula feeding and antiretroviral drugs would result in significant cost to the health system, but would arguably be affordable if it gave better value for money than alternative uses of the resources

Policy decisions therefore hinge critically on the cost-effectiveness of the intervention

Two studies have looked at cost-effectiveness of short-course antiretroviral drug programmes in SA. The first suggests that the cost per life year gained would be less than $50 in rural areas The second indicated that in urban settings, with more accessible, expensive care available for children with HIV/AIDS, short-course AZT and subsidised formula feeding were likely to more than pay for themselves by averting the cost of care for infected children

Both studies suggest essentially the same conclusion short-course interventions are competitive candidates for funding They are as, or more, cost-effective than many widely provided services such as TB treatment ($10 per life year saved), childhood immunisation ($15 to $24), antenatal and maternity care ($60 to $110) and family planning ($100 to $150) They are a much better buy than many cancer treatments ($1 000 per life year saved)

Overall, therefore, it is hard to dismiss interventions as unaffordable or cost-ineffective There are nevertheless large practical difficulties of implementing a universally accessible programme.

Specific studies of the cost and cost-effectiveness of mother-to-child transmission programmes in SA's private sector are not available However, several studies in the US and Europe have indicated that AZT for infected pregnant women saves both lives and money, even when longer, more expensive courses of AZT are used Refusing access to such a service will almost certainly be self-defeating for medical schemes

Apart from direct economic incentives, schemes face a strong possibility of legal challenges if they exclude mother-to-child transmission benefits and if they cannot show convincingly that the interventions are unaffordable or less cost-effective than other benefits they offer

Furthermore, providing an incentive to HIV-infected beneficiaries to reveal their status can have substantial benefits in terms of schemes' abilities to develop appropriate strategies to manage related costs among all beneficiaries and improve outcomes within resource constraints

Evidence strongly suggests that these programmes, while involving substantial cost, represent good value for money in both the public and private health-care sectors In state health facilities pilot projects seem to be appropriate They can validate assumptions which have been used in estimating overall cost and cost-effectiveness, and help to find ways to overcome practical obstacles to wider and efficient implementation

In both sectors, it is important to ensure that a mother-to-child transmission programme is not seen narrowly as a technological solution to the problem of HIV/AIDS Such interventions offer enormous potential, and a challenge, to integrate them into overall HIV/AIDS prevention and impact management

Such a programme will give a major incentive to pregnant mothers to find out their HIV status, which may help to bring HIV/AIDS "out of the closet" This is critical to developing more effective prevention and impact management

A further challenge is to integrate mechanisms which enable HIV-positive people who cannot, or do not wish to, avoid and terminate pregnancies, to plan effectively for their orphaned children' future To counter the argument that interventions will just add to the already huge and problematic number of orphans spawned by the epidemic, it is worth pointing out that children saved from AIDS by the intervention discussed above will be a small proportion of the total number

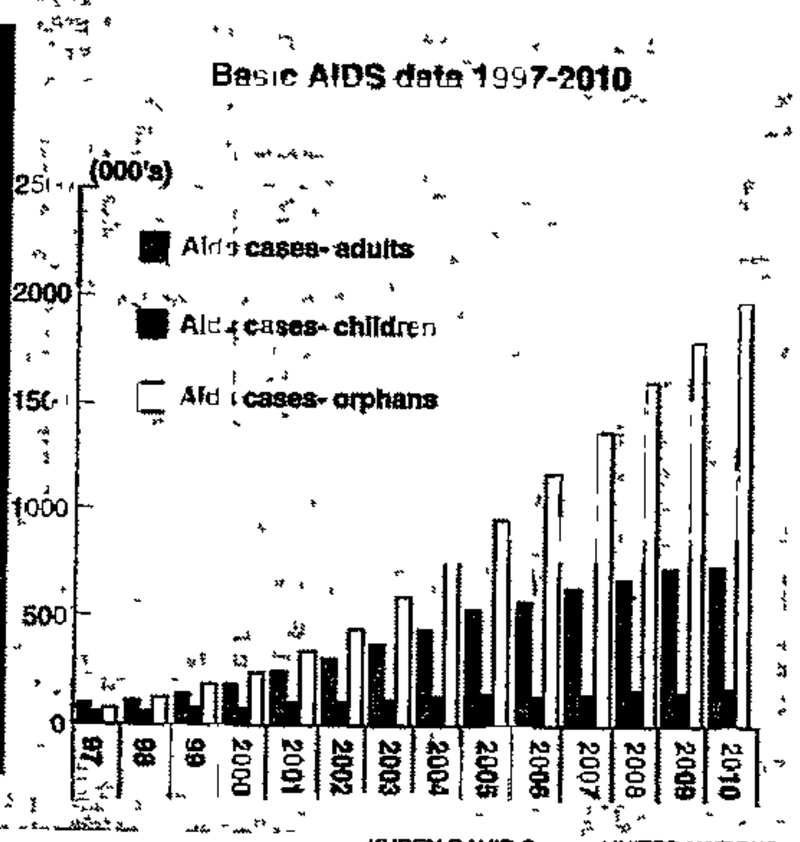
However, if a programme dealing with mother-to-child transmission galvanises action to address the orphan issue, it could contribute enormously to one of the greatest and most neglected aspects of the impact of HIV/AIDS in SA.

□ Steinberg and Kinghorn are consultants at Abt Associates SA Inc.

AIDS: mothers and children

Year	Prevalence of HIV in Kwazulu-Natal
1992	4,8%
1993	9,6%
1995	18,2%
1997	26,9%

* Antenatal clinics



KUBEN DAVID Source UNITED NATIONS

Decisions, decisions ... but decisions we must make

ARG 16/3/99 (92)

Making strategic choices and decisions in this the age of AIDS is painfully difficult. AIDS activist and Special Correspondent **KEVIN OSBORNE** highlights the link between care and prevention – and says that the strongest preventative message we can promote in South Africa is neatly wrapped in the care of those already infected by HIV

Making choices is never easy and throughout history we have seen the dilemmas faced by individuals and nations as they struggle to make that ultimate decision A decision that would not only shape their present situation but would also undoubtedly have a profound influence on the future

We have all seen Shakespeare's anguished hero Hamlet phrase his perplexity so succinctly in the well worn phrase "To be or not to be", while Julius Caesar chose to cross the Rubicon (and PW Botha chose not to!) and Dr Zuma has stubbornly refused to provide AZT to pregnant women despite the fact that it has proven to reduce the chances of HIV transmission to the newborn baby and it is relatively inexpensive

Decisions all – which have shaped destinies and lives, dreams and hopes

You see, I am faced with a decision Nothing unique about that I hear you mutter But when that decision could potentially either extend my life and the quality of it, or lead to some rather hideous side effects, I think that the dice becomes a little more loaded.

Having been HIV positive for a number of years now and despite looking and feeling simply stunning (a little self-praise never hurt anyone!) there is now an opportunity for me to be admitted on to an HIV drug trial.

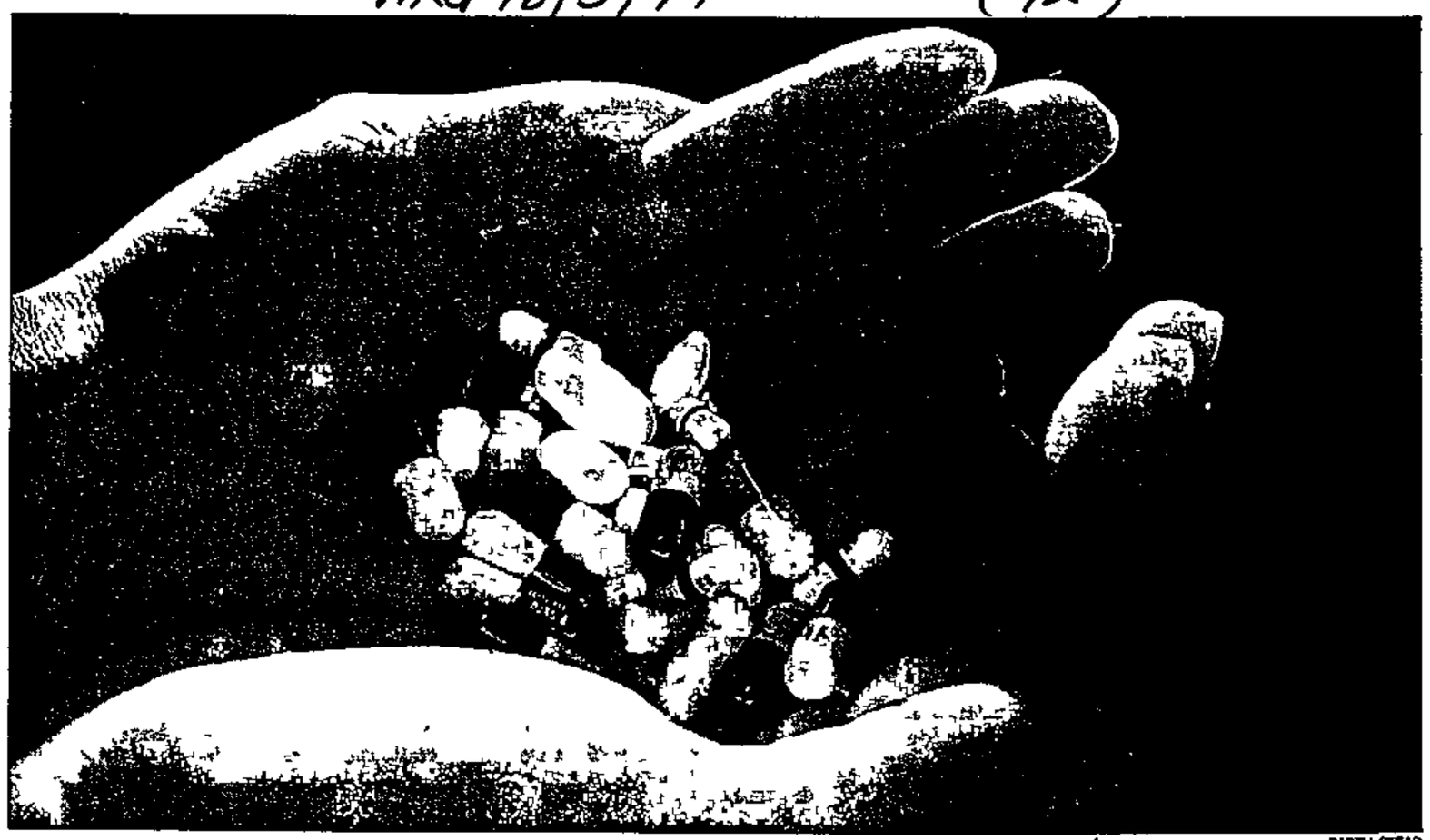
On the one side this is great news as it means that I will have access, at no financial cost to myself, to some of the HIV wonder drugs that have seen a vast majority of HIV positive individuals leading stronger, healthier and more productive lives (at least this is the situation in countries that have easy access to this cocktail of HIV drugs!)

On the other hand it means that I will have to start a regimen of cocktails that have to be taken religiously, stringently and for life

Now I have nothing against cocktails as long as they are served in a tall glass with loads of ice and a colourful umbrella! But when these cocktails have potentially hazardous side-effects, the decision becomes all that more difficult and complex.

While I am told that these may well disappear in time, part of me wants to say that because I am not feeling at all ill and my CD4 count (which measures the strength of my immune system) is high, I don't want to interfere with the obvious "truce" that my body has negotiated over the years with the virus that has invaded my body

Yet another part of me says that I need to start doing something a little proactive to ensure that while my system is still strong enough to cope with any potential side effects, I should try my damnedest to give it my best shot!



GARTH STEAD

Daily dose: this is the dosage of AIDS drugs a patient must take every day for the rest of his life

I also think that if more HIV positive people could actively do something to enhance their immune systems we would see a larger number of people coming forward – and this would not only bring HIV into all our human experiences but also dispel the reality that, despite having the fastest growing HIV rates in the world, it is still largely a "hidden" epidemic

Not an easy decision I am sure you will agree and one that only I can make But at least I have the luxury of making that decision Imagine, however, that for the vast majority of South Africans living with HIV (at the latest count it was in the region of 3,6 million people) this decision has been taken from them.

There are no wonder drugs available, there are no side effects, and there is no pro-active decision making There is only a life of stigmatisation and fear, of silence and secrecy

One way to break the silence would be that individuals who did make this decision (if it was theirs to make) would be forced by their very decision to be more open about their status, more open to their employees, family and friends The complexity of taking these drugs would encourage openness, discussion, advice and support.

And while I believe that there will be an initial increase in the stories of discrimination and rejection, these very stories would highlight the gaps that currently exist in the protection of all South African citizens – irrespective of health status And then there will be some visible action to address these injustices.

Imagine for a moment if 3,6 million people all started taking a whole host of pills tomorrow, you would in time become aware of it and that would be the greatest prevention message that we could send out.

But by simply spending millions of rands on yet another prevention message campaign is, in my view, a little myopic.

It does not consider that prevention and care are inextricably interwoven and this is a link that must and should not be broken.

Decisions about care in this the age of AIDS must be encouraged. It is part of our democracy It is part of our history

And while it is not easy to make, we must be allowed to make it. It could save more than just one life

South Africa's AIDS record of shame

Government's plan to tackle dreaded disease 'does not go beyond posture'

(92) ART 16/3/99

South Africa holds the dubious record of having the most new AIDS infections in the world, says the Democratic Party's health spokesman, MIKE ELLIS

Loving care: Nazareth House is the only place in Cape Town that cares for abandoned AIDS babies. Establishing home- and community-based hospices should be a priority, says Ellis

CECIL ZILWA

Last week Dr Zuma disclosed that her anti AIDS campaign had been even more of a failure than we thought The rate of HIV infection among teenage girls rocketed 65,4% last year, and the overall increase for women was 33,8%

Our position as the world's leader in the rate of new AIDS infections is now virtually unchallengeable. How could this happen when this country's government so frequently and so loudly proclaims its commitment to fighting AIDS?

The truth is that the Government's AIDS plan does not go beyond posture There exists an abundance of committees and strategies and a carefully developed national AIDS plan. But political will to go further – to take concrete steps on the basis of these plans and strategies and proposals for politicians to be vocal about what must be done rather than issuing platitudes about commitment to the cause – simply does not exist.

Dr Zuma recently scrapped a pilot programme to give AZT to pregnant women, which reduces AIDS infections in infants by 50% This money, she argued, could be better spent on changing behaviour in high risk groups But South Africans could well ask what has happened to these programmes.

In Uganda, the often-quoted AIDS success story, no politician or public servant is allowed to make a speech without mentioning AIDS

President Yoweri Museveni often visits the country's rural areas personally to speak of the disease Every year, every school must produce a play with AIDS as a theme which is then played at a National Drama and Music Festival.

AIDS jingles are heard before every news bulletin Everybody knows about AIDS, and as a result the percentage of the adult population infected fell from 14,5% in 1994 to 9,5% in 1997

The South African case could not be more different Mention of AIDS in a political speech is rare or references are so vague and evasive as to be meaningless

An Economist correspondent saw only two anti AIDS posters both in the UNAIDS office in Pretoria – in eight months in South Africa.

At the launch of the Partnership Against AIDS campaign in September the Minister of Health arrived late and the Deputy President left early to open the World Athletics championships

The Minister of Health's most spectacular achievement to date has been the incomprehensible and hugely expensive Sarafina II.

But leadership neglect does not extend only to publicity campaigns There is a vastly inadequate effort to care for AIDS sufferers The closing down of the HIV/AIDS clinic at Pretoria Hospital recently is only one indication of the blatant neglect of this issue by the Government.

Admittedly it faces a cash crisis, but ignoring AIDS is more expensive than implementing proactive measures to cope with it At some hospitals, up to 40% of patients are AIDS victims. It is astounding that no special plans have been made to cope with this.

We need to plan for alternative, home-based or community based hospices as a matter of priority We must also find ways to help the families devastated by the death of adults

The old family networks cannot cope and institutions are a poor alternative So the problem of supporting communities to look after orphans through more personal structures must be addressed.

If the Government was prepared to acknowledge its failures and devote resources to the NGOs, at least others would be able to perform the functions that the Government can't or won't take on.

NGOs have for many years been tackling various aspects of the AIDS crisis very effectively but on a shoestring budget.

But, still driven by the conviction that it can do everything itself, the Department of Health refuses to fund or even properly acknowledge these organisations.

In every conceivable way the Government has failed on AIDS, and no more grand new launches or conferences will solve this

It must simply get down to work and do what its own strategies say it should do

■ *The Health Ministry's response to this article will be published tomorrow*

Tackling the HIV/AIDS epidemic is a national priority of Government

(92) ARG 17/3/99

The South African Government's commitment to fighting HIV/AIDS should be emulated, says Health Department spokesperson
KHANGELANI VINCENT HLONGWANE

The Department of Health has been invited to respond to an article by Mike Ellis, the Democratic Party's health spokesperson, which appeared in Cape Argus Issues yesterday

As a way of introduction, let us hasten to reiterate the Government's position on the subject that the HIV/AIDS crisis should not be politicised No one should be allowed to derive political capital on a pandemic that is afflicting scores of our people and has the potential to undermine all our democratic gains

Contrary to Mr Ellis' assertions, the Government has never pronounced or by implication pretended to have succeeded in arresting the spread of the epidemic. Instead, the Government has been the first to acknowledge that its interventions are inadequate and had advocated for a concerted intersectorial approach to make a difference

Our efforts paid off with the launch of the Partnership Against AIDS which was launched in October. Not in September, as Mr Ellis would have us believe.

He accuses the Minister (of Health Nkosazana Zuma) of having arrived late for the event. Incidentally Dr Zuma was among the first Ministers to arrive at Ethembeni Children's Home, where the launch was held. She did media interviews before Deputy President Thabo Mbeki addressed the nation.

Mr Ellis accuses Mr Mbeki of leaving early for another engagement. The launch was not meant to be a whole day affair and everyone left making their pledges.

Political will (to combat AIDS) is amply demonstrated by the fact that the Interministerial Committee on AIDS is housed in the highest office in the land and is chaired by Mr Mbeki.

All cabinet ministers, their deputies and senior government officials sit on the Intergovernmental Committee on AIDS, which meets monthly to evaluate each department's programmes on AIDS and its impact on the epidemic.

Ministers and high profile government officials incorporate AIDS messages in their speeches President Mandela's State of the Nation address is a case in point.

Through the Partnership Against AIDS, the Government has sent an unambiguous message that HIV/AIDS is a national priority It is arrogant to suggest otherwise

Government and other role-players are clearly equal partners in this initiative There is agreement within the Partnership programme that sectorial interests should be subordinated to the global vision of collaborative efforts, pooling resources and expertise for the benefit of the country's future.

Business, labour, the youth, sports personalities, celebrities, the religious community and others have pledged their support.

An initiative of this magnitude is unprecedented in the history of our country It must be encouraged! I agree with the author on the benefits of taking the AIDS message to communities The example set by the Ugandan leadership, which he cited, is valid.

A few questions remain.

Which of our political leaders have embraced the HIV/AIDS campaign? Which display the AIDS emblem? Who of them speak about AIDS in Parliament and address rural communities about it?

Dr Zuma, has been singled out for unfair criticism, despite her having succeeded in putting health high on the agenda of dinner-table conversations She epitomises the struggle against AIDS.

Interestingly, during the nurses' strike in 1996, some protesters carried placards branding her the "Minister of Condoms". Her detractors, including some politicians, clapped their hands in glee.

Her vision, commitment and focus on HIV/AIDS has won her admirers the world over She is the chairperson of UNAIDS, whose headquarters are in Geneva, Switzerland.

It is unfortunate that Mr Ellis relies on information from an The Economist correspondent about anti-AIDS posters in this country. Those who take an active interest in the campaign will tell you that there are anti-AIDS posters in Government buildings and public transport facilities.

The mass media runs advertorials and educational material on AIDS, paid for by the Health Department and its partners. It also funds and supports NGOs and CBOs

Dr Zuma said if her department had the money, she would commission a series of *Sarafina II* projects in every community. We missed an opportunity to communicate AIDS messages through theatre to the youth, who happen to be worst affected by the epidemic.

The results of the 1998 Ante-natal Survey to which Mr Ellis refers, are a rude awakening! Theatre and drama have been shown to be very effective in the campaign.

The decision not to fund the AZT programme is not Dr Zuma's decision, but a Government decision. A very painful decision, particularly for a Government whose commitment to addressing the needs of women and children is without precedent on the African continent.

We are a developing country, confronted by high levels of illiteracy, the burden of diseases of poverty, amid huge disparities in healthcare services. We are a Government whose budget is far from adequate in dealing with myriad challenges confronting us

Government is charged with the task of making difficult choices.

The attitude of the Government is that it does not have the budget for AZT This, however, does not shut the door on AZT and other such interventions.

To measure Government's commitment to maternal and child health by whether it has the capacity to administer AZT to all HIV-infected women, is beside the point. Some people are asking the Health Department to lie about its financial capabilities, and the department deliberately chooses not to do so

AIDS sends African life expectancy plunging

ARG 18/3/99

Washington – AIDS has cut average life expectancy in Zimbabwe by 26 years and in South Africa from 65 to 56, the United States Census Bureau reports today.

Life expectancy in Zimbabwe is 39, down from 65 were it not for the AIDS epidemic, the bureau said. Other African nations also have experienced significant reductions in life expectancy because of AIDS.

"AIDS results in higher mortality rates in childhood, as well as among young adults where mortality otherwise is low," said Karen Stanecki, a contributing author of the Census Bureau's new report.

"As a result, AIDS deaths will have a larger impact on life expectancies than on some other demographic indicators in these nations."

The report suggests the following reduced life expectancies due to AIDS in African nations:

Botswana, from 62 to 40 years; Burkina Faso, 55 to 46; Burundi, 55 to 46, Cameroon, 59 to 51, Central African Republic, 56 to 49; Republic of the Congo, 57 to 47; Congo, 54 to 49; Ethiopia, 51 to 41; Ivory Coast, 57 to 46; Kenya, 66 to 48; Lesotho, 62 to 54; Malawi, 51 to 37; Namibia, 65 to 42; Nigeria, 58 to 54; Rwanda, 54 to 42; Swaziland, 58 to 39; Tanzania, 55 to 46; Uganda, 54 to 43, and Zambia, 56 to 37.

Other findings from the report:

- The world population will reach 6-billion this year.
- Between 1998 and 2025, the world's elderly population (age 65 and over) will more than double while the world's young (under age 15) will grow by only 6%.
- About 96% of world population increase now occurs in the developing regions of Africa, Asia and Latin America. – Sapa-AP

Apartheid 'cause of high HIV rate' (92)

Sowetan 19/3/99

By Bhungani Mzolo
Health Reporter

THE high incidence of HIV infections during the past years is a reflection of the society that was created by apartheid policies, according to a report by the United Nations Development Programme on HIV-Aids in South Africa

The report is contained in a 147-page book, and covers human development and HIV-Aids in South Africa, the current state and trends of the HIV-Aids epidemic, the current and future demographic and macro-economic impact of HIV; the current and future impact of HIV-Aids on key sectors; and a call to action in fighting the disease

According to the report, where other developing countries can blame HIV-Aids growth on their poverty and low human development "South Africa must add to this the social dislocation that resulted from decades of social engineering along racial and class lines, resulting in one of the most unequal societies in the world today"

It says the continued dependence of workers on jobs in urban centres, which requires regular or semi-permanent migration of both men and women, is fertile ground for the spread of HIV

"Furthermore, with the economy not being able to provide jobs for most of the population, people resort to alternatives such as sex work, which is a high risk occupation," the report says.

The report also notes that during the 1980s, when HIV-Aids was first identified in South Africa, its emergence was overshadowed by political events, which meant that concerted HIV and Aids work at a national level began only much later.

It then touches on the work that followed, including the formation of organisations such as the the national aids coordinating committee and the formulation of the National Aids Plan

for Virodene

(92) M+G 19-25/3/99

financial arrangement related to Virodene "

Minutes of a January 26 1998 Cryopreservation Technologies meeting record that its CEO, Dr Hugo Snyckers, reported on a meeting with "Mr Mbeki and Dr Zuma, [who] both continue to be supportive, but we must do things properly [with regard to the] (MCC) Their concern is to ensure an affordable supply of the treatment for Southern Africa HHS [Snyckers] can approach Dr Zuma if further assistance is required "

Minutes from February 13 1998 reflect a further meeting with Zuma Snyckers "asked members whether they had wanted to ask the minister to overrule the Council CJL [Cryopreservation Technologies member Carl Landauer] said this was not their intention "

The court papers also suggest that the company is selling or attempting to sell the drug in Portugal, Ghana, Kenya and Mozambique On top of the R3,1-million spent on tests, it has spent R2,7-million on promotional trips to Portugal, and an unknown amount in opening a clinic in Portugal Controversy erupted in Portugal over a clinic owned and run by the Vissers, Clinica Olga Visser, that was using Virodene on patients.

And according to papers filed with court affidavits, the makers of Virodene approached the Ghanaian government in February 1998 about selling the drug there "at cost" through a Nairobi pharmacy, Kencity, and Sterling Laboratories in Kenya

The latest details about Virodene have emerged due to an ownership conflict around the patent for the drug According to papers before the court, in March 1998 Cryopreservation Technologies needed a cash injection to protect the patent rights of Virodene and continue trials They agreed to sell a stake in the patent rights to former Umkhonto weSizwe cadre Ngelezi Zaccheus Mngomezulu, for R5-million

The final sale of the company has been stalled by disagreements within the ranks of Cryopreservation Technologies But significant amounts of money are being poured into testing Virodene, which no drug administration in the world has approved According to court papers

- more than R1,2-million has been spent on clinical tests at Guys hospital in London,
- about R1,5-million has been appropriated to Adams and Adams patent attorneys in Johannesburg to obtain the worldwide patent for Virodene,
- R76 152 has been spent on tests by Clindata;
- R231 140 has gone to Clindi Pharm,
- R107 000 has gone to a clinical virologist, a Dr Sequeira, plus an additional R20 000 "salary",
- R14 500 has gone to Dr Anthony Dayan, a London-based toxicologist,
- and R17 000 has been paid to Dr Jaroslav Mraz, a Prague-based DMF specialist

Mngomezulu put down R200 000 to secure the deal, with the balance to be paid within 60 days of the contract being signed on May 26 However, R4,8-million is owed because he and his co-investors claim Cryopreservation Technologies has not fulfilled all its contractual obligations

Mngomezulu registered Virodene Pharmaceutical Holdings on June 25 last year with R1 000 in share capital. The chair of the company is another former Umkontho weSizwe veteran, Joshua Nxumalo, who has worked closely with Cryopreservation Technologies for some time

The Cryopreservation directors, according to court papers, include a Professor du Plessis, Quinton van Rooyen (who represents "Namibian black empowerment groups"), a Mr Wanhaka, Precious Matshozo and attorney Mervyn Smith.

They were attracted by claims from Cryopreservation Technologies that Virodene patches, which would have to be replaced every week, could be sold for R100 each with a 15% profit margin, and that if they treated "28% of the currently infected population in South Africa" they could see a "potential turnover of R14,56-billion with a profit of R2,184-billion" After research costs, this would be reduced to R1,68-billion

Despite the incomplete sale, court papers indicate that Mngomezulu and his partners have spent R3-million in clinical trials and tests Yet Mngomezulu took no legal action to compel the allegedly recalcitrant members of Cryopreservation Technologies (a close corporation) to conclude the deal Attempts to reach Mngomezulu through Smith were not successful

Four members of Cryopreservation Technologies, Charles Fourie, Carl Landauer, Gabriel du Preez and Stefanus Maartens, want to liquidate the company, but are being blocked by members Olga Visser, a freelance cryobiologist who freezes sheep brains and rat livers for foreign research institutions, her husband, Jacques Visser, Dirk du Plessis, Anthony Clubley-Armstrong, Larry Heidebrecht and Hugo Durrheim Landauer and Du Preez have also applied to patent Virodene, but for use in PTK- or CPK-modulated disease or injuries (illnesses including leukaemia, rheumatoid arthritis and Aids)

The case has been postponed to May 24

Aids activists lie down for better care (92)

'Our people are dying because we are doing nothing. We will be organised'

Star 22/2/99

By Anso Thom
Health Reporter

Pressure on the Government and pharmaceutical companies grew yesterday when a large group of people gathered outside Soweto's Chris Hani Baragwanath Hospital with calls to make treatment available to all people living with HIV/Aids.

About 300 HIV/Aids sufferers, as well as their supporters, were at the main gate of the huge hospital to stage a six-hour fast, lie down in the entrance for a minute, and listen to speeches reminiscent of the pre-1994 "struggle" days.

Under the banner of the Treatment Action Campaign, speakers from various Aids organisations and trade unions, as well as doctors, called on the Government to discuss the issue.

TAC's three objectives include calling on Health Minister Nkosazana Zuma and Finance Minister Trevor Manuel to meet the National Association of People Living with HIV/Aids and other non-governmental organisations to plan the implementation of free AZT and formula feeding for pregnant mothers living with the disease, campaigning for affordable and quality treatments to be made available for people with HIV and Aids, and calling on companies to reduce prices of drugs.

AZT reduces the risk of a mother passing HIV to her infant child by between 35 and 50%.

They also want to campaign for a better health service for all, and for people with HIV/Aids to be treated with dignity and respect at all hospitals and clinics.

Zackie Achmat, who is living with HIV, called on the Government to join efforts to find a solution.

"Our people are dying because we are doing nothing. But we are going to get organised. One injury is an injury to all," he said.

Dr Glenda Gray, director of the peri-natal HIV research unit at Baragwanath, criticised the Government for failing to attend yesterday's gathering.

"Where is the Government today? Where is Liz Floyd (Gauteng health department director for communicable diseases)? She doesn't care about you. She doesn't care about the fact that babies are dying. The MEC (Mondli Gungubele) does not care that your babies are dying. They don't care that I see babies dying every day," Gray told the crowd.

At least 4 000 babies are born HIV positive at Baragwanath every year.

More than 50 000 signatures calling for greater action on Aids will be handed to President Mandela on April 27, and thousands of people plan to march on the Union Buildings and Parliament on June 16.

THYS DULLAART

Angry protest . . people lie down at the entrance to Chris Hani Baragwanath Hospital yesterday for one minute as part of several activities aimed at drawing attention to the plight of people living with Aids/HIV who have no access to treatment.

MPs break ranks to protest against Zuma's decision on AZT

Star 22/3/99 (9a)

OWN CORRESPONDENT

Cape Town – ANC members of Parliament and supporters broke ranks with the ruling party yesterday to protest against Health Minister Nkosazana Zuma's decision to suspend projects to give the anti-Aids drug AZT to pregnant women with HIV

At least two MPs and many loyal party activists joined more than 300 people countrywide who spent Human Rights Day fasting to urge the Government to rethink its decision

"In the 1980s, the test of our humanity was where we stood on the question of racism Perhaps in the 1990s, the test is where we stand on the treatment of people with Aids," theologian and Gender Commissioner Faried Esack said at a gathering at St George's Cathedral

ANC MPs Salie Manie and Bernard Ncube joined yesterday's fast, as did Saadiq Kariem, secretary of the ANC health committee, Cosatu regional leader Randy Petersen, former activist Shirley Gunn, and many more.

The fast was organised under the banner of the Treatment Action Campaign, which is hoping to collect 50 000 signatures calling for affordable treatment for people with HIV to hand to President Nelson Mandela on April 27

The campaign calls on Zuma and Finance Minister Trevor Manuel to meet the National Association of People Living with HIV/Aids and other Aids organisations to discuss a programme to give HIV-positive mothers and their newborn children the anti-Aids drug AZT and replace breastfeeding with formula feeding

This programme has been shown to reduce the likelihood that a child will contract the virus by about half

Zuma cancelled AZT projects last year and has repeatedly insisted that the Government cannot afford to finance the programme, in spite of a growing body of research which shows that it would cost less than treating the children who would otherwise become HIV positive

Row over Aids doctor's attack on health officials

By Anso Thom
Health Reporter

A row has erupted over a claim by a doctor at Chris Hani Baragwanath (CHB) Hospital that Gauteng's health MEC and his staff did not care about babies dying of HIV-related diseases

Dr Glenda Gray, director of the peri-natal HIV research unit at CHB, was speaking on Sunday at a protest gathering organised by the Treatment Action Campaign of the National Association for People Living with Aids/HIV

Gray accused Dr Liz Floyd, director for communicable diseases in the Gauteng health department, and health MEC Mondli Gungubele of not caring about pregnant women who were HIV positive

"She (Floyd) doesn't care about the fact that babies are dying The MEC does not care that your babies are dying," Gray told the crowd

Gungubele's spokesperson Popo Maja said the MEC and the department strongly resented the accusation

"It is an unfair accusation We challenge the doctor to explain why government at the moment is unable to provide AZT to pregnant mothers," said Maja "She knows why," he added.

Health Minister Nkosazana Zuma has not made the drug AZT freely available to pregnant women who are infected with HIV, because of the high cost of the drug

Maja said that neither Gungubele, nor Floyd, had been invited to the gathering Organisers of Sunday's event claimed that both Floyd and Gungubele had been invited

'Pay employees' Aids bill': expert

(92)

Sowetan 23/3/99

SOUTH Africa's economy could be crippled by Aids in less than a decade if companies do not plan immediately to save money, jobs and lives

"South Africa's continued viability and global competitiveness is threatened if we do not do something about Aids now," life assurer Dean Moore from Metropolitan Life told Reuters.

An estimated 3,6 million of South Africa's 39 million people are infected with the HIV leading to Aids

More than 1 500 people are infected daily One person under the age of 25 is infected every minute – representing the future of labour productivity in the country "Companies must set up programmes now to address the effects Aids will have on labour supply and productivity by 2005," Moore said.

According to Bruce Hodkinson, medical adviser to insurance giant, Sanlam, the epidemic will hit the health and education sectors and any industries dependent on manual labour

"Those with the least access to medical care, poor financial infrastructure to fight the disease, poor employment packages and an inability to be retrained into administrative positions will suffer most"

A United Nations report released during the December 1 World Aids Day campaign last year urged business to do more to bring Aids health care and treatment within everyone's reach

"There is an urgent need to make at least the basics of HIV prevention and Aids care available, accessible and affordable," the report said

However, Hodkinson predicted that Aids should have burned itself out by 2020 The worst will be over within the next 10 years, he speculated. "Some of the doomsday predictions are not as severe as people forecast.

"In 20 years we will have been through the worst Aids will have had its major impact and the effects will have been reversed"

Firms will be best prepared if they plan to pay for employees' medical treatment "You can control HIV to some degree particularly if major companies are prepared to pay for medical treatment for their employees who will then be able to stay in the workplace for longer," Hodkinson said – *Reuters*

'I'LL BE THERE, IN THE FRONT'

Zuma to fight for 'cheap' Aids drug

ET 26/3/99 (92)

AIDS activists gatecrashed the health portfolio committee's party last night and forged an important alliance with Minister Nkosazana Zuma. Health Writer **JUDITH SOAL** reports.

THERE were two very unusual gatherings in health circles this week.

The first was on Wednesday night when Health Minister Nkosazana Zuma excused herself from the budget debates in Parliament to attend a small meeting of the Muizenberg ANC branch

After a long day in the House she spoke to the 150-strong crowd for almost two hours, outlining advances in health care, explaining ANC policy and answering many questions on topics from condom usage to personal health problems.

Her patience and compassion were impressive.

It was a low-key event, but in that disorganised hall, with children running around and people wandering in and out, an alliance was formed that could influence public health policy in SA.

It started in the form of a question.

"Comrade Zuma," began a young man in the audience "I am an ANC member and I salute what you have done for health care in this country

"But I am also HIV-positive and I cannot understand why we can't provide AZT for pregnant women and basic treatment for people with Aids. Please could you explain it to me?"

He appealed to the health minister to join forces with Aids organisations to find a way to make treatments like AZT available.

"We want to offer you our hand Please take it and work with us "

The young man was Zackie Achmat, well-known film-maker, human rights activist and a member of the Treatment Action Campaign — a group formed to lobby the government for treatments for people with Aids

The minister's stand on this issue is well known

She has incurred the anger of Aids activists and health workers for steadfastly insisting that the government cannot afford to give the anti-Aids drug AZT to pregnant women in an intervention that would reduce the number of children born with HIV by half

On Wednesday, though, she agreed to meet Aids organisations half-way

"I don't want to fight with you," Zuma replied to Achmat "But I think you are barking up the wrong tree I would love to join with you if you will bark up the right tree."

This tree, she said, was the large pharmaceutical companies that kept the costs of anti-Aids drugs at unaffordable levels

"We cannot afford the programme because of the high cost of the drugs.

"It would cost R500 to treat just one pregnant woman and that is too much," she said.

"If you want to fight for affordable treatment then I will be with you all the way "

The second gathering, perhaps even more unusual, happened last night when Achmat and a group of Aids activists, dressed in T-shirts with "HIV-positive" written across their chests in large purple letters, gatecrashed the health portfolio committee's farewell party

It was a bit awkward at first, happening as it did between two groups that have not seen eye-to-eye on the subject of treatment for people with Aids, but it soon lightened up

"Minister Zuma we have come to thank you for your promise and to invite you to a meeting with our organisations so that we can find a way to make these treatments affordable," Achmat said, handing her her own "HIV-positive" T-shirt.

She accepted on both counts Soon they were laughing and chatting like the old comrades they are.

"We are marching on June 16 and we would like you to lead our march," he said.

"It depends, what are you marching for?" Zuma asked tentatively

"We are demanding that the prices of drugs be brought down so that treatments can be affordable," he replied, quickly

"Then I will be there, in the front," she returned.

When the *Cape Times* left the parliamentary building, MPs in their cocktail outfits were mingling amiably with the activists in their T-shirts.

It was a remarkable gathering.

PARTNERSHIP: Aids activist Zackie Achmat and Health Minister Nkosazana Zuma will now fight together. PICTURE: A K ADAMS

UCT staff, students insured against HIV

DI CAELERS
HEALTH WRITER

(92) (92)
ARG 31/3/99

University of Cape Town staff and students who are at risk of contracting HIV or other blood-borne diseases as a result of their work, are now protected by a special policy that includes early prophylactic treatment with drugs.

The university has approved the policy, which lays out a specific plan of action that must be followed in the event of exposure to blood or blood-stained fluids, in direct response to the growing number of HIV-positive people and AIDS patients in South Africa

According to the university's publication, Monday Paper, last year 282 staff members and students, who had been exposed to blood or blood-stained body fluids, were treated at Groote Schuur Hospital's occupational health clinic.

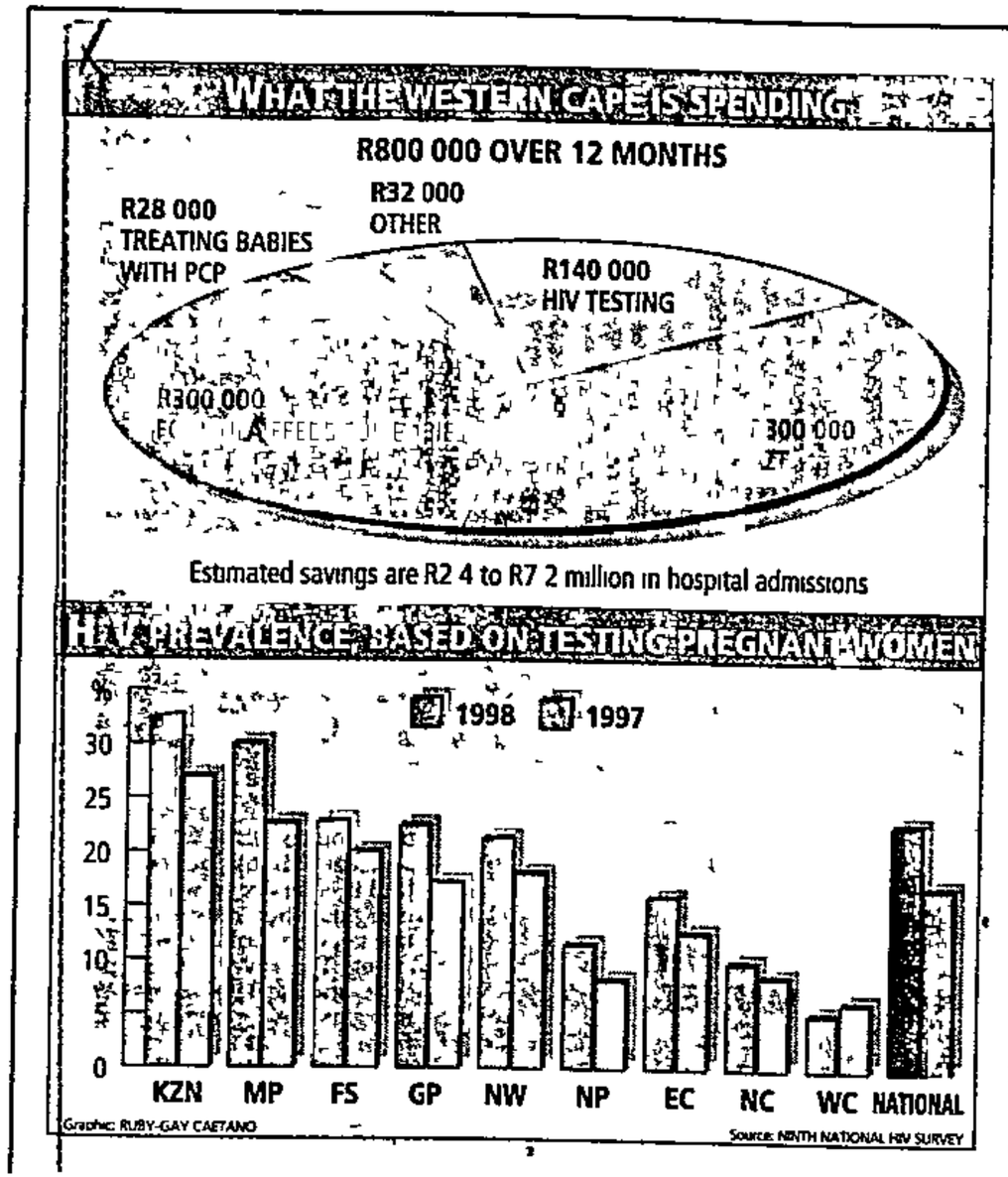
Sue Key, UCT's occupational health nurse and a member of the working group that took nearly a year to draw up the new policy, told Monday Paper it had been almost a decade since the beginning of HIV/AIDS, and that the long, invisible stage of the epidemic was drawing to a close.

The policy specifies a course of action that must be followed in the event of exposure to blood or blood-stained fluids. Staff and students are covered during work they do for any UCT course and when doing voluntary work under the auspices of the university.

The policy is in line with international practice and includes that affected people get HIV prophylactic treatment, in the form of AZT and 3TC drugs, within six hours of the incident.

April

1999



AIDS: Western Cape proves a point on AZT

The province's decision to provide AZT to pregnant women is saving money, writes JANETTE BENNETT

IT IS far cheaper to prevent babies contracting HIV/AIDS from their mothers than it is to treat infected children, but prevention is not as simple as just providing the drug AZT

The Western Cape, SA's only province to provide AZT to pregnant women with HIV/AIDS, is showing conclusively that a managed AZT programme pays off — it is saving between three and nine times the amount being put into the programme.

National Health Minister Dr Nkosozana Zuma sparked outrage by refusing to provide AZT to pregnant women with AIDS and HIV, although she has told Parliament her department will do so when it is possible. The refusal prompted some foreign researchers to threaten to boycott the 13th World AIDS Conference in SA next year

Glaxo Wellcome offered the costly drug to SA at a 70% discount, bringing its price down from R1 200 to R400 for each infected woman, for five years Only the Western Cape took up the company's offer

Between one-fourth and one-third of babies born to women with HIV/AIDS become infected Research has shown that transmission rates can be halved if AZT is administered to women in the final month of pregnancy

The Western Cape is spending R800 000 on treating about 5 500 pregnant women in two ante-natal clinics in Khayelitsha for 12 months. The estimated saving to taxpayers, says the head of the HIV/AIDS programme in the Western Cape, Dr Saadiq Kariem, is R2.4-million (at the most conservative estimate)

"There is no data available which tells us how long babies with AIDS live, but we have based that figure on two hospital admissions per child for a lifetime of three years It is more realistic to assume each child will have two admissions a year for three years, which trebles the savings," Kariem says

The province's costs include.

- R140 000 on HIV testing. Every pregnant woman is offered testing, with pre- and post-counselling by lay counsellors About 90% want to be tested Counselling costs are covered by a different budget..
- "Using professional counsellors may push up the number of women agreeing to testing, but we would never have been able to afford this programme with professional counsellors," Kariem says
- R300 000 on AZT infected mothers are given a short course of AZT, for the last four weeks of pregnancy A long course of AZT, for three months, is likely to be more effective, but more costly
- R300 000 on formula feeds Breastfeeding is believed to be responsible for up to a third of mother-to-child transmission, but no company has offered reductions in the price of formula feeds (unlike highly-publicised AZT)
- R28 000 on treating babies with PCP, a type of pneumonia which hits people with AIDS.

The Western Cape has a lower HIV/AIDS infection rate (5.2% in 1998) than the rest of SA. Nationally, 22.8% of the population were infected last year, with the highest rate, 32.5%, in KwaZulu-Natal These figures are based on testing of women at antenatal clinics Kariem says HIV prevalence in the Khayelitsha clinics is about 13%

The province's decision to go ahead with the AZT programme in mid-1998 raised eyebrows, and even had some charging it was an election ploy to win votes Regardless, it is drawing international support, is saving lives, and could provide a model for the rest of the country

"What we are saying is: let's learn from our experiences. We are making sure we are evaluating and gathering data constantly," Kariem says

Estimates are a country-wide programme to provide AZT to infected pregnant women would cost between R80-million and R100-million a year But providing AZT, as the Western Cape is showing, is one part of a programme which should include blanket testing, counselling, bottle-feeding, and even delivery through caesarean section

Some factors are debatable, especially in a developing country For instance, many health workers advocate breast-feeding because, they say, a child is more likely to die from infectious diseases picked up from unsafe drinking water than from AIDS. Costs are prohibitive. a year's supply of artificial milk will cost a Vietnamese family more than the country's per capita annual income.

Also important is the health of mothers. Joan MacNeil, associate director of HIV/AIDS care and research in the US-based Family Health Institute's HIV/AIDS prevention and care department, says preserving mothers' health after they give birth should be a priority "for their own sake, and to ensure the continued survival of their infants"

The difference in mother-to-child transmission rates between developed and developing countries is startling Fewer than 5% of babies born to HIV-infected mothers in France and the US are infected, while in non-industrialised countries, 25% to 35% of babies born to mothers with HIV/AIDS acquire the disease This, MacNeil says, is largely due to access to drugs and breast-feeding practices.

"It is encouraging that effective methods to limit mother-child transmission have been identified, but discouraging that, for the most part they are too complicated and costly for universal use in the countries where they are most needed," she says

There is no doubt about the seriousness of the situation facing SA. HIV/AIDS is increasing at a rate of about 1 500 new infections a day, and last year, it took the lives of an estimated 120 000 people. AIDS is expected to shorten average life expectancy in SA from about 60 to 40 by 2008, and some scenarios see it decimating the country's workforce and health services

Tackling mother-to-child transmission is particularly important. Estimates are up to 10-million children, 90% of them in developing countries, could be infected with HIV by next year, mostly through this kind of transmission.

Probe into Aids play's wasted millions

Internationally known playwright Mbongeni Ngema was sequestrated in the Pietermaritzburg High Court yesterday.

The Heath Commission has instituted civil proceedings against Ngema, author of the Aids play *Sarafina 2*, to recover taxpayers' money spent on the play. The unit is investigating how more than R10-million from the Health Department was used.

The sequestration application was lodged by city businessman Martin Lloyd Flavell, representing the firm Hampden Road Investments. Flavell said Ngema owed his firm R73 000 and other judgments had already been made in respect of Ngema's R700 000 Gillitts property and his Committed Artists Theatre Company.

Health Minister Nko-sazana Zuma was criticised by opposition parties for using public money to sponsor the controversial R14,2-million play, which aimed to increase public awareness of the Aids virus.

Equipment worth R4-million was allegedly seized from Ngema in an effort to recover the money spent. – Sapa-AFP

Star 9/4/99

SHERIFF WAS HERE... City Press staffer Chris Hlongwa visited Mbongeni Ngema at his house in Kloof after it was attached ■ Pic: ZAKHELE SHIBA

Ngema down and out

By ZAKHELE SHIBA and CHRIS HLONGWA

WORLD-RENOWNED South African playwright, director and actor Mbongeni Ngema is down and out.

This week he lost his mansions and imported sports cars and stands to lose more.

A trustee has been appointed by the Pietermaritzburg High Court to take charge of his insolvent estate after he failed to settle a debt of R72 849,02 owed to Hampden Road Investments (Pty) Ltd for rent incurred by his Committed Artists company for actors

The high-living, flamboyant actor who has two wives – actresses Leleti Khumalo and Cebisile Mpungose – also stands to lose royalties from his internationally renowned plays

Mpungose has already moved out of their posh Morningside home

Ngema, whose name is cast in concrete in the Hall of Fame in New York, has also failed to oppose the application by Maritzburg businessman Martin Lloyd Flavell, who, acting on behalf of Hampden Road Investments, applied for the playwright to be sequestrated

The sickly playwright was not in court when judgment was delivered

Ngema's Committed Artists rented Hampden Road Investments' property in Durban as offices in 1996 during the staging of the R14,2 million *Sarafina 2* play – but failed to pay

SEQUESTRATED... Despondent Mbongeni Ngema has lost his mansions and sports cars for unsettled rental debts

The High Court's judgment will also be executed against Ngema's R700 000 house in the leafy upmarket suburb of Gillits near Durban.

When City Press went to interview him at the house – which is showing signs of disrepair – on Friday, a young actress, Lindi, who said she is a member of the cast of the new Ngema musical *Zulu*, said he was asleep and, therefore, he could not comment on the outcome of the court case.

She said he could only be contacted at night at the Playhouse Company because he was working at night.

An associate at Playhouse Company, where Ngema is an artistic director, said he had asked what the interview will be about and when told it was about the court judgment, he said he would only comment tomorrow because he was on his way to King William's Town for a meeting.

The Sheriff of the High Court attempted to attach Ngema's movable property in his Gillits home but found nothing that belonged to him.

The trustee appointed by the court will investigate the claim that the furniture belonged to Ngema's brother

The trustee, according to Flavell's lawyer, Keith Hobson, will also arrange for the sale of all of Ngema's property.

"I also understand he has got a sports car," said Hobson.

It is understood the trustee will also investigate the R441 000 Ngema was allegedly paid for the controversial *Sarafina 2*.

Ngema, who has produced internationally acclaimed musicals, including *Sarafina*, has been the subject of a number of investigations and lawsuits ever since national Health Minister Nkosazana Zuma's department withdrew further financial sponsorship for the Aids-awareness play after a huge public outcry.

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Shift to casual labour boosts disease

(F)(92) ST(BT) 11/4/99

AGRICULTURE

By CAROL PATON

A PRONOUNCED shift to the employment of casual labour on farms — probably in response to government policies that granted tenure rights to farmworkers — has caused a rapid escalation of HIV/AIDS on farms, says Diana Callear, Deputy Director-General of Agriculture

Callear said this week that casual farmworkers lived away from their families, often in poor, overcrowded conditions, where women found it difficult to oppose demands made on them by men

"There has been a shift from permanent to casual labour, which is a complete disaster Often lodgings of men and women are not separated, and there is no chance for women to say no It is a major issue," said Callear

Callear said that the Extension of Security of Tenure Act had "terrified farmers", leading to the "casualisation" of labour

She said that farmers refused to accept responsibility for the problem, and no efforts had been made from any quarters to make farmworkers aware of AIDS

Callear also said that while jobs had been shed on farms, she was certain that figures released last August by Statistics South Africa — which said that employment in agriculture and forestry had shrunk from 1 4-million in 1994 to 637 000 in 1997 — were wrong

A meeting between Statistics South Africa and the Department of Agriculture took place on Friday to discuss the figures

She said that because Statistics SA had recently changed its definition of unemployment in line with internationally accepted practice, the '97 results compiled through the October Household Survey were not directly comparable with those of previous years The survey, done in October, had also not detected seasonal agricultural workers

AIDS initiative for teens set to launch

Pat Sidley (92) BD 13/4/99

WITH the background of increasingly alarming HIV/AIDS figures, South Africans will be faced with a far-reaching initiative aimed at teenage awareness of the epidemic

This group — aged between 15 and 19 years old — suffered an increase of 65,4 % in HIV infection according to the latest statistics taken from ante-natal clinics around the country About 21% of this group (which was increased from 12% the year before) is infected with the virus About 3,8-million South Africans are infected with the disease, with 1 700 a day contracting the virus

The US-based Henry J Kaiser Family Foundation, in partnership with local nongovernmental organisations, has put R15m into the venture and will be relying on trebling this figure in the next few years from businesses (both local and multinational) operating in SA It also has the backing of government and the health department

The initiative is to be launched formally on Friday, with the announcement of a board of advisers which is likely to include several prominent South Africans

Michael Sinclair, senior vice-president of the Kaiser Foundation said existing initiatives would be used, such as those within companies like Eskom and Transnet, both of which had programmes "We are developing a broad range of partnerships and synergies to reinforce what they are already doing," said Sinclair

He said there had been a lot of interest expressed by South African companies and he was confident of securing co-sponsorship However, he said SA companies needed to "think pre-emptively about the issues" Teenagers with the virus were their future market and their future employees, but "they are in denial", Sinclair said "This is not philanthropic, it is economic," he said

Heath unit withdraws action against Zuma

(93) Star 13/4/99

By Jovial Rantao
Political Editor

Health Minister Dr Nkosazana Zuma will not face legal action arising out of the controversial Aids-awareness play *Sarafina 2*

The Heath Special Investigating Unit withdrew all action of negligence against Zuma, who commissioned the musical which was aborted after allegations of financial mismanagement

The unit has been tasked by the state to recover the millions spent on *Sarafina 2*

A decision to the contrary would have led to the minister being forced to pay back at least R10,5-million of state money, which was paid to playwright Mbongeni Ngema for the musical

The special investigating unit has already confiscated some properties belonging to Ngema in an effort to recoup the millions

Vincent Hlongwane, a spokesperson for Zuma, said the decision demonstrated that the Heath unit had not done its homework before laying the charges

"We've always said we don't know why the minister should be dragged into this when she had nothing to do with the tender procedures We hope that the chapter is closed," Hlongwane said

The Government has welcomed the decision.

The Office of Deputy President Thabo Mbeki said agreements had been reached that the unit will withdraw the claim against Zuma and that the parties will have no further claims against each other

"The Office of the Deputy President reiterated its view

Dr Nkosazana Zuma

that the decision to use the mass media to highlight the dangers of the HIV/Aids virus was that of the Government as a whole, and not only the minister of health

"The Government has always maintained, based on the finding of the Public Protector, Selby Baqwa, that the minister had not participated in the awarding of the tender, nor did she benefit financially from the tender The Special Investigating Unit has always agreed with this statement, said Ronnie Mamoepa

"The Government remains convinced that Minister Zuma is a most able and competent minister who has done outstanding work to raise the national consciousness on the danger of the HIV/Aids virus and its concomitant effect on the economy and society," he said

ndation gives R15-million for sex education for the young

(92)

By Anso Thom
Health Reporter

In the first multi-dimensional approach to the spread of the HIV/Aids epidemic among people between the ages of 12 and 17, the Henry J Kaiser Family Foundation has given R15-million to start up an innovative national effort.

The initiative will develop programmes for younger children and help parents communicate more effectively with them about sexual health.

Judi Nokwedi, of Advocacy Initiatives, said the first time most young people heard about sex was when someone told them they would get a sexually transmitted disease or Aids.

"It's always negative. Young people need to have a place where they can talk about sex and the inevitability of sex.

"We want to put sex on the table, not in the bedroom," she said, adding that young people were tired of talking about HIV

Elements such as music, entertainment and sports would be used to promote greater awareness of sexual health, gender equality and safer sexual behaviour.

The initiative, which kicks off in September, will also promote more open discussion of sexual health and HIV/Aids through radio and other popular media

> 66
> **It's normal, and we need to get them talking**
> 99

Nokwedi said this initiative was different in that it heralded a shift in the paradigm in the traditional way in which the epidemic was addressed and that it promoted positive self-expression of sexuality

"Sex is normal and that is what we need to communicate to get the youth talking," she added.

Michael Sinclair, senior vice president of the Kaiser Foundation, said yesterday a central focus of the initiative would be the development, in partnership with the national and provincial departments of health, of adolescent friendly reproductive health services within primary care facilities.

These efforts would be reinforced by a countrywide peer group education programme, a nationally accessible helpline and telephone counselling service, and development of adolescent advice centres around the country

Programmes would also be developed in partnership with church organisations, the business sector and trade unions.

These education, service development and outreach efforts would be backed up by ongoing research to monitor their impact on adolescent knowledge and behaviour, and to develop better understanding of the factors influencing adolescent sexual behaviour

A consortium of organisations would take the lead in building a broad-based national collaborative strategy

These organisations included the Health Systems Trust, the Planned Parenthood Association of SA and the Reproductive Health Research Unit at Chris Hani Baragwanath Hospital

Sinclair pointed out that the vision was not to re-invent the wheel, but to build on and strengthen existing practices.

Star 13/4/99

Zuma off the hook

(92) Sowetan 13/4/99

THE HEATH special investigation unit yesterday withdrew all action against Health Minister Nkosazana Zuma over her role in the anti-Aids play *Sarafina II*

A settlement to this effect was reached between government lawyers and the unit earlier in the day, Deputy President Thabo Mbeki's legal adviser Mojanku Gumbi said

"Agreements have now been reached that the unit will withdraw the claim against Dr Zuma and the parties will have no further claims against each other This is the end of the matter"

Health Minister Dr Nkosazana Zuma

The unit last year announced its intention to investigate alleged negligence by Zuma in commissioning *Sarafina II*

In November, it served notices of civil proceedings on Zuma, former Health director-general Dr Olive Shisana, former chief director Mr Albert Badenhorst, playwright Mbongeni Ngema, and his Committed Artists Theatre Company

Zuma last month won the right of access to information the Heath unit used in accusing her of negligence The unit was given until last Friday to supply her with the information

Gumbi said the unit approached Zuma's lawyers with a settlement offer after this ruling Correspondence between the two parties culminated in a meeting between their lawyers.

Yesterday Heath personally gave the go-ahead for Mbeki's office to announce that the action had been dropped, Gumbi said. She said it was not clear why Zuma was cited in the first place.

"It is very difficult to determine why Judge Heath went ahead with this action in view of the weight of legal opinion The matter was wrong in law"

The Government had all along maintained that Zuma neither took part in awarding the tender nor benefited financially from it, Gumbi said

Gumbi reiterated that the decision to use the mass media to highlight the dangers of Aids was that of the Government and not of Zuma alone

She said she believed that the action against Shisana, Badenhorst and Ngema was still standing "I suppose this gives him an opportunity to look at the matter"

Gumbi said the Government remained convinced that Zuma had done outstanding work to make people aware of the dangers of Aids.

"We express our hope that those who tried and found her guilty in this matter will muster sufficient courage to proclaim her innocence with the same vigour," she said.

Public Protector Selby Baqwa found in 1996 that Zuma was not involved in the tender process for the play, and had not made any recommendation on who should be awarded the tender– *Sapa*

AIDS costs burden 'heavier in defined contribution schemes'

Pat Sidley BD 14/4/99 (92)

EMPLOYEES whose pension funds have converted from defined benefit to defined contribution schemes stand to bear the greatest financial burden from the direct cost of AIDS, says Metropolitan Group employee benefits actuary Alan Martin.

He said at the annual conference of the Institute of Life and Pension Advisors in Sandton yesterday "Middle aged members of retirement funds will have spent their youth subsidising risk benefit costs of the older member, and are likely to spend their future years subsidising the risk benefit costs of younger members, where the incidence of HIV and AIDS is significantly higher," he said.

It was possible to redesign employee benefits more appropriately to minimise cost escalations from HIV and AIDS, he said Substantial amounts could be saved by dealing adequately with the epidemic — including spending money on educating the workforce.

Martin said direct costs of the epidemic would be felt through escalating benefit and medical scheme costs. The cost of benefits may double for many schemes by 2005 and triple by 2010

"In schemes where the employer is fully responsible for increases in risk benefit costs, we project that this could add about 15% to the remuneration budget of a manufacturing company by 2005 and 30% by 2010," he said.

"In schemes where this risk is passed on to members, life, disability and medical benefits are likely to be halved by 2005, and be one third of their current level by 2010"

Martin listed some of the indirect costs of the disease, which he said are frequently ignored by companies. These included having to recruit and train more staff in the light of increasing deaths and disabilities, the cost of leave, effect on staff morale, costs of safety at work and dealing with the prejudice among staff, as well as maintaining confidentiality

He believes indirect costs could add a further 10% to the remuneration budget of a typical firm by 2005. Lump sum death or disability benefits could rise from 1,9% of salary this year to 5,7% of salary in 10 years' time. Medical plan contributions would face similar hikes, as would disability pensions and spouses' pensions.

Heath denies political pressure in Zuma case

David Greybe

Minister's lawyers brought arguments which the unit had not considered — judge

CAPE TOWN — The decision to withdraw charges against Health Minister Nkosazana Zuma in the Sarafina II AIDS play case was not due to political pressure, Judge Willem Heath said yesterday

In January this year the special investigating unit appointed a new senior counsel who, after consulting widely, "advised the unit not to proceed against Zuma", he said

"He (counsel) felt that the case against Zuma was far too risky, and if we proceeded we were not going to succeed," Heath said

"The decision to drop the charges against Zuma had nothing to do with my public spat with (Finance Minister Trevor) Manuel, nor was any political pressure brought to bear on me," Heath said. "The decision was merely based on the law."

He denied the unit had erred, particularly seeing a minister was involved. "Such changes of mind happen quite often in civil litigation," Heath said

Zuma's lawyers brought "new arguments" the unit had not considered at the time it made the decision on civil proceedings against the minister

Deputy President Thabo Mbeki's office backed Heath's statement that there was no political pressure on the unit to drop the charges. "None whatsoever," Mojanku Gumbi, Mbeki's legal adviser, stressed

Meanwhile, various opposition parties said the unit's decision not to prosecute Zuma for any criminal activity did not detract from the fact she was still politically responsible for what the Democratic Party (DP) described as "the disgraceful waste of taxpayers' money"

"He (Heath) has merely decided not to prosecute her on legal grounds," DP health spokesman Mike Ellis said

The New National Party (NNP) said Zuma had finally lost her chance to prove her innocence. "The biggest question is who are the political heavies standing on Heath's oxygen line," NNP health spokesman Kobus Gouws said

Gumbi said the Freedom Front wanted to know "whether the African National Congress has put pressure on Heath because Zuma is being mooted as possible candidate for the position of deputy president." Gumbi said Heath would never have given in to political pressure

She said the original action against Zuma was based on a wrong understanding of the law. "If a minister issues a directive to her department, and the department does something else without informing the minister, she cannot be held personally accountable."

Gumbi said Heath had admitted that Zuma was never involved in the signing of the contract to produce the Sarafina II AIDS play.

Heath described the decision to drop the charges as "a bold one" — the unit could easily have dragged the matter out until after the June 2 elections to avoid inferences that it had succumbed to political pressure

The unit originally held Zuma "jointly and severally liable" for R6m outstanding in the Sarafina II saga — it had recovered R4m in assets. The unit accused Zuma of having acted "recklessly and/or negligently" in ordering the development of the project in a limited time.

However, the unit is going ahead with its case against former health director-general Olive Shisana, former chief director Peter Badenhost, and Mbongeni Ngema's Committed Artists Theatre Company.

The case is expected to be heard by a special tribunal before the end of June

Comment Page 13

(92) BD 14/4/99

HIV will affect you even if you are not infected

CT(MR) 14/4/99 (92)

Aids is the single most important strategic issue facing business in the 21st century, Alan Martin of Metropolitan Group Employee Benefits has warned

Yet South African business has been slow to tackle the problem, he told the 1999 Institute of Life and Pension Advisers (Ilpa) convention in Johannesburg Most companies were quicker to deal with the millennium bug than with the Aids issue, Martin said.

"Research indicates that Southern Africa is now the worst effected region in terms of HIV prevalence per general population in the world"

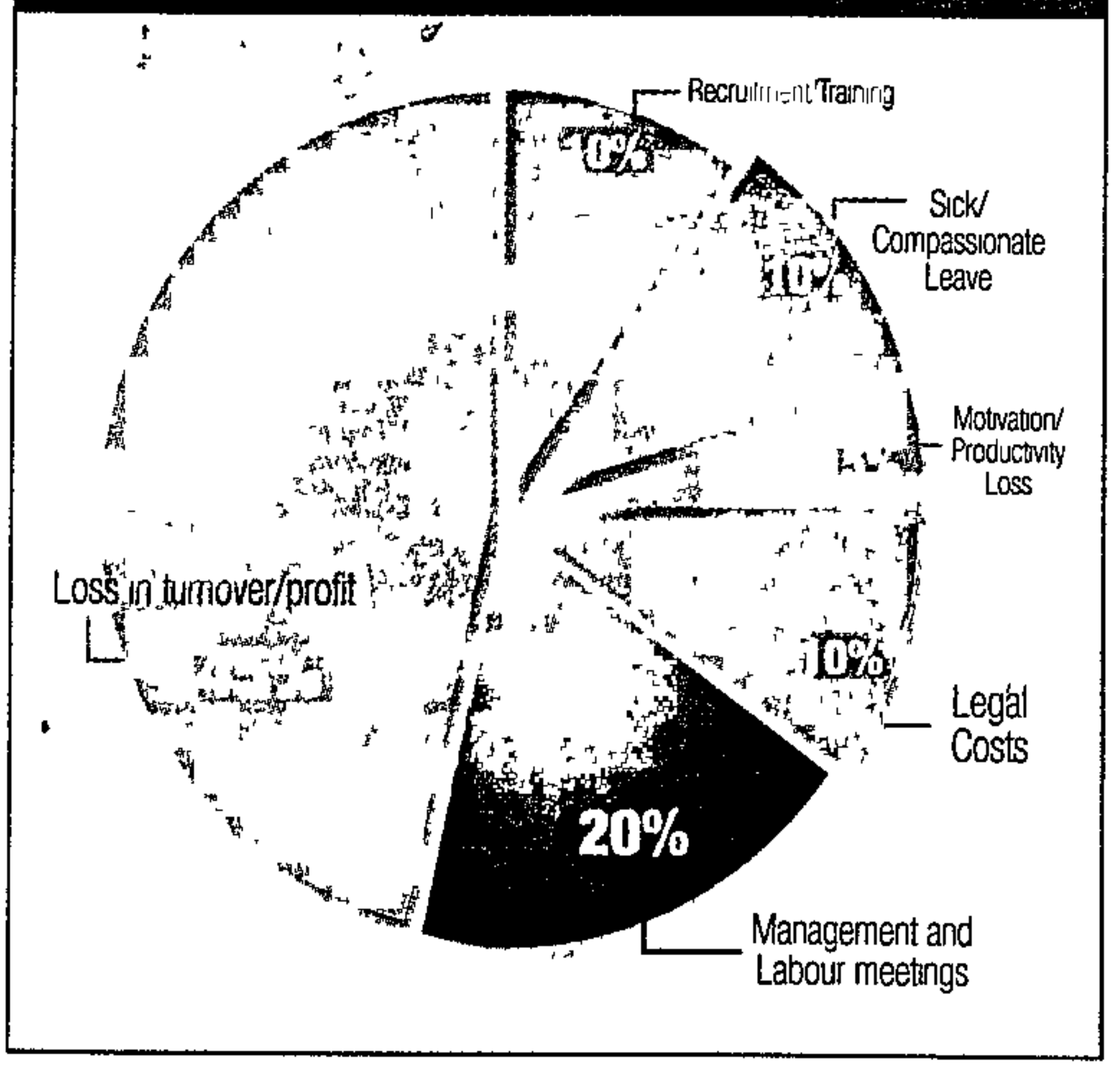
If nothing was done, he warned, 5,6 million people would be HIV-positive in five years By then, 2,1 million people would have died from Aids More than 18 percent of the workforce will be infected, he said

"Despite evidence that is accumulating on a regular basis, as well as the alarming experience of our northern neighbours, South African businesses have been fairly slow to implement interventions in the workplace to start to deal with the epidemic"

The Metropolitan-Doyle model on Aids projected that by the 2010 18 percent of the workforce would be HIV positive, there would be two million Aids orphans and the life expectancy of men would have dropped from 50 years to 38 and of women from 54 to 37 years

"Aids is the single most important strategic issue facing SA companies as they enter the 21st century What makes this even more significant is that the impact on their global competitors will be very different, with Africa hardest hit by the epidemic, followed by Asia, then Latin America Aids will have very little impact on the highly developed countries, and those where levels of education are high," Martin said

INDIRECT COSTS OF AIDS



Direct costs

Aids would bring huge cost increases for employee benefit and medical schemes

"The cost of an average set of benefits is expected to double for

☐ Operated in industries with a high exposure to HIV, such as long distance road transport

"Those who will bear the greatest financial burden due to the direct cost of Aids will be employees who have recently converted from a defined benefit arrangement, where the employer is fully responsible for increases in risk benefit costs, to a defined contribution arrangement, where increases in risk benefit costs result in a decrease in benefits," he said.

"Middle-aged members of retirement funds will have spent their youth subsidising risk benefit costs of the older members, and are likely to spend their future years subsidising the risk benefit costs of younger members, where the incidence of HIV and Aids is significantly higher"

But employee benefit schemes could be redesigned to meet member needs without a significant increase in contributions, Martin said, urging the trade union movement to take an active interest in the impact of HIV and Aids on member benefits

"Aids is a complex issue requiring the expertise of a wide range of specialists for its management. For example, the decision to implement a corporate policy on Aids, communicated as a result of the employer's concern for the health and safety of employees, may run into unexpected resistance from employee groups who feel that the intention of the employer is to discriminate against people with Aids"

He said Metropolitan's projects showed that by spending R100 000 upfront and a further R25 000 a year on Aids education, a company with 1 000 employees could save about R10 million in indirect costs over a period of 10 years, equating to a return on investment of over 50 percent a year.

"This is likely to be the best investment the company could make, even if the investment markets recover substantially"

A comprehensive approach should include

☐ Projections on the impact of Aids on the company,

☐ An actuarial analysis of the direct cost of Aids on employee bene-

northern neighbours, South African businesses have been fairly slow to implement interventions in the workplace to start to deal with the epidemic"

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Direct costs

Aids would bring huge cost increases for employee benefit and medical schemes

"The cost of an average set of benefits is expected to double for many schemes by 2005, and triple by 2010

"In schemes where the employer is fully responsible for increases in risk benefit costs, we project that this could add around 15 percent to the remuneration budget of a manufacturing company by 2005 and 30 percent by 2010 In schemes where this risk is passed onto members, life, disability and medical benefits are likely to be halved by 2005, and be one-third of their current level by 2010."

Martin told the conference that instead of younger people subsidising older members of group schemes, as in the past, by the year 2010 older members would subsidise younger members because Aids would have the highest impact on people aged 20 to 45

Schemes which would be hardest hit included those which.

☐ Offered high benefits at young ages,

☐ Had a high proportion of younger members;

☐ Operated in high-risk areas,

☐ Had poorer members ("income is a proxy for access to Aids education"),

☐ Operated in industries with a high exposure to HIV, such as long distance road transport

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Indirect costs

"The cost of Aids will be felt beyond the direct impact of the disease, and have been largely ignored by companies so far," he warned.

Indirect costs included

☐ Increased costs of recruiting and training staff because of higher rates of death and disability;

☐ Costs of additional sick and compassionate leave,

☐ The negative impact on staff morale;

☐ Costs of ensuring occupational health and safety standards were adequate;

☐ Dealing with prejudice amongst staff;

☐ Ensuring that the HIV status of staff remained confidential;

☐ Management and labour meetings to discuss the Aids crisis,

☐ Loss of turnover and profits due to the impact of HIV/Aids on clients.

Indirect costs of Aids could add a further 10 percent to the salary bill of a typical manufacturing company by 2005, and 15 percent by 2010, Martin said

"Aids is a complex issue requiring the expertise of a wide range of specialists for its management For example, the decision to implement a corporate policy on Aids, communicated as a result of the employer's concern for the health and safety of employees, may run into unexpected resistance from employee groups who feel that the intention of the employer is to discriminate against people with Aids"

He said Metropolitan's projects showed that by spending R100 000 upfront and a further R25 000 a year on Aids education, a company with 1 000 employees could save about R10 million in indirect costs over a period of 10 years, equating to a return on investment of over 50 percent a year

"This is likely to be the best investment the company could make, even if the investment markets recover substantially"

A comprehensive approach should include

☐ Projections on the impact of Aids on the company,

☐ An actuarial analysis of the direct cost of Aids on employee benefits and to suggest more cost-effective benefit structures which meet the real needs of members,

☐ Customised managed care products for medical schemes,

☐ Effective Aids intervention programmes, which meet legal and confidentiality requirements,

☐Aids education programmes,

☐ Effective treatment of sexually transmitted diseases,

☐ Human resource planning to manage the impact on productivity, training and disability,

☐ An effective communication strategy;

☐Understanding how Aids will impact on consumer markets, and the need to develop products for people who are HIV-positive, who will make up a growing proportion of the population, and

☐ Counselling for employees who are HIV positive

Businesses should not limit Aids education to the workforce, but should help with the education of the community in which the business operated, Martin said

"Whether or not one is infected by Aids, everyone will be affected by this epidemic"

Aids could wipe out death benefits

Death benefits might disappear from defined contribution schemes as a result of the Aids epidemic and may even disappear, Clive Evian of Aids Benefit Solutions has warned

At the Institute of Life and Pension Advisers (Ilpa) convention he said that in defined contribution schemes, benefits would be largely determined by the claims history

"It is expected that death benefits will be reduced in the years ahead and may even disappear from some schemes as a result of the costs of such benefits becoming too high"

Claims would start to escalate between 2000 and 2005, he said

"In higher-risk industries such as the mining industry and long-distance transport hauliers there is already a significant number of employees who have succumbed to the disease and claimed accordingly"

Bid to eradicate HIV epidemic among road industry workers

(92) Star 14/4/99

By Anna Cox

A new project aimed at eliminating HIV/Aids in the road freight industry was launched by Transport Minister Mac Maharaj in Pretoria yesterday

"Trucking Against Aids" is a joint project of the Transport Department, trade unions and the road freight industry

The road freight industry is often blamed as one of the main carriers and distributors of the disease It is estimated that one in every 10 truck drivers is HIV/Aids-positive

The project was kicked off with donations totalling R626 000 from the Transport Department, the bargaining council of the road freight industry, Engen, Mercedes-Benz and the Road Transport Industry Education and Training Board

The road freight industry has 54 000 employees Each year about 317 000 transport vehicles move into South Africa and about 335 000 out of the country

Randall Howard, secretary-general of the Transport and General Workers' Union, said one of the main causes of the transmission of HIV/Aids among truck drivers was that they were required to work long hours away from homes and families

He said it was imperative that working hours be reduced to assist in the fight against the disease

The Learning Clinic and Aids Education and Training will run the project, which is to take place in five stages

The first, which starts in May, involves training workshops for managers and people involved in the operations side of businesses

The second phase involves training-the-trainers workshops The trainers will then go out into industry and train "peer educators" who will set up mini-Aids committees in each region, comprising managers from various transport companies

The third stage will also concentrate on training peer educators

The fourth stage will take Aids education on the road A mobile training unit will be moved around truck stops, border posts and toll plazas

Stage five will concentrate on the sustainability of the project

Stages four and five are planned for later this year and are set to target both drivers and commercial sex workers

Said Maharaj "This is part of a larger initiative to mobilise sector by sector in the transport industry, using our infrastructure and organisation, for campaigns that carry the message of awareness and prevention, and to build the capacity in the industry

"It is over the fate of these truck drivers, who literally keep the wheels of industry turning as they haul goods across our country, that the trucking companies and the transport unions are going to have to make a pact to move forward together," he said

Health Minister Nkosazana Zuma said SA would be sharing its experiences with other Southern African Development Community countries and would encourage them to take similar steps

Being away from home a problem

By Anna Cox

Jaluka Chauluke, a driver from Truck Africa who has been driving trucks for the past 15 years, yesterday said many drivers on the roads knew about HIV/Aids and were careful

"These days we know about Aids But sometimes drivers drink or take drugs and they forget A project like this is a good one to remind them about Aids Aids is a killer, and if we get sick we can lose our jobs"

Chauluke drives long hours and, when doing long hauls, gets very little sleep "If we have to cross borders, we want to get there early because of the long queues," he said

A big problem was that he seldom saw his family and this was common among drivers, especially long-haul ones "Sometimes I don't get home for three weeks or a month. This happens with many drivers – that is why they look for the ladies"

Drugs, alcohol and women were readily available at most truck stops, he said

'No bias in decision on Zuma'

(92) Sowetan 14/4/99

THERE was no political pressure on the Heath special investigating unit to drop all charges against Health Minister Nkosazana Zuma, Deputy President Thabo Mbeki's office said yesterday

Mbeki's legal adviser, Ms Mojanku Gumbi, said negotiations on the action against Zuma started long before the recent public spat between the unit and Finance Minister Trevor Manuel

"There has been absolutely no pressure from us," she told journalists in Pretoria

Head of the anti-corruption unit Judge Willem Heath on Monday withdrew all action against Zuma regarding her role in the production of the anti-Aids play *Sarafina 2*

The unit last year served Zuma civil proceedings to probe allegations of negligence against her in commissioning the play that cost taxpayers more than R10 million

Opposition parties yesterday questioned the unit's move to cancel the investigation against Zuma, especially after differences between Heath and Manuel over the unit's success claims

The Freedom Front said "We want to know whether the African National Congress has put pressure on Judge Heath because Dr Zuma is being mooted as a possible candidate for the position of Deputy President"

Speaking in Pietersburg last night, FF leader General Constand Viljoen said Zuma should still be held politically accountable for the *Sarafina* debacle, even if she was not legally responsible

He called for Zuma's dismissal as a measure to ensure other ministers were kept on their toes This would also help in ensuring that that maladministration and corruption were eradicated

"If this does not happen, the current outbreak of maladministration and corruption will increase," said Viljoen

He said the ANC was conveying a wrong message by rewarding Zuma with a third place on their list of candidates, instead of taking action against her

Gumbi said Heath would never have relented to political pressure

"You know him He said himself that he would have proceeded against the minister if anyone had tried to put the slightest pressure on him to let the matter go," she said "This is the one case that he would have wanted to take to its finality"

Zuma was never involved in the signing of the contract to produce *Sarafina 2*, Gumbi said

The FF also raised questions about the fact that Mbeki's office, instead of Heath, made the announcement on the withdrawal of action against Zuma

"We merely welcomed the move," Gumbi said, adding that Heath also contributed to the Government statement by making some changes to the document before it was released

The Afrikaner Unity Movement said the decision to drop action against Zuma would not change perceptions that she had been involved in irregularities

"It will instead reinforce suspicions that the Government is trying its utmost to cover up the minister's role in the *Sarafina 2* affair Justice has to be seen to be done," the AUM said in Pretoria – *Sapa*

'Charge Zuma for refusing Aids drug'

ST 15/4/99

EAST LONDON: The Eastern Cape Pan Africanist Congress health secretary is campaigning to have Health Minister Nkosazana Zuma charged with manslaughter for refusing to give the protective drug AZT to pregnant women who carry the Aids virus.

Dr Costa Gazi, also the head of public health at Cecilia Makiwane Hospital, said thousands of lives were in the balance as a result of the policy and a similar case against a government minister denying an affordable treatment had succeeded in France in 1983.

Gazi said researchers had proved conclusively that AZT protected 50% of children born to HIV-positive mothers

Most children born with HIV died before they reached the age of six, and required intensive care, he said.

Gazi said protection was far cheaper than treatment and AZT had proved highly cost-effective.

"At Cecilia Makiwane we are convinced making AZT available is far cheaper. It is affordable treatment, never mind humanitarian."

He said the PAC was determined to take the minister to court over AZT "as this is the only way to stop her"

AZT is the first-line treatment for medical personnel exposed to the virus, and can also be given with a combination of other drugs to women who have been raped — if they can afford to pay for it themselves

Journalist Charlene Smith, who was raped over the Easter weekend, wrote in an article in the *Mail and Guardian* last week saying she waited for six hours while a supply of the drug was traced to a private hospital.

She was charged R4 000 for the treatment — Sapa

Anti-HIV drugs hold little hope for rape victims

By THEMBISILE MAKGALEMELE

Rape victims, who could be doubly victimised by contracting Aids from their assailants, look unlikely to be thrown a pharmaceutical lifeline

While a cocktail of retroviral drugs, including AZT and 3TC, is used to treat medical staff who could have been accidentally infected, rape victims must pay thousands of rands for the treatment, which reduces transmission of the virus by up to 50%

The government, which has already stated it will not provide the cocktail to pregnant mothers – despite encouraging research test results – says it cannot afford to provide hospitals with the drugs

And the manufacturer of AZT and 3TC, Glaxo Wellcome, says the drugs are not indicated as a preventive measure after a sexual assault

Khangelani Hlongwane, spokesperson for Health Minister Dr Nkosazana Zuma, said the drugs were prohibitively expensive for the government

"The pharmaceutical companies carry the moral responsibility of making the drug affordable," he said

He added that if the government had to supply AZT and 3TC for rape victims and pregnant mothers, "it would have to abandon all other programmes"

He said there was no scientific evidence to show that rape victims should be given AZT

There is further bad news for victims of sexual assault even if their attackers are arrested, they (as victims) have no right to know whether an assailant is HIV positive

Department of Correctional Services spokesperson Barry Eksteen says HIV testing for prisoners is voluntary, "but it is not our duty to reveal to victims whether people who have raped them are HIV positive"

In February, a young woman was reported to have been raped by an HIV carrier Now her retired father is faced with expensive medical bills

Another woman tested positive after she had been raped Because she was ashamed of what had happened to her, she did not tell anyone, so her employer could not make allowances when her job performance deteriorated She lost her job, has two children to support and a death sentence hangs over her

The rapist was sentenced to 10 years in prison

"AZT is the tip of the iceberg," says Sharon Fonn, research director at the Women's Health Project

She believes the departments of health and justice and the police "need to develop mechanisms to build a non-sexist society"

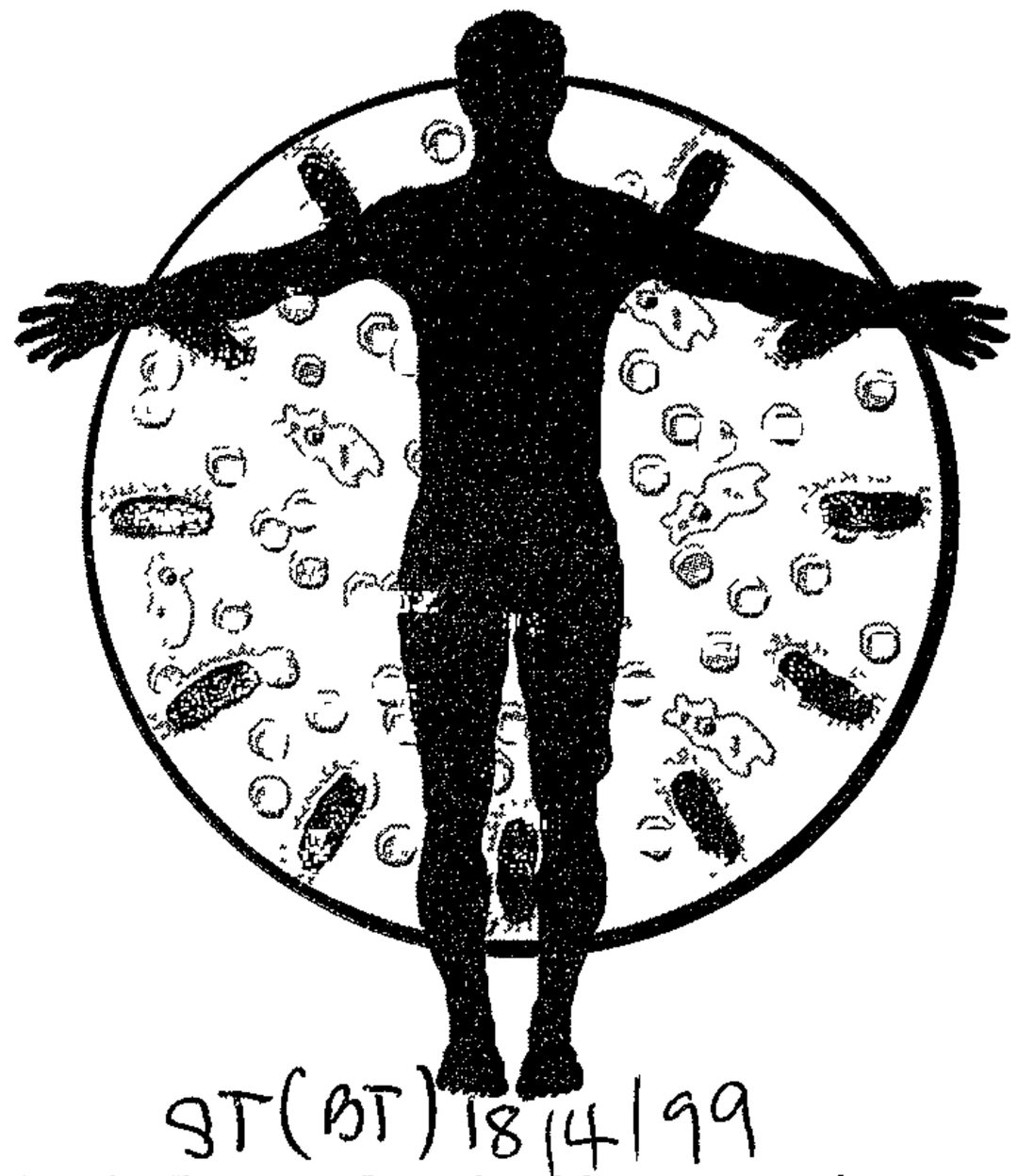
(92) Star 17/4/99

Sunday Times Business Times
April 18 1999

Medical fund fees to rocket as AIDS bites

(92) (~~277~~)

Healthy members will be forced to bear the costs unless measures are taken, writes DINA SEEGER



ST(BT) 18/4/99

MEDICAL aid premiums could soar in the next few years if health insurers and medical aid funds don't prepare for the impact of AIDS

Currently, one out of five South Africans between the ages of 20 and 40 are HIV positive, and the disease is spreading with phenomenal speed More and more sufferers will begin to depend on medical schemes for the cost of treatment

And if Health Minister Nkosazana Zuma's medical schemes Bill is passed, no medical aid fund will be able to turn away new applicants no matter what disease they have

This could cause enormous financial pressure on health schemes Healthy members will be forced to subsidise the costs of those who need ongoing HIV medical treatment and eventual hospitalisation

Dr Clive Evian, HIV consultant in association with Alexander Forbes, spoke this week at the Institute of Life and Pension Advisers annual conference on how medical schemes can look at keeping the epidemic under control

Although about 20% of SA adults are already infected, the effects have not yet been seen, says Evian We will see increasing consequences of the disease (illness and death) from next year onwards

Evian advocates managed HIV/AIDS care to keep infected members healthy in an effort to avoid high medical expenses or delay them for as long as possible

He says this can be done by providing ongoing ante-retroviral therapy, which prevents the decline in immune status and delays the onset of AIDS

Although this treatment can cost between R600 and R4 000 a month for each HIV-positive member, it may still be cheaper than providing for serious illness and hospitalisation once the disease has progressed

Evian further argues that medical schemes can save themselves money by preventing the further spread of HIV For example, many health insurers do not allow for the treatment of sexually transmitted diseases (STDs) Leaving such cases untreated increases the chances of contracting HIV by 10 to 15 times

He advocates that medical schemes allow pregnant women who are infected to claim for the drug AZT The drug can prevent the disease from being passed on to the woman's child and so avoid the cost of treating an HIV-infected child as well

He also believes medical schemes should be educating their members and providing free condoms

Evian says medical premiums will definitely rise as a result of the AIDS epidemic

Because the epidemic hasn't yet developed into the major symptomatic phase, the schemes have been going through a "honeymoon" period during which claims have not been too severe, he says

Money contacted several of the major health insurers this week to find out some of the measures they are taking against the disease

Southern Healthcare provides a computer programme to member companies The educational programme is loaded on to the company's computer system so employees can log onto any PC and learn about the disease

Barry Swartzberg, chief operating officer at Discovery Health, says the company offers a disease management programme Infected staff members are sent on regular visits to a general practitioner and an HIV specialist, and are given ongoing drug treatment Discovery encourages HIV-infected members to register with it

"The problem is that whatever we offer today, we will have to be able to offer sustainably into the future. And we cannot predict how many people will be infected in the future," he says

Swartzberg explains that while everyone gets basic treatment, employee schemes will have to pay more if they choose to insure for full HIV cover

According to Discovery, approximately one out of 20 members are HIV positive And for each member who claims R4 000 worth of treatment in one month, the other 19 members pay approximately R150 each towards this

Dr Laubi Walters, CE of managed healthcare company Pharmaceutical Benefits Management, says benefits are available to HIV-infected members

"We're facilitating health management now so that we can keep members away from hospitals for as long as possible"

He says all contributions go into one fund "pool" Healthy members continue to subsidise non-healthy members, he says

"But if we ask our healthy members to continue to subsidise HIV-infected members, they will leave the scheme," he says "Only through early detection and appropriate treatment can we provide benefits without increasing premiums"

PAC will take Zuma to court on HIV drug

(92)

ANDRE JURGENS

ST 18/4/99

HEALTH Minister Nkosazana Zuma's refusal to give HIV-positive pregnant women a drug that could save their babies is to be challenged in court.

"The minister is condemning thousands of children to death by refusing to make the drug AZT available to their mothers in state hospitals," said the Pan Africanist Congress's national secretary for health and welfare, Dr Costa Gazi

The PAC would be challenging Zuma's controversial policy decision in the High Court within the next two weeks, MP Patricia de Lille said.

Medical research has shown the drug cuts the transmission rate of HIV to babies by half if their mothers are given it late in pregnancy.

Zuma dropped a bombshell in October last year when she announced that the government would not give pregnant HIV-positive women the drug — also known as zidovudine

"It [AZT] is not cost-effective because we don't have the money," said Zuma at the time

"What will work is when people take precautions and babies are saved because men and women are using condoms"

Gazi, who is also head of public health at Cecilia Makiwane Hospital in Mdantsane, East London, said numerous appeals from doctors to the minister to reverse her policy decision had been unsuccessful

"It is morally indefensible to deny this treatment to children We have no alternative but to get the courts to change her mind," he said

"It is far cheaper to treat mothers with AZT than to treat seriously ill children when they develop AIDS"

Zuma makes doctors report AIDS patients

LAURICE TAITZ

AIDS activists are outraged by an announcement by the Minister of Health, Dr Nkosazana Zuma, that people who are HIV positive are to be forced by law to disclose their status to close relatives and sexual partners

Plans to make AIDS a notifiable disease were announced by Zuma on Friday after a two-day meeting of health ministers from the Southern African Development Community

At a joint briefing with health ministers from Namibia and Zimbabwe, Zuma said "We can't afford to be dictated to by human rights or AIDS activists We need to do what is right We want to know who is dying of AIDS, and relatives and partners must be notified. It is time we treated AIDS as a public health issue like TB We don't go about treating that with secrecy"

Among the principles adopted by the ministers was that all AIDS-related deaths would in future be recorded by health authorities

But Peter Busse, from the National Association of People Living with HIV/AIDS, said Zuma's proposal was "an outrageous suggestion"

"One can't argue that HIV/AIDS is the same as any other disease With other diseases you are not denied employment, you are not evicted from your family home or killed for revealing you are infected," he said

Busse said alternative methods of surveillance that should be used included analysing figures of HIV infection from antenatal clinics, insurance testing and blood donors.

"This approach is a radical departure from what Zuma has said up to now. It is an invasion of privacy that could be challenged constitutionally," he said

Jody Kollapen, a member of the Human Rights Commission, said. "We should not make these choices between human rights and public policy Both make their own legitimate demands. This issue needs to be approached with extreme caution One cannot ignore the prejudice and levels of discrimination directed at people who are HIV positive."

ST 18/4/99 (92)

Statement by Judge E Cameron

"TODAY I have chosen to disclose before the Judicial Service Commission that I am living with Aids.

"I have spoken out, even though legally and ethically I am entitled to remain silent, because of talk in the legal community about my health condition, which it seems best to deal with frontally

"The choice to speak is available to me for very particular reasons It is) because I have a job position secure, because I am surrounded by loved ones, friends and colleagues who support me, and because I have access to medical care and treatment that ensures I remain strong, healthy and productive

OPEN: Edwin Cameron

"For millions of South Africans living with HIV or Aids, these conditions do not exist They have no jobs, or their jobs would be at risk if they spoke about their HIV. They not only lack community support, but face grave personal danger if they do so And, most importantly, they do not have access to proper medical care and treatment.

"For them, in a still hostile climate, the choices are still strictly limited Their right to invoke confidentiality remains of critical importance to them.

"It is only by creating conditions in which people can speak out without fear that we can begin to end the silence surrounding South Africans living with Aids and HIV. It is my hope that my decision to speak today may contribute to a greater climate of openness and caring, and to the prospect of proper medical treatment, for all South Africans living with HIV or Aids.

"It would be inappropriate for me to issue further statements or to grant interviews while the appointment to the Constitutional Court, for which I am a candidate, is pending, and I will therefore not be in a position to do so "

'LIVING WITH, NOT DYING FROM, AIDS'

Support for the brave judge's sad disclosure

(92) CT 21/4/99

ORGANISATIONS championing issues affecting the legal profession, gay rights and people living with HIV and Aids welcome Judge Cameron's stand, reports **RHODA DAVIDS.**

WHEN senior advocate Norman Arendse walked down St George's Mall yesterday afternoon he did not know that the banner headline screaming "I have Aids, says Judge" referred to a friend he has known for a long time

Arendse said yesterday: "I was devastated. But I think that it is tremendous for such a person to make statement at such a critical point in his life I have always supported him and I will continue to do so."

Justice Edwin Cameron announced that he had Aids during his interview for a Constitutional Court post before the Judicial Services Commission.

He said rumours about his health had begun after he suffered a lengthy illness in 1997, but he was now "full of vigour".

"It is important for me to state that I am living with Aids, not dying with Aids. I am able to perform my present duties, and if I am given increased judicial burdens, I will be able to perform them," he said

On behalf of the Advocates for Transformation, of which Arendse is the convener, he said· "We would like to show our solidarity and support for him and we hope that he will be with us for many years to come."

Vincent Saldanah of the National Association of Democratic Lawyers said· "It saddens us to hear about his medical condition. We do not doubt, and are confident, that he will make a valuable contribution to the Constitutional Court if he is appointed "

A number of organisations from all over the country have commended the decision of Justice Cameron for his stand.

A joint statement issued yesterday afternoon by the Aids Consortium, the Aids Law Project, the Centre for Applied Legal Studies, the National Coalition for Gay and Lesbian Equality, and the National Association of People Living with HIV/Aids-Treatment action campaign said· "Justice Cameron's openness is a courageous step.

"It has been taken after careful consideration of the impact that it will have on his personal life — as well as on the lives of other people with Aids."

For many years before his appointment as a judge, Justice Cameron campaigned for human rights, equality, dignity and privacy for all people — including those with HIV and Aids.

The statement further read: "We call on all South Africans to continue to respect his right to privacy, as well as the rights of millions of others. We restate that the decision to be open about one's HIV status is voluntary

"It should only be made when a person feels safe in the knowledge that such disclosure will not lead to personal abuse, unfair discrimination and stigma."

Outrage at Mbeki's call to make Aids notifiable disease

(92)

CT 22/4/99

PRISCILLA SINGH

HIV/AIDS organisations have reacted strongly to Deputy President Thabo Mbeki's call yesterday for Aids to be made a notifiable disease, fearing an uprising of attacks on people suffering from the disease

Morna Cornell of the Aids Consortium said she found Mbeki's suggestion "appalling"

"I am deeply concerned about what we have heard, and feel it is the wrong way to go about it Unfortunately, the government has not been effective in working on the perceptions of Aids at a community level and we fear more attacks on people such as the death of Gugu Dlamini of Kwa Mashu, who was beaten to death by members of her community after confessing that she had Aids

"Is the government calling for more Gugu Dlamini incidents? Gugu Dlamini didn't die of Aids, but from discrimination."

She added that she didn't know how notifiability would be effective and justifiable, and it seemed as if the government was trying to punish those people who had the courage and the responsibility to accept the disease

"We know that in this country most people do not know their HIV status, and now people are going to be even more reluctant to come forward for testing."

Luann Hatane, provincial manager of the National AIDS Convention of South Africa (Nacosa) in the Western Cape said she didn't see what purpose notifiability would serve "It will only drive people further underground

"Confidentiality is essential and making HIV/Aids a notifiable disease is not going to tell us anything more TB is a notifiable disease, but government doesn't know any more about it in terms of a cure or better treatment What treatment options are they going to put in place for people to confess to having HIV/Aids?"

Dr Ashraf Grimwood, national chairperson of Nacosa, works closely with people living with HIV/AIDS, and said he saw on a daily basis how difficult it was for people to deal with HIV/Aids, and how they begged doctors not to reveal the information to family and employers "Government has not been to the clinics and has never been with people who have so much fear in communicating their infection to other people Notifiability of Aids is not going to curb the epidemic

"The new Constitution entrenches the individual's right to confidentiality The government's plan indicates a lack of wise strategic planning and makes a mockery of confidentiality It's complete rubbish . they (government) have got to realise that we are dealing with a huge epidemic that requires wider tactics," Grimwood said

He added that the Southern African Development Community (SADC) had done "nothing" in the past 10 years to spread awareness and curb the disease "The SADC countries have displayed a total lack of awareness of the complexities of this disease "

BID TO MAKE DISEASE NOTIFIABLE

Mbeki backs Aids disclosure

(92) ET 22/4/99

DEBATE has been stirred by the suggestion, backed by top government figures but opposed by Aids activists, that HIV/Aids should be a notifiable disease. **MARCO GRANELLI** of our Parliamentary Bureau reports.

DEPUTY PRESIDENT Thabo Mbeki has come out in support of a regional plan to make Aids a notifiable disease, in terms of which HIV or Aids-infected people would be compelled to disclose their infection

Welcoming Judge Edwin Cameron's decision to reveal that he is HIV-positive, Mbeki's office yesterday said such disclosure was necessary to help curb the spread of the epidemic

Mbeki's spokesperson Ronnie Mamoepa said a recent proposal by Southern African Development Community (SADC) health ministers to make the disease notifiable enjoyed the full support of the South African government

"Government wants to make Aids a notifiable disease so that we can then deal with the problems of Aids/HIV We know of the effects of Aids on people's lives we know of its concomitant effects on both the economy and society in general and unless we begin to speak openly about it, unless government succeeds in making it a notifiable disease we will never be able to deal with it

"There is a heavy body of opinion in government that it should be made a notifiable disease We don't think not having it notifiable helps It actually encourages people to go into the closet"

He said Judge Cameron's admission was "a step in the right direction which should encourage all other people with Aids to come out into the open so that we don't speak about Aids in secret, hushed tones"

The SADC plan to make it notifiable, thereby compelling people who contract the disease, and their physicians, to disclose it to their families and any health care workers treating them has already come under fire from human rights activists who say that compelling disclosure violates people's rights to privacy

But Mbeki's office said while it would take into account any concerns raised, the good of the country had to be taken into account.

"At the end of the day the best interest of the country must prevail Sometimes those interests might not be popular with this or that section but if it's in the best interest of the county let us then take that route," Mamoepa said

● There has been strong reaction from HIV/Aids organisations to Deputy Mbeki's call, with fears raised that there could be an increase in intimidation and attacks on people suffering with the disease

The Aids Consortium said it found Mbeki's suggestion "appalling" and the National Aids Convention of South Africa said it is unclear what benefits notifiability would hold

● See Page 3

HIV disclosure is a private affair – NGOs

By Bhungani Mzolo
Health Reporter

(92)

AIDS organisations warned yesterday after High Court Judge Edwin Cameron's disclosure that he was HIV-positive that people should not be forced into disclosing their HIV status

Judge Cameron revealed his status on Tuesday after his recent appearance before the Judicial Services Commission

Cameron said that he was able to reveal his status because he had a secure job, was surrounded by loved ones, friends and colleagues and had access to medical care that ensured that he remained strong, healthy and productive

A joint statement by the Aids Consortium, the Aids Law project, Centre for Applied Legal Studies, the National Association for Gay and Lesbian Equality and the National Association of people living with HIV-Aids said while they commended Cameron's decision, being open about one's HIV status was voluntary

"It should be made only when a person feels safe in the knowledge that such disclosure will not lead to personal abuse, unfair discrimination or stigma," the statement said

The Aids Consortium said Judge Cameron's openness did not in any way "lend support to those who are calling for compulsory partner notification or compulsory disclosure"

An estimated 1 500 South Africans are said to be infected with the Aids virus daily, while more than 3,6 million South Africans are said to be HIV-positive

However, research shows that a number of those infected with the virus are not aware that they are HIV-positive, as most have not been tested

Many Aids workers have become reluctant to encourage people living with HIV-Aids to go public about their condition after Ms Gugu Dlamini, an Aids campaigner in Durban, was murdered after her disclosure

Sowetan 22/4/99

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Namibia to declare Aids 'notifiable'

WINDHOEK: The Namibian government is to introduce a policy aimed at destigmatising HIV/Aids and laws declaring it a "notifiable" disease

Making Aids a notifiable disease compels doctors to tell their patients' close relatives and others close to them about a patient's HIV status

Health Minister Libertina Amathila said the decision to introduce the policy was taken last week by Southern African Development Community health ministers who resolved that HIV/Aids be treated as a public health epidemic.

Relatives and partners would be given counselling to support rather than shun the patient

Only by destigmatising the disease could an onslaught against HIV succeed, she said. More than 150 000 of the country's 1,7 million people have the virus

WORLD'S THIRD HIGHEST RATE OF HIV INFECTION

Swaziland faces crisis

CT 23/4/99 (92) (92)

MBABANE: With the constant flux of migrants between SA and other Southern African countries, the Aids problem is of growing concern.

ALTHOUGH Swaziland, with a population of less than one million, has the third-highest rate of HIV infection in the world, its government has been slow to deal with the problem.

More than 300 000 Swazis are already living with HIV and it is estimated that between 2000 and 2015, 30 000 to 40 000 people will die of Aids each year, according to a recent Unicef report

"Aids has already caused a marked increase in mortality and morbidity, driving up healthcare costs and increasing demand for services, while large numbers of skilled personnel in public and private sectors are dying," says the report.

"There is no preparedness within government, which has a false sense of security that the ministry of health and social welfare is taking care of the issue."

Three to four of the country's teachers die each week In manufacturing five skilled workers die weekly, the report said.

The Swaziland epidemic is worse than in many other countries because Swaziland is so small and because there has been a limited response from the government Almost no studies have been done on the effects of HIV/Aids and very little money has been allocated for research.

The report estimates there will be 112 000 orphans, 22% of children under the age of 15, while 20 000 to 25 000 (four to five percent) of children in Swaziland are infected

The cost of failing to develop a comprehensive strategy is enormous, including a loss of productivity, social unrest from marginalised children, high disease burden, an over-stretched health service and job losses because of Aids-related diseases such as TB

The report indicates that there are many barriers to effective control, one of them being denial.

Most people, including policy-makers, are unaware that almost one-third of the population is infected There is also inconsistent support for HIV-positive people who have revealed their status to help educate the population

A comprehensive plan to fight the disease still has to be drawn up.

Among the hurdles facing an effective policy are women's low status, widespread poverty and the dependence of rural households on remittances from migrant workers

In response to the report Swazi Health Minister Phetsile Dlamini yesterday said a national committee had been established to review Aids strategies. — AIA, Independent Foreign Service, Sapa

Cabinet ministers could have AIDS

Based on the national infection rate, three or four of SA's decision makers could be infected

(92) ARG - 24/4/99

BRAVE Judge Edwin Cameron s announcement has been applauded by AIDS activists in South Africa

CHENÉ BLIGNAUT

AIDS activists believe several senior cabinet members are HIV positive and would have to disclose their condition if AIDS were made a notifiable disease

High Court judge Mr Justice Edwin Cameron caused shock waves this week when he announced before the Judicial Ser vices Commission that he had AIDS

He said he hoped his decision to go public with his disease would encourage others to become more open "I think one should commit oneself to openness."

He said South Africans "from the upper reaches of government to all sectors of society" were living with the disease

Based on the national infection rate, one in seven senior cabinet members could be HIV positive or have AIDS, said AIDS activists

That means three or four of the 27 national cabinet ministers could be infected and could be forced to disclose their condition if the disease were made notifiable, as Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma have proposed.

Peter Busse, director of the National Association of People Living with HIV/AIDS, said, based on the given statistics for the disease, there could be "no debate" that some senior members of the cabinet had AIDS

Morna Cornell, director of the AIDS Consortium, said "If you assume that the Cabinet is representative of the country and you look at the national infection rate, you can assume that a certain number of cabinet members are infected, whether they are aware of it or not."

Between three and four million South Africans are believed to be living with the disease.

This week Mr Mbeki came out in support of a southern African regional plan to make AIDS a notifiable disease, enraging AIDS and gay rights activists.

Mr Mbeki's spokesman, Ronnie Mamoepa, said the Government fully supported the proposal by Southern African Development Community health ministers The ministers believe forced disclosure will help curb the spread of the epi demic

Dr Zuma has previously called for for AIDS to be made notifiable.

AIDS and gay rights activists welcomed Judge Cameron's "courageous decision to disclose his condition. They said his disclosure would help create a climate of openness.

But they were vehemently opposed to forced disclosure, which, they said, violated privacy and could lead to widespread refusal by potential AIDS sufferers to be tested.

They said it could lead to more killings like that of Gugu Dlamini of KwaMashu, who was beaten to death after disclosing she had AIDS

Judge's disclosure will help fight holocaust against the poor

(92) ARG 24/4/99

CHENÉ BLIGNAUT

Mr Justice Edwin Cameron's brave decision to admit that he has AIDS could help shatter the prison of silence that surrounds millions of other South Africans, say AIDS activists

He is the first high-profile person with AIDS to talk openly about his condition in a country with one of the fastest growth rates of the disease Between three and four million people in South Africa are believed to be living with HIV or AIDS

"For me as a person living with AIDS, the fact that an individual who is very prominent in the state apparatus and society has chosen to live openly with AIDS is a shining example that we can lead healthy and productive lives if we have access to medical treatment," said Zackie Achmat, director of the National Coalition for Gay and Les bian Equality and a friend and former colleague of Judge Cameron.

Mr Achmat said the judge's announcement sent a clear message to "every South African to learn to accept your brothers, sisters, mothers and selves with AIDS"

High-profile people, who had the choice of speaking out because they had job security and the money for treatment, had "an even greater responsibility to disclose their condition when they are ready"

Not only would they benefit from their disclosure, but it would make life lighter for the millions of sufferers who did not have that choice, he said.

Mr Achmat said from his experience the decision to talk about the disease was personal and very difficult "The configuration of bad things that can happen to you when you talk about it is unbelievable."

But the tremendous sense of relief of "breaking free from the prison house of silence that surrounds us" and ending the "immense loneliness" made it worthwhile, he said.

"Once you've spoken about it, it becomes other people's problem Their prejudice is their problem and it is easier to cope with this than to live your entire life in fear," said Mr Achmat.

As an African National Congress member, he knew of colleagues who had "contributed so much to the liberation of our country" who had died of AIDS

Mr Achmat's message to society and others with AIDS was "Be aware that AIDS is not a death sen tence and that it is possible to live and enjoy life with it. The only reason we die is that we are poor AIDS is the holocaust against the poor"

AIDS activists who advised Judge Cameron about his announcement said his decision was not taken lightly

It was the culmination of a long process involving informing his friends, family and colleagues first, said Peter Busse, of the National Association of People Living with AIDS The timing of the announcement was also considered carefully

"I advised him not to do it during the interview before the Judicial Services Commission because I was worried it would send out the mes sage that people only needed to speak out during job interviews," said Ms Cornell, of the AIDS Consortium.

"He decided to speak out among his peers as a signal to them that it is an important issue and that they need to think about it too," said Ms Cornell.

Shock AIDS test result at varsity

Nearly a quarter of the students surveyed in a random AIDS test at Durban-Westville University are HIV-positive

PREGA GOVENDER

NEARLY a quarter of the students surveyed in a random AIDS test at Durban-Westville University are HIV-positive

A shocking 88 of the 385 students who took the saliva test were found to be HIV-positive — and 65 of the 88 are women

At an urgent meeting of the university council last Saturday, it was unanimously agreed that the university would pay for blood tests for any student who wanted one

The university's vice-chancellor, Professor Mapule Ramashala, and deputy vice-chancellor, Dr Simon Kekana, urged the students who took part in the survey to have blood tests and engage in safe sex

At an upcoming senate meeting, Ramashala will table a proposal calling for AIDS education to become a compulsory part of the university's curriculum

As part of its AIDS initiative, the university has also invited Gauteng High Court Judge Edwin Cameron — who this week publicly disclosed that he has AIDS — to address students

While acknowledging that irresponsible attitudes to sex on campus have to be changed, the university has also resolved to install condom-dispensing machines on campus

Kiru Naidoo, the university's director of public affairs, said the survey showed that the university was not an "ivory tower" immune to the everyday problems facing the rest of society

Naidoo said the study was commissioned by the university's registrar, Professor Alan Brimer, following a council meeting last November

"Random, anonymous saliva tests were conducted by the university's resident doctor and the samples were sent to a laboratory for analysis," he said

Naidoo said the university was determined to undertake further HIV studies to get a more accurate profile of HIV infection on campus

"But we are satisfied that the results give us some sort of indication of the extent of infection," he said

Another KwaZulu-Natal university, the University of Natal, has also commissioned a study on HIV and AIDS

Professor Alan Whiteside, director of health and HIV and AIDS research, said the university "had the foresight to commission a study looking at the potential impact of AIDS on the university The study is in draft form and we will be sharing the results and methodology with other institutions in due course For the purpose of this study, it was not necessary to test students or staff "

Professor Alan Smith from the University of Natal's virology department, said saliva testing had proved to be fairly accurate "Although it may not be as accurate as blood tests, when the testing is done on a fairly large number of subjects it's enough to get statistically valid results," he said

Alarmed at the spread of AIDS on campuses, a body controlling the country's 36 public universities and technikons has sent out a circular asking members to outline how they are dealing with the disease

Time to face the truth about AIDS

(92) CP 25/4/99

AS THE spread of AIDS in South Africa reaches epidemic levels what the campaign desperately needs is a prominent representative Now it has just that

High Court judge Edwin Cameron, who is also a leading human and gay rights activist, has publicly disclosed that he is living with the Human Immunodefficiency Virus (HIV), which causes AIDS

He is the first prominent person to do so in a country with one of the world's fastest growing epidemics

"The choice to speak is open to me because I have a job position that is secure surrounded by loved ones and access to health care," says Cameron, who has long openly declared his homosexuality

"For millions of South Africans living with HIV or AIDS, these conditions do not exist They have no jobs, or their jobs would be at risk they face grave personal danger if they do so"

One in eight South Africans are living with HIV in South Africa, a figure which translates into 3,6 million of the country's 40,5 million people

The virus is spreading at a rate of 1 500 new infections every day

This may be a gross undercount According to a UNAIDS report, less than 10 percent of all the people with HIV in Africa have been tested and know their HIV status

Activists warn that there is widespread ignorance about the nature and extent of the epidemic among ordinary South Africans and a strong stigma attached to those who have it

In fact, the HIV test is widely associated with discrimination and a loss of civil rights

Admitting to having the HIV virus can mean a death sentence, as recently happened in the worst affected province, KwaZulu-Natal, where an activist was killed by members of her community because they felt she had brought shame to the community

"I hope this will go a long way to getting this epidemic out in the open where it can be dealt with," writes Angus, a concerned South African, to an Internet discussion forum seeking opinion on Cameron's move

"My domestic worker is very ill – so ill that she cannot work any longer She is going to die a lonely, painful death

"She has not gone for treatment or diagnosis because she knows that she will be killed if word gets out that she is HIV positive," says Angus

Musa Njoko, an activist who is also HIV positive, says she is currently living in fear following threats on her life by groups within her community

But South Africa cannot afford to kill those who openly set out to deal with a disease that is still shrouded in secrecy

HIV prevalence among pre-natal clinic attendees has increased 20-fold over the past eight years, notes the UN Development Programme

Projections of the path of the epidemic suggest that it will reach almost 25 percent of the population by 2010, presenting the biggest challenge to government

"The secrecy that surrounds HIV/AIDS in many communities makes efforts to deal with the infection, extremely difficult," notes UNDP.

South Africans hope that Cameron's move will contribute to opening up the topic in a country where high rates of HIV prevalence are already beginning to reinforce and deepen underdevelopment

UNDP says it is clear, for example, that the formal health system will not be able to cope with the increasing demand and South Africa cannot wait until the system collapses before it deals head on with HIV

More than half of new tuberculosis cases being reported in South Africa are attributable to HIV

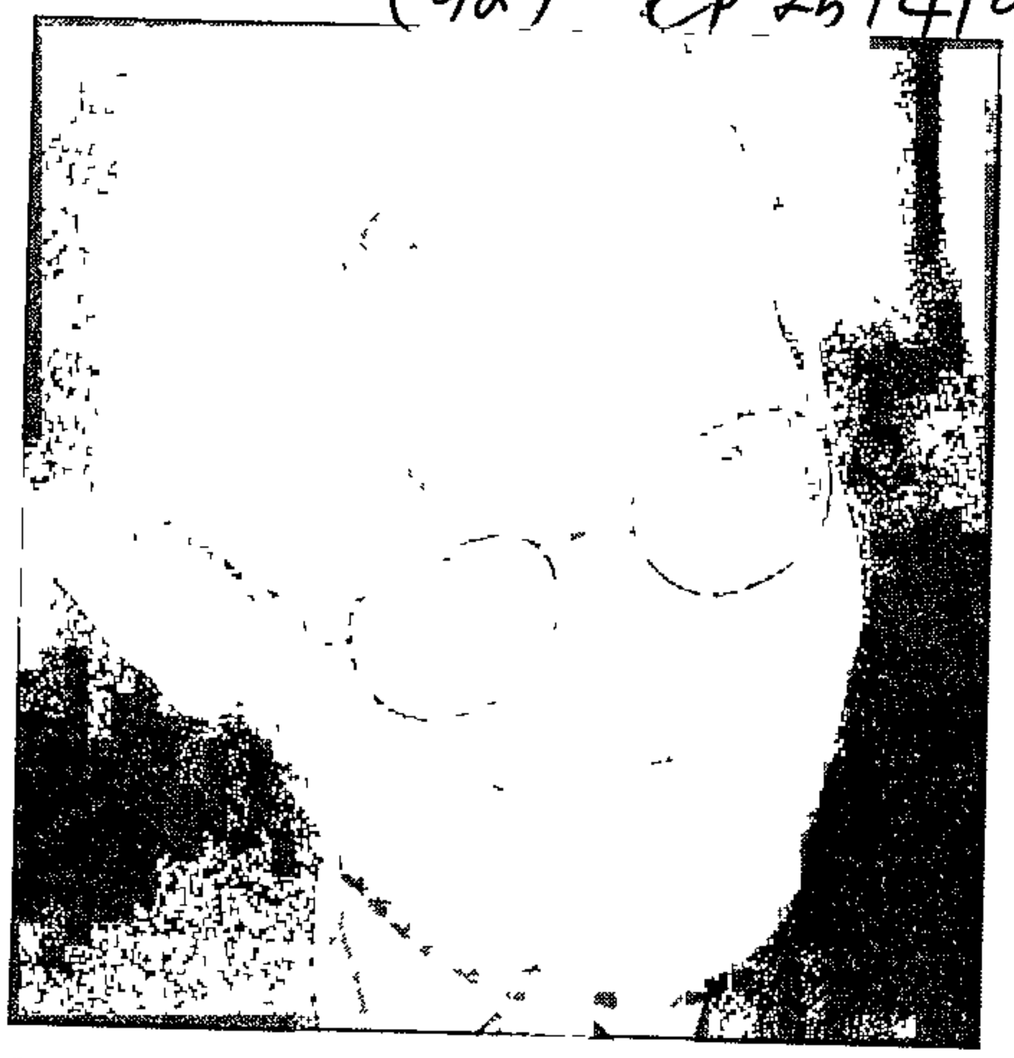
Already HIV is having an incremental impact on the gross domestic product, although it is not yet discernible

It is estimated that growth rates will plummet from 3,2 percent to 2 percent per annum

Life expectancy is projected to fall from the expected 68 2 years in the absence of AIDS to 48

Southern Africa is the most affected region in the world, with Botswana and Zimbabwe having the highest prevalence.

"It is only by creating conditions in which people can speak out without fear that we can begin to end the silence surrounding South Africans living with AIDS and HIV," says the Johannesburg-based AIDS Consortium, which groups more than 100 organisations which Cameron helped establish – Sapa-IPS



BREAKING THE SILENCE ... *High court judge and leading human and gay rights activist, Edwin Cameron*

Making Aids a notifiable disease hailed

Star 26/4/99

Health Minister Nkosazana Zuma's decision to make HIV/Aids a notifiable disease – announced and published in the *Government Gazette* on Friday – was met with praise from political parties yesterday

The new amendment to health regulations, to be passed in three months, would compel health workers to disclose the status of Aids patients to government officials, the patient's immediate family and those providing care to the patient

Aids activists, however, felt the amendment would drive the epidemic underground and dramatically increase the country's already spiralling infection rate, *The Sunday Independent* reported

The activists said the new regulations also contravened the principles of confidentiality and anti-discrimination set out in the 1994 national Aids plan, which was accepted by the Cabinet

New National Party spokesperson Juli Kilian said the move was a step in the right direction. "Human rights of HIV-positive people cannot weigh more that the rights of HIV-negative people," she said

For example, health workers who knew a patient's HIV status could take precautions in protecting themselves from infection. Rapists should also be forced to undergo HIV tests and their victims should be informed about the results

"HIV-positive people who are aware of their status and who get involved in rape should also be charged for attempted murder," Kilian said

Inkatha Freedom Party health spokesperson Dr Ruth Rabinowitz said the regulations were meant to encourage openness and responsibility but HIV-positive people were not going to be publicly exposed. "The laws are going to be strict on non-disclosure," she said

Responding to criticism from Aids activists, Rabinowitz said people with Aids were not opposed to notification

"With notification and going public, it is intended that HIV-positive people will get more support from others, and we believe this is a responsible step," she said

The more people were open about their status, the less stigma there would be

Freedom Front health spokesperson Ben van der Walt said notification was to society's advantage, and PAC spokesperson Dr Costa Gazi said it would convey to people the seriousness of the disease – Sapa

Parties support making HIV/AIDS notifiable (92)

POLITICAL parties yesterday praised Health Minister Nkosazana Dlamini-Zuma's decision to make HIV/AIDS a notifiable disease

The amendment to health regulations, published in the Government Gazette on Friday, would compel health workers to disclose the status of AIDS patients to government officials, patients' immediate families and health-care providers

New National Party spokesman Juli Killian said "Human rights of HIV-positive people cannot weigh more than the rights of HIV-negative people " Rapists should also be tested for HIV, she said "HIV-positive people who are aware of their status and who get involved in rape should also be charged for attempted murder "

Inkatha Freedom Party health spokesman Ruth Rabinowitz said HIV-positive people were not going to be publicly exposed "The laws are going to be strict on non-disclosure Health workers must understand that they will be prosecuted if they divulge confidentiality "

Freedom Front health spokesman Ben van der Walt said notification was to society's advantage

Pan Africanist Congress spokesman Costa Gazi said notification would convey the seriousness of the disease to people and help prevent its spread —Sapa

BD 26/4/99

Minister's AIDS plan under fire

BD 28/4/99 (92)

Move to inform relatives 'equal to discrimination'

Christof Maletsky

WINDHOEK — Namibian Health Minister Libertina Amathila came under heavy fire from organisations dealing with HIV/AIDS for a regional plan to inform close relatives of the health status of infected people with the virus

In SA, opposition political parties have thrown their weight behind Pretoria's move to make the disease notifiable

A Windhoek human rights lawyer, Michaela Figueira, who has been involved in several cases dealing with discrimination against people with HIV/AIDS, has lashed out at the plan to make HIV/AIDS a notifiable disease by calling the move a knee-jerk reaction that had not been properly thought through

Similar reaction also came from the Namibia Network of AIDS Service Organisations, an umbrella body of about 38 nongovernmental organisations working with the AIDS issue in Namibia, who expressed dismay at the decision

The body said such a move was'equal to discrimination "They can just as well decide to set up a camp where all infected people will be locked up The decision is just out of order," said a spokesman

Figueira said Amathila's plan would be counterproductive and would only succeed in driving the AIDS epidemic underground

When faced with the prospect of having close relatives and partners informed when a person tested positive for HIV or AIDS, people would simply not go for testing because of the fear of retribution and discrimination once their status became known, Figueira argued

"This is not going to work It's going to make it worse by creating a false sense of security," she said

Instead, Namibians should be educated about the ways in which HIV was transmitted and should learn to treat everybody as if they had HIV, be it with regard to sex or blood contact or other situations in which HIV could be transmitted.

The only way to curb the spread of AIDS, she said, was to make people feel safe about going public about their HIV/AIDS status For that, education addressing the existing prejudice against people with HIV/AIDS was still needed

"You can't legislate to make HIV/AIDS acceptable This is the wrong approach The right way is to educate people about HIV/AIDS, that it is not a crime or wrong to have HIV," Figueira said

As it was, medical doctors already had the right to inform the partners of HIV-positive patients of their status if, in their opinion, there was a danger that the patient could transmit the virus to the unknowing partner, Doctors, too, had to be educated about this avenue that was open to them and the duty that rested on them, Figueira said

Amathila's proposal would bring a conflict between the interests of public health and of the privacy of the individual to the fore, she said

In this regard, research quoted by the American Civil Liberties Union AIDS Project had shown that public health measures which respected the privacy of individuals who tested positive for HIV were a more effective means of fighting the spread of HIV than measures such as reporting HIV/AIDS cases by name

Protest over AZT held at drug company

Sowetan 28/4/99

By Bhungani Mzolo
Health Reporter

SEVERAL Aids organisations are to stage a demonstration today outside the head office of Glaxo Wellcome, the pharmaceutical company that manufactures the anti-Aids drug AZT

The one-hour protest – between 1pm and 2pm – has been organised by Treatment Action Campaign (TAC)

TAC has written a letter to Glaxo Wellcome asking for answers to

- The real cost of the production of AZT,
- The percentage reduction of price that the company has offered the Government,
- The length of time for which this reduction is being offered;
- What profit the company would make on AZT at the rate it is offered to Government, and
- Whether, in view of the national emergency posed by HIV-Aids, and the scale of the epidemic among babies, the company would make AZT available at cost price to all pregnant women with HIV (92)

TAC spokeswoman Sharon Ekambaram said they would also meet with Health Minister Dr Nkosazana Zuma

"We hope to persuade the minister of the joint responsibility – of Government and private pharmaceutical companies – to take urgent steps to introduce access to drugs that reduce mother-to-child transmission"

The health minister has said that calls to have AZT available to pregnant mothers should be directed at companies who are making the drug unaffordable

Meanwhile, Glaxo Wellcome announced yesterday that it would give 5 000 HIV combination therapy "starter packs", worth almost R1 million, to dispensaries throughout the country

The packs, which also contain AZT, are specially designed for healthcare workers who have been exposed to HIV through "needle-stick" injuries or other accidents

"The initiative is a response to concern about healthcare workers' access to drugs" the company said

Mbeki wants lower price for anti-Aids drug

(92) Star 29/4/99

Price drop would enable the state to make it more affordable

IAN HORN

Taking it to the bosses . demonstrators outside the head office of Glaxo Wellcome, sole distributor of the anti-Aids drug AZT, in Midrand yesterday

By Marco Granelli and Vivian Warby

Deputy President Thabo Mbeki has added his voice to mounting calls for the manufacturers of the Aids drug AZT to lower the price of the treatment.

Mbeki's office yesterday said the Government would provide the drug to pregnant HIV positive women if the manufacturers made it affordable.

"It is incumbent on the pharmaceutical companies to reduce the cost and price of AZT, and therefore the calls for AZT to be made available should be directed at the pharmaceutical companies

"As long as it is only available at exorbitant prices, it makes it impossible for Government to make it available to ordinary people," he said.

Speaking shortly before the start of an AZT demonstration outside the Midrand head office of pharmaceutical giant Glaxo Wellcome, the sole manufacturer of AZT, Mbeki's spokesperson Ronnie Mamoepa said the deputy president had expressed the hope that people would join the chorus for the manufacturers to drop their prices and "lend their weight in the campaign to fight the spread of Aids"

Mbeki said criticism of the Government on the issue was misplaced

"The problem lies not with Government The problem lies with pharmaceutical companies' exorbitant prices on the drug, thus making it impossible for Government to make it available.

"As part of their commitment to fighting the spread of the disease, let them reduce the price in a manner which will allow Government to afford the drug and make it available."

Meanwhile, Glaxo Wellcome said it was already offering the drug at a significant discount to many developing countries, including South Africa.

While all fingers were pointing at Glaxo yesterday, it called on other players in the healthcare sector to improve access to drugs for HIV positive people. This included medical aid schemes

Glaxo said that already 30% of SA's medical schemes had indicated they were willing to cover Aids treatment.

"A big problem with the drugs is not only the cost, but that the state is not supplying them and also that medical-aid schemes are not covering them," said Glaxo

The company said it could provide AZT to be used for pregnant women for 25 days – a study to this effect in Thailand showed it reduces the transmission of HIV by 50% from mother to child – for R400

A starter pack of AZT and 3TC, designed specifically for health workers who have been exposed to HIV goes for R170

Glaxo announced earlier this week it would give, free of charge, 5 000 starter packs to dispensaries throughout the country

Studies have found that a healthcare worker exposed to the virus would have to undergo a 28-day treatment of the "cocktail", but the starter pack includes only three days' worth. The continued treatment would cost between R1 400 and R3 500

The demonstration in Midrand was organised by Aids activists from the Treatment Action Campaign.

Mark Heywood, head of the Aids Law Project at the University of the Witwatersrand, said it was necessary to bring home to Glaxo Wellcome the urgent state of affairs

"We are not the Government's friend on this issue, but Glaxo Wellcome could be doing more to make AZT available at cost price. We are fighting for the interests of people living with HIV and for those HIV positive women who are pregnant," he said.

Demonstrators, carrying banners with slogans such as "Put life before profits" and "Fight for affordable treatment for Aids/HIV", chanted slogans outside the Glaxo offices.

In a letter addressed to the company, the group asked questions such as whether the current price reduction offered by the company to the Government was unconditional, or whether it was linked to a request for a preferential agreement once the AZT patent expired.

In a responding letter, Glaxo Wellcome South Africa's chief executive officer, Bill Collier, said Glaxo had been negotiating with the Government for the past two years around reducing the price of AZT and other HIV treatments.

"The company is offering the Government a 70% reduction on the world price of AZT This offer is unconditional and not dependent on quantities the state buys or any preferential arrangement after the patent expires in 2006"

▶ Aids and the election
Page 17

Mbeki calls for cut in price of AZT

PRETORIA — Government would be willing to supply the anti-AIDS drug AZT to AIDS sufferers and others if its price was cut, Deputy President Thabo Mbeki's office said yesterday

"To enable government to make the drug available, pharmaceutical companies must reduce the cost and price of AZT," said spokesman Ronnie Mamoepa. "The onus is on them," he said

Several organisations staged a campaign last week urging government to make anti-AIDS drugs available to rape victims

They argued that a combination of AZT, 3TC and Crixovan reduced chances of HIV infection if administered within 24 hours of rape and taken for 20 days

AZT is also claimed to be effective in reducing the risk that babies born to infected mothers will themselves contract HIV

Mamoepa said calls for AZT to be made available should be directed at pharmaceutical firms making the drug

"The problem lies not with government but with the exorbitant prices companies charge for the drug

"Our understanding is that you pay R400 for the initial test kit From then onwards you pay exorbitant prices," Mamoepa said

"As part of their commitment to fight the spread of AIDS, firms must reduce the price so government can buy (AZT) and make it available," he said —Sapa

(92) BD 29/4/99

American AIDS activists back SA over cheap drugs

Mbeki denies 'bullying' by Al Gore

(92) ARG 29/4/99

Health Minister Nkosazana Zuma's bid to get cheaper medicines, including the anti-AIDS drug AZT, has triggered a row between American consumer rights groups and the US government.

DI CAELERS

HEALTH WRITER

Now Deputy President Thabo Mbeki has entered the argument, denying his opposite number, Vice-President Al Gore, has been "bullying" South Africa over the issue.

At the centre of the row is Health Minister Nkosazana Zuma's Medicines and Related Substances Act, which seeks to widen access to medicines by allowing cheaper "generic" substitutes for expensive patented drugs.

Washington press reports said Mr Gore, as head of the US-South Africa Binational Commission, had pressed South Africa to not use some of the trade powers of the act, which US officials and drug manufacturers argue violate patent rights

Consumer activists and AIDS groups in the US accuse Mr Gore of putting the interests of drug companies before the welfare of AIDS victims.

Passed in December 1997, the act has not yet been promulgated and is being challenged in the High Court by 42 applicants, mostly parent companies and local subsidiaries of international pharmaceutical firms.

US drug-makers are quoted in the US as saying it goes too far in giving officials broad authority to ignore patents necessary to protect their research.

The issue has been brought into focus by concern for pregnant women with HIV, for whom the Government at present will not provide AZT, even though studies have shown it helps prevent the transmission of the virus from mothers to their babies.

Mr Mbeki's spokesman, Ronnie Mamoepa, said this week that the South African and American representatives of the binational commission "meet as equals"

He said the Government's position on the new law was clear; it did not want to undermine patent or intellectual property rights.

"The aim is to access these very patented drugs at cheaper costs," he said.

The act proposes that pharmacists be compelled to offer patients generic alternatives when they present a prescription.

It also proposes that price discrimination be prohibited and replaced by "single exit" pricing to prevent discounts

This pricing would be determined by a pricing committee.

Clause 15(c) would permit parallel importation of drugs, which means the Health Minister could authorise the importation of some branded products sourced from overseas, without authorisation from the South African patent- or trademark holder.

Press reports in the US said that according to a US State Department report, "US government agencies have been engaged in full court process with South African officials

"This is to convince the South African Government to withdraw or amend the offending provisions" from the law.

The report, sent to Congress in February, has outraged consumer activists and AIDS lobby groups in the US.

"(Mr) Gore is representing the profit-glutted pharmaceutical industry, using the facilities of the US government to browbeat the South African Ministry of Health," consumer activist Ralph Nader is quoted as saying

A spokesman for Mr Gore responded that the vice-president was working to help AIDS patients by making sure drug companies maintained profit levels to develop new AIDS medications

"(Mr) Gore and Mr Mbeki are committed to working together to chart a course that will meet the medical needs of those infected with HIV or AIDS, without cutting off the commercial incentives that fuel medical research in the first place," the spokesman is quoted as saying.

Khangelani Hlongwane, Dr Zuma's spokesman, said the new legislation was important, particularly now, in the light of the enormous pressure on the Government to supply AZT to HIV-positive pregnant women.

"It impacts directly.

"When Dr Zuma introduced the legislation aimed at bringing down the cost of medicine, everyone said she was crazy, but then they suddenly expected her to find the money to pay up for AZT."

Mr Hlongwane said it was not clear at this time when the controversy around the law would be settled, but the Health Ministry was "not going to back down".

"Our demands are reasonable ones and it is a pity that it takes the American public to realise it," he said.

NEW HOPE FOR HIV-POSITIVE MOTHERS

Govt shifts stance on Aids drug

THE GOVERNMENT is softening its stance on the controversial anti-Aids drug AZT that could save the lives of thousands of new-born South Africans. **JUDITH SOAL** and **MARCO GRANELLI** report.

FOR the first time since cancelling Aids treatment projects last year, the government said yesterday it would provide the anti-Aids drug AZT to pregnant women if the price of the drug was reduced

As Aids activists demonstrated outside the Gauteng office of Glaxo Wellcome, the company that manufactures AZT, Deputy President Thabo Mbeki's office threw its weight behind their campaign.

"If the price is reduced we will have no problem with the treatment," said Mbeki's spokesperson Ronnie Mamoepa "But it is for the pharmaceutical company to act As long as (AZT) is only available at exorbitant prices it makes it impossible for government to make it available to ordinary people"

Health Minister Nkosazana Zuma will tomorrow meet members of the Treatment Action Campaign, which lobbies for affordable treatment

Zuma and Aids activists have long been at loggerheads over whether or not the country can afford to provide AZT to pregnant HIV-infected women, a treatment that can cut, by half, the likelihood that these mothers will pass the virus on to their babies

Last year the minister cancelled AZT pilot projects, saying the government could not afford the R80 million the programme would cost nationally Health economists point out it is cheaper to spend this money now than to provide health services for the thousands of children whose HIV-infection could have been avoided But until recently the two sides have been talking past each other

Now it seems they could join forces to tackle the international pharmaceutical companies

Zuma's special adviser Ian Roberts said yesterday he had asked Glaxo Wellcome to make the drug available at its manufacturing cost

"If they really want to benefit South Africa and show they are concerned about the Aids crisis they should give it to us as cheaply as is possible After all, they have made their money on this drug already," Roberts said

But Glaxo Wellcome prefer to steer discussion away from manufacturing costs

"When it comes to pricing pharmaceuticals you have to look at the value of the drug, not what it costs to manufacture," said spokesperson Vicki Ehrich

"If the manufacturing cost was five percent cheaper than we are offering, would it be as affordable as if it was half the price?"

Ehrich said Glaxo Wellcome had offered the government a 70% discount on the retail price in developed countries

"We are offering the lowest price anywhere in the world and we are still negotiating We have asked them to name a price but they haven't given us a response"

Although attention is focused on the price of AZT — R400 for each woman — health workers know there are other costs to consider

"At the moment the drug makes it unaffordable," said Roberts "But even if it was offered to us free tomorrow we couldn't implement immediately"

For the programme to work, all pregnant women going to antenatal clinics need to be counselled and tested for HIV

Those who are positive need to be offered a three-month course of the drug and given formula feed to replace breast milk

"If AZT was affordable then we could work out systems and structures to roll out the rest of the treatment," said Roberts "It is a tricky initiative and we have to make sure it is available to all women, but at the moment the drug is the main barrier"

Aids activists obviously agree with the government, hence yesterday's protest, the first to focus on drug companies

Mark Heywood, head of the Aids law project at the University of the Witwatersrand, said it was necessary to bring home to Glaxo Wellcome the emergency state of affairs

"We are not the government's friend on this issue, but Glaxo Wellcome could be doing more to make AZT available at cost price We are fighting for people living with HIV and for those HIV-positive women who are pregnant"

SA cannot afford Aids campaign to become political football

(92) Star 29/4/99

Epidemic has reached crisis levels and, although Nkosazana Zuma has not always made popular decisions, differences should be dropped in the national interest

By Anso Thom
Health Reporter

Like crime and unemployment, Aids has become an election issue.

Many parties have included in their manifestoes strategies on how to address the growing epidemic.

And with Aids soon becoming a notifiable disease, the country will hopefully soon have a clearer picture of the epidemic. Until now, SA could rely only on the statistics gathered at ante-natal clinics But this figure is enough to form a good idea of the extent of the epidemic.

It is estimated that by the end of last year, 22,8% of women at ante-natal clinics at public health facilities were infected with HIV – 33% up on the previous year

This is in stark contrast to March 1994 when then minister of health Dr Rina Venter said 3 071 Aids cases had been reported since the epidemic started in 1983, with 1 188 cases diagnosed in 1993.

Recent estimates are staggering – 200 000 children orphaned by Aids and 1 500 people infected with HIV every day This is equivalent to 550 000 new infections every year.

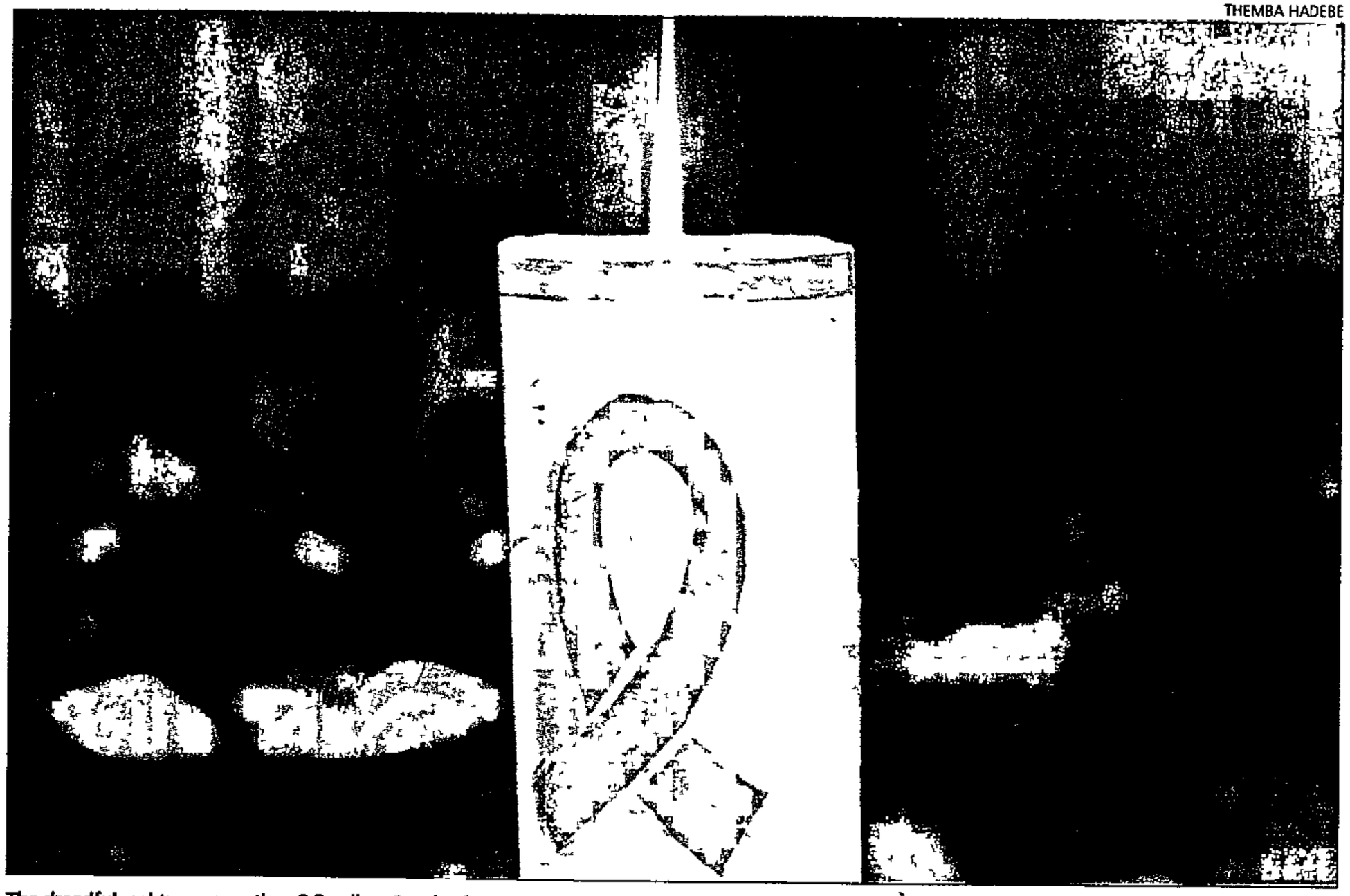
Statistics also indicate that within three years almost 250 000 South Africans will die of Aids each year, and that this figure will be 500 000 by 2008

With about 3,5 million people currently infected with HIV, most South Africans will probably be affected by the epidemic.

Most critics of the Government describe the response as slow and inadequate. The DP accuses the Government of preoccupying itself with "miracle solutions" like the anti Aids play *Sarafina 2* and the widely discredited drug Virodene, rather than concentrating on developing a consistent policy

More than any other disease, HIV/Aids has the potential to disrupt many facets of the social fabric because it is fatal and affects mainly adults of working age who often have young children and elderly parents Yet the disease only really hit the headlines in the past five years, when controversial issues such as *Sarafina* and Virodene came to the fore.

Nkosazana Zuma . minister recognised the dangers



THEMBA HADEBE

The dreadful reality . more than 3,5 million South Africans are HIV affected And at least half a million could be dying annually by 2005.

Sarafina 2, commissioned by the Government at a cost R14-million, will always haunt Health Minister Nkosazana Zuma The intention was noble, the consequences disastrous.

A probe by the Heath Commission led to all charges against Zuma being dropped, with legal action over the activities of other parties in *Sarafina 2*, such as playwright Mbongeni Ngema and former Health Department director general Dr Olive Shisana, continuing

Soon after the *Sarafina 2* debacle, Virodene exploded into the news in January 1997 when Pretoria scientists claimed to have found a cure for Aids. It emerged that Virodene contained an industrial solvent and had been tested on desperately ill people, without approval from the Medicines Control Council.

Zuma came under criticism when she backed the researchers. In retrospect she should probably have left the council to judge the success of the drug, but her desperation to find a cure for the disease probably led her to support the researchers.

These two incidents gave opposition parties and critics ample firepower to criticise the Government. But it is impossible for Zuma and the Government to turn this epidemic around on their own.

It is time for each politician, each individual, each non-governmental organisation, each activist and each person living with HIV/Aids to stop thinking that their roles are to sit back and criticise, and to become proactive in turning the tide.

Zuma said last year that the fight against Aids challenged all sectors of society to step out of their traditional roles and become receptive to a new perception of the problem as well as to new responsibilities and co-operation

"In this connection, the customary ways in which people pursue their own interests must take a back seat to the higher ranking interests of Aids prevention," she said.

Zuma said the Partnership Against Aids initiative was to ensure that the country's response to the epidemic involved all sectors of the community and that decisions were not taken from the top.

What was required from each sector – and each school, factory, organisation, religious congregation, sporting activity, and so on – was to work out and implement a few effective, simple and practical things that each person could do to prevent the epidemic from spreading.

"Each one of us has a role to play, no matter how small the contribution," the minister said.

The Partnership Against Aids is threatening to become a damp squib, with no visible groundswell against the epidemic coming from any sectors, except, perhaps, the women's sector, one or two trade unions and a few businesses.

Although Zuma might not always make popular decisions, such as denying pregnant women the right to AZT (a drug which reduces the chances of transmitting Aids/HIV to their babies by 50%), she wasn't slow to act on the Aids crisis when she took office.

After years of official foot-dragging and negligence by the previous government, Zuma finally endorsed the first Aids programme, soon after the 1994 election, which would see as much as R256-million spent on prevention and care in the following two years.

Zuma said at the time that it was clear that Aids was going to be one of the country's greatest crises in terms of health and the economy She identified the top priorities as.

- mandatory sexuality education curricula in schools
- a mass information drive,
- improving the treatment of sexually transmitted diseases;
- distributing condoms more effectively;
- fighting discrimination of people with HIV by setting in place national policies and changing discriminatory legislation. This would involve decriminalising homosexuality and prostitution

In the initial planning of her revamped office she raised the status of the fight against Aids to a full directorate and doubled the budget.

In December 1994 the Health Department already said it would probably be impossible to introduce AZT for pregnant women because of the costs. This happened last year when Zuma said the department could also no longer afford the pilot projects, reaffirming that all efforts must be focused on prevention.

The decision to deny AZT has led to an outcry with is still being furiously debated.

There is no doubt that Zuma has achieved most of what she set out to do. A few points of criticism would include the fact that the mass information campaign has not reached its full potential and that hospitals have not been given guidelines on which Aids patients to treat.

The primary healthcare system is not coping with the epidemic, spilling over to hospitals, where up to 40% of medical cases are Aids/HIV related.

Recently there was an aggressive move by Aids organisations to combinetheir efforts.

But as long as women are giving birth to HIV positive babies, as long as a women who has been raped has to travel around desperately trying to find AZT (or is unable to afford it), as long as people who disclose their status are stoned to death, as long as "madams" fire their "maids" for being HIV positive, and as long as medical aids turn their backs on desperate patients, we have not reached a turning point in this epidemic. We aren't even getting close.

SOWETAN Thursday April 29 1999

Napwa urges drop in AZT price

By Mokgadi Pela

THE drive to make the Aids treatment drug AZT more affordable was taken a step further with a lunch-hour demonstration yesterday

Members of the National Association of People Living With HIV and Aids (Napwa) demonstrated at the headquarters of Glaxo Wellcome, manufacturers of the drug, in Midrand

The demonstrators, from Johannesburg and Tembisa, said the drug – known to inhibit the progress of the virus – should be made more affordable for the man and woman in the street

The Napwa Treatment Action Campaign said administering AZT cost about R600 a month, while giving the same drug in combination with others to a sick child cost about R3 500

Research has shown that it can prevent the transmission of HIV in certain situations

It reduced the rate of transmission from HIV-positive mothers to their babies by more than 50 percent

In its memorandum to the company, Napwa said "In view of the national emergency posed by HIV and Aids, and the scale of the epidemic among babies, would Glaxo Wellcome consider making AZT available at cost price to all pregnant women with HIV in South Africa on demand?

"Would this be an open commitment, without any preferential agreements or conditions and for the duration of the epidemic?"

Napwa reiterated its commitment to campaign for "affordable and quality treatments for people with HIV and Aids, and for drug companies to reduce the prices of essential drugs"

It also vowed to campaign for a better health service for all, and for people with HIV and Aids to be treated with dignity and respect

In response, Glaxo Wellcome chief executive officer Mr Bill Collier said "We are spearheading international negotiations about the availability and affordability of HIV treatments We are currently a driving force in the United Nations programme on HIV-Aids access to treatment pilot project in developing countries

"We are offering AZT at a significant discount to the governments of many developing countries, including South Africa and Botswana Glaxo Wellcome SA is working hard to keep its price of AZT the lowest in the world, and has implemented a substantial price cut in the past year"

The company reiterated its readiness to continue discussions with the Government about HIV and Aids in general as well as on the issue of preferential pricing

"There is a moral imperative for all those involved in treating HIV and Aids to meet in the spirit of the Government's Partnership Against Aids programme," Collier said

Meanwhile, the Treatment Action Campaign is to meet Health Minister Dr Nkosazana Zuma in Cape Town on Friday to pursue its case

Aids groups to fight notification

By Claire Keeton

AIDS [illegible] of the Aids Consortium, intend to challenge the Government's decision to make Aids a notifiable disease.

"We have to [illegible] gally, we will," [illegible]ood of the Aids Law Project said yesterday.

He said the regulations have not yet been published in the *Government Gazette* but [illegible] nonetheless.

Health [illegible] man Khangelani Hlongwane confirmed this yesterday.

"We want all Aids-related deaths to be notifiable. If we have a policy refusing notification we are saying the disease can spread quietly among people who are ignorant."

Hlongwane said people were not likely to take precautionary measures against HIV-Aids unless they knew their partners were infected.

He said the decision to introduce notification was in line with a resolution taken by the Southern African Development Community this month.

But Aids organisations and activists are concerned that notification will have a negative impact and drive the HIV-Aids epidemic underground.

"We all agree there is a need for greater openness but this appears to be an attempt to force the issue," said Ms Morna Cornell of the Aids Consortium.

"We have failed to create a climate that is supportive of people with HIV-Aids. Until the Government and others take strong steps to protect those who disclose their status and until the community guarantees that they will not be rejected, until there is that environment, notification is unfair and potentially dangerous."

Cornell said it was difficult to see any advantage of notification for people with HIV-Aids and that the money that would be used for HIV-testing could rather be used for tangible benefits.

She said the Aids Consortium would focus on the complex issue of notification at its next meeting in May.

● Deputy [illegible] Thabo Mbeki's office said yesterday that the Government would be willing to supply the anti-Aids drug AZT to Aids sufferers and others if its price was cut.

"To enable the Government to make the drug available, pharmaceutical companies must reduce the cost and price of AZT," spokesman Mr Ronnie Mamoepa told reporters in Pretoria.

"The onus is them," he said.

Several organisations staged a one-day campaign last week, calling on the Government to make anti-Aids drugs available to rape victims.

They were promoting a drug cocktail comprising AZT, 3TC and Crixovan.

The combination therapy is said to reduce the chances of HIV infection if administered within 24 hours of the rape.

Mamoepa said calls for AZT to be made available should be directed at pharmaceutical companies.

"The problem lies not with the Government but with the exorbitant prices companies charge for the drug.

"Our understanding is that you pay R400 for the initial test kit," he said.

Apartheid legacy in Aids figures

(92) Sowetan 30/4/99

By Bhungani Mzolo
Health Reporter

THE high incidence of HIV infection in South Africa is a reflection on the society that was created by apartheid, according to a report by the United Nations Development Programme (UNDP) on HIV-Aids in South Africa

The report, *HIV-Aids Human Development in South Africa*, is contained in a 147-page book and covers many aspects of the HIV-Aids epidemic in South Africa, including how it has affected human development, the current state of the HIV-Aids epidemic, trends in HIV-Aids, current and future demographics and the macro-economic impact of HIV

It also details how Aids affects key sectors of the economy It ends with a call to action

Where other developing countries can blame the spread of HIV-Aids on poverty and low human development, the report says "South Africa must add to this the social dislocation that resulted from decades of social engineering along racial class lines resulting in one of the most unequal societies in the world today"

People participate in an Aids awareness demonstration at Chris Hani Hospital in Soweto. Until recently the emergence of Aids in South Africa was overshadowed by political events PIC MBUZENI ZULU

Dependency

It adds that the continued dependency of workers on jobs in urban centres, which require the regular or semi-permanent migration of both men and women, is fertile ground for the spread of HIV

"Furthermore, with the economy not able to provide jobs for most of the population, people resort to alternatives such as sex work," which the report refers to as naturally "a high-risk occupation"

The report says that during the 1980s, when HIV-Aids was first identified in South Africa, its emergence was overshadowed by political events which meant that concerted HIV and Aids work at national level began extremely late

However, once the seriousness of the disease was realised, good work followed

This included the formation of organisations such as the National Aids Coordinating Committee, leading to the National Aids Plan

According to the report, the plan was drafted when the country was in a transition phase "and very little was known about the inherited apartheid bureaucracy and how it would influence implementation"

One of post-1994 difficulties noted in the report was the new provincial boundaries drawn up affecting the new national policy implementation at provincial and local levels

In a section *The provinces Uneven levels of commitment*, the report says that provincial surveys carried out during a national review of the national Aids programme in 1997 confirmed that the level of the efforts of provincial governments varied

The report says political commitment and public leadership were found to be particularly strong in the Free State while it was found to be weak in Gauteng

In Eastern Cape the response to the rising epidemic was that of indifference, according to the report

There is also a damning report on the contribution of the private sector towards combating the Aids epidemic As far as this sector is concerned, the report says, the Aids epidemic has yet to register on their agenda

It found that many companies are reluctant to deal with issues of HIV and Aids within their organisations When confronted with an employee diagnosed as being HIV positive, "they often behave in a discriminatory manner"

Warning

It then sounds the following warning to employers "The realities of the epidemic require that employers recognise that they can no longer hide behind an artificial curtain that insulates them from the reality of the presence of HIV in the workforce"

In conclusion, the report says that in a situation of gross inequality and high levels of poverty, the rapid spread of HIV-Aids "means that no individual, family, community, business or organisation can insulate itself from the impact"

The report is packed with information on recent developments on Aids in South Africa, including the full text of the speech by Deputy President Thabo Mbeki, *Declaration of Partnership against Aids on October 1998*

The book is well-written, easy to understand and has very little medical jargon It has been made available by the United Nations Development Project to individuals and organisations who are concerned with the Aids epidemic

● The United Nations Development Programme can be contacted at (012) 338-5300

AUDI PARTEM ALTERAM

An ethical response to the AZT debate

ST CT 30/4/99 (92)

ROWAN Q SMITH

The Very Rev Smith, Dean of Cape Town, argues in favour of AZT

IN 1998, almost 40 000 babies in South Africa were born with HIV — more than 30 every day The majority were children of poor and disadvantaged women

Most of these infants die before they are three Some are abandoned Others survive with costly treatment But, whatever their fate, for children and parents alike their short lives are full of suffering and sadness This need not be Since 1994 medical interventions have been available that nearly eliminate the risk of a mother with HIV infecting her child In most developed countries the use of these drugs have almost eliminated mother-to-child HIV transmission

In South Africa, the medical drug AZT provided at a lower dosage than in developed countries can reduce infant HIV infection by 40-50% This necessary intervention can save about 15 000 lives a year' While implementation across the country will take time and needs to be planned, offering AZT to pregnant women with HIV does not involve complicated or expensive medical procedures It requires voluntary HIV testing, good and caring counselling, providing the drugs themselves to women with HIV/Aids and formula feeding

The minister of health argues that mother-to-child transmission represents a small proportion of all new HIV cases and is therefore not the main target of prevention efforts She also argues that the drugs are too costly Regrettably, Nkosazana Zuma suggests the government cannot afford the R100-million per year needed to set up the systems and make AZT available to all women However, she correctly insists that Glaxo — which is desperate to open the African market for its products — further reduce its price without strings attached

The minister's arguments are contradictory The government spends billions on improving its naval fleet or on "restoring stability" to Lesotho, but bluntly refuses to honour the hard-won rights and freedoms of the liberation struggle — particularly the legal and moral obligation on the government to always act "in the best interests of the child" and to grant women the choice in dealing with issues of reproductive health care

On the other hand, Glaxo Wellcome, the international company that manufactures AZT, is proving to be equally obstinate From its luxurious headquarters in Midrand, in an attempt to capture the moral high ground (read "market"), Glaxo has publicly offered the government a 70% reduction on the "world price" of AZT

But this offer is misleading South Africa and other developing countries constitute the real market— and yet, the world price is set at a level dictated by what is affordable in America Glaxo also cites inflated research and development costs as reasons for high prices

At the NAPWA Treatment Action Campaign (TAC) demonstration, Glaxo avoided answering questions on the actual cost of the active AZT ingredients It failed to rise to the moral challenge made by the TAC that "In view of the national emergency posed by HIV/Aids, and the scale of the epidemic among babies, it considers making AZT available at cost price to all pregnant women with HIV in South Africa, on demand " It defended its profit-making on the grounds that it has a "duty to ensure a flow of new and better medicines to improve health in the developing world"

This is illogical because the drugs it markets in developing countries are too expensive In plain English it means "we cannot offer you the life-saving drugs now because we need profit to develop future life-saving drugs — those drugs will also be unaffordable!" We appeal to drug companies to respect the right to a healthy life of poor people The minister of health and Glaxo Wellcome need to work with the private sector and civil society to make AZT for pregnant women and all medicines affordable

When the minister of health meets the TAC today she will be asked to reverse the government's decision on AZT If she agrees to implement AZT for pregnant mothers, communities all over South Africa will mobilise to support her decision and to raise the resources to set up the infrastructure However, for the thousands who await the outcome of this meeting with hope, these are the facts

- Glaxo Wellcome can afford to provide AZT at cost without any damage to its profits But it will not
- The government can afford to make AZT available at the price Glaxo is currently offering — and it should

AZT for pregnant mothers is not only the correct public health, moral and ethical choice to make, it is also the correct economic choice

(92) mm 30/4/99

AIDS

THE PERILS OF MAKING IT A NOTIFIABLE DISEASE

Aids activists furious at government's ill-considered move

It is only a matter of time before government makes Aids a notifiable disease, though it will have to drown the howls of outrage from Aids activists, and circumvent the Constitution and common law to do so

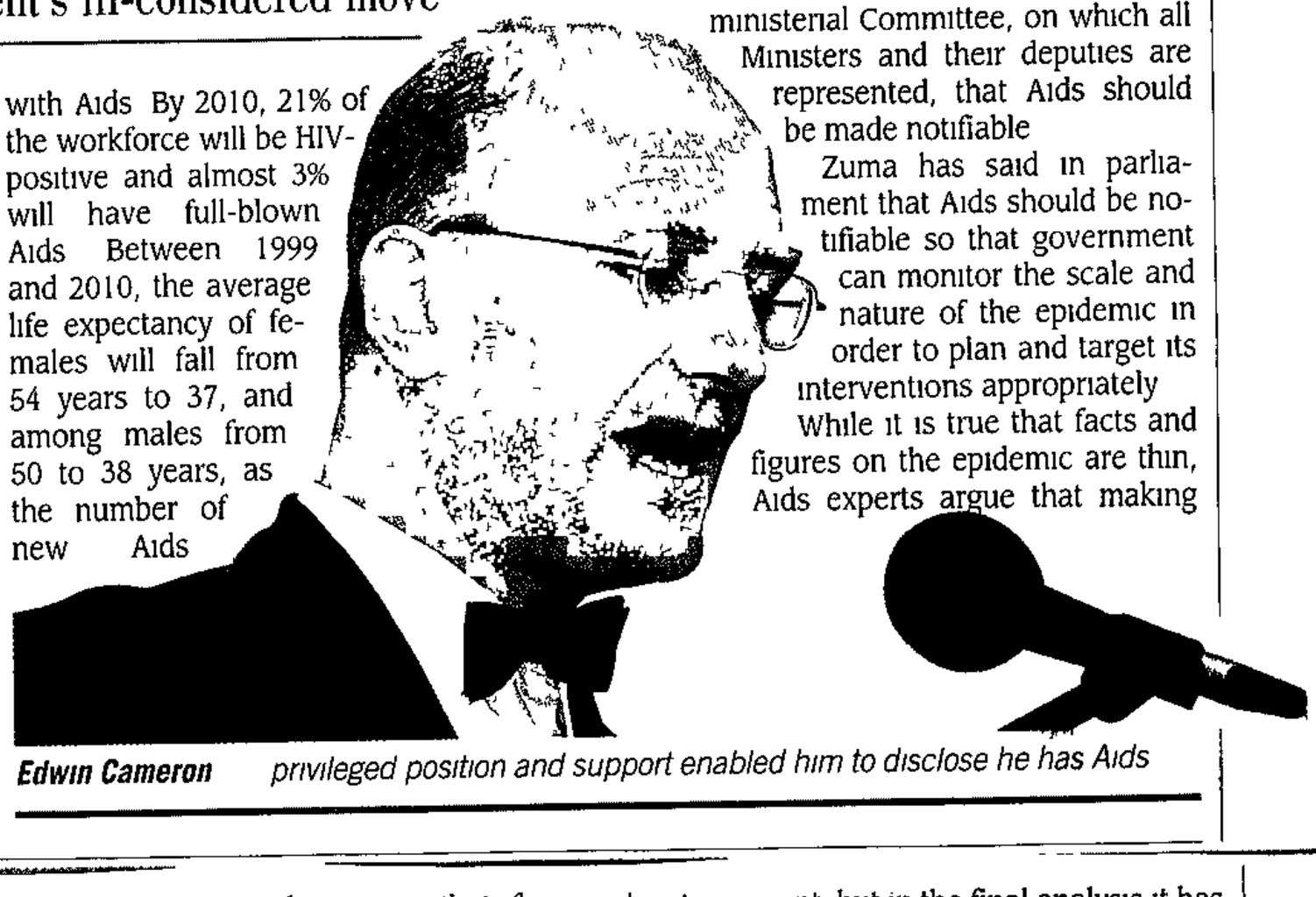
Last week the Interministerial Committee on Aids, headed by Deputy President Thabo Mbeki, endorsed a resolution reached at the Southern African Development Community (SADC) Health Ministers' Conference — that HIV-infected people be forced to disclose their status to close relatives, sex partners and health workers treating them, and that medical personnel record every Aids death for statistical purposes

Based on the most recent Aids statistics, one model projects that 11% of the SA workforce is HIV-positive and 0,6% are ill with Aids By 2010, 21% of the workforce will be HIV-positive and almost 3% will have full-blown Aids Between 1999 and 2010, the average life expectancy of females will fall from 54 years to 37, and among males from 50 to 38 years, as the number of new Aids cases increases from 175 000/year now to 580 000/year in 2010

Health Minister Nkosazana Zuma's spokesman, Khangelani Hlongwane, says the committee is looking urgently at ways to implement the resolution He says Zuma will consult all affected parties but that "there is no debate" within the Interministerial Committee, on which all Ministers and their deputies are represented, that Aids should be made notifiable

Zuma has said in parliament that Aids should be notifiable so that government can monitor the scale and nature of the epidemic in order to plan and target its interventions appropriately

While it is true that facts and figures on the epidemic are thin, Aids experts argue that making the disease notifiable will not provide good data because too many cases of Aids deaths will go undetected This will undermine the credibility of the country's Aids statistics



Edwin Cameron *privileged position and support enabled him to disclose he has Aids*

Firstly, people with Aids typically die of related complications like TB or pneumonia and so the underlying cause may be missed by medical practitioners, many of whom will not have the equipment or knowledge to make a definitive diagnosis

Secondly, overworked, under-resourced staff in hospitals and clinics won't have the time, incentive or funds to test every single dead or dying patient for Aids and to log the results with the Health Department

And thirdly, as people can live with the virus for many years, statistics based on Aids deaths will be out of date and therefore unreliable for planning purposes

But possibly the biggest stumbling block to Zuma's plans is the Constitution, which affords every person the right to privacy, autonomy (in decision-making) and bodily integrity

"HIV testing can take place only with informed consent," says Aids analyst Virginia van der Riet "If Aids became notifiable, would this fall away for the dead or dying patient?"

Aids activists also argue that forcing people to disclose their HIV status to anyone is an invasion of their right to privacy

Mbeki's spokesman Ronnie Mamoepa says government will be sensitive to constitutional constraints in compelling people with Aids to disclose their condition "Government will certainly take all views into account, but in the final analysis it has to act in the best interests of the country," he says

THE MAIN PROS AND CONS OF MAKING AIDS NOTIFIABLE

PROS

* **Will provide additional statistical information on the epidemic**
* **Will encourage medical practitioners to diagnose the disease**
* **May improve keeping of records on the disease by medical practitioners**
* **Enforced disclosure will protect sexual partners and health workers**

CONS

* **Data on Aids deaths will be under-reported and unreliable**
* **Enforced disclosure of HIV status to close family may be unconstitutional**
* **It may threaten infected people's lives and livelihoods**
* **It may discourage people from being tested for the virus**

Aids activists are furious with government for pushing ahead without consulting those engaged with the epidemic

Given the problems of ensuring confidentiality, they are relieved that government isn't asking health workers to report every case of HIV/Aids, only Aids deaths They say this would have discouraged people from being tested for the virus

But several activists say government can't force people to disclose that they are HIV-positive even to close relatives or sex partners, until society is accepting of those with the disease

In disclosing recently that he has Aids, Judge Edwin Cameron stressed that the reasons he was able to do so do not apply for millions with the virus — he has a secure job, access to excellent medical treatment which will keep him productive, and the support of loved ones

"There is a growing concern that telling a husband his wife is HIV-positive might lead to abandonment, violence or even death, as the woman is blamed for bringing the virus into the family simply be-

P.T.O.

cause she was the first to know," says Van der Riet

Many cite the example of Gugu Dlamini, who was battered to death by people in a shebeen in her village of KwaMashu for disclosing her HIV status

"It will drive the disease underground," warns Morna Cornell, director of the Aids Consortium, a network of 130 Aids organisations "It's an inadequate and inappropriate knee-jerk response that goes against government's commitment to a human rights-based response to the epidemic "

Hlongwane says the rationale behind wanting those infected to disclose this fact to close relatives is to protect the mother, who in traditional African society usually washes the body of a dead family member If she is unaware that deceased had Aids, she is putting herself at risk unnecessarily

Robert Tshabalala

Nkosazana Zuma *will consult further, but is determined to proceed*

"This is an extremely weak rationale for an incredibly general law that will affect family members who will never wash bodies," says Wayne Myslik, head of consulting for lifeworks health consultancy Moreover, it will apply differently to the black person in Transkei and the white person in Sandton, and will presumably come into play only when the person is near death

How government will actually enforce such a law is another question.

Government should have canvassed these issues widely before supporting such a controversial and flawed resolution Fortunately, it still has time to change its mind

Claire Bisseker

How Aids will hit the rand — Page 42

HOW THE DISEASE WILL HIT RETAIL

Nearly one in 10 South Africans now aged 20-40 are expected to die by 2005

The Aids virus poses a threat to the retail sector, especially to companies that rely on credit extension to the highest-risk group — young, black, urbanised consumers earning less than R1 000/month

Over the next 10 years, some retailers will experience a "marked reduction" in consumer demand because of Aids deaths and falling disposable incomes among those infected and their families, says Metropolitan employee benefits actuary Deane Moore

He says the disease will hit hardest the sales of fashionable clothing, sporting and leisure equipment, cosmetics, convenience goods and food, music, beverages, electronic appliances and motor vehicles for the 20-40-year age group

"Niche players in the most vulnerable retail sectors will have to be proactive and responsive to clients' needs or they will lose market share and die slowly because of Aids," says Moore

About 20% of the 20-40 age group is HIV-positive Between now and 2005, about 1,2m or 9% of people in this group are expected to die from Aids

The highest incidence of HIV/Aids occurs in the Living Standards Measure (LSM) consumer categories two, three and four (see table)

The LSM was developed by the SA Advertising Research Foundation It shows how responsive consumer spending is to changes in income For instance, consumers in LSMs one to four will not spend significantly less on essential goods like food when their incomes fall, but will cut back heavily on luxury items

About 28% of the total population falls into LSMs one to four, comprising mostly urban blacks earning between R563 and R875/month

Retail outlets targeting this population are therefore most vulnerable to the impact of Aids, concludes Karen Michael, a researcher at Natal University's Health Economics and HIV/Aids Research Division

"Retailers have not yet seen a significant impact in terms of losses to consumer markets, interruptions to supply chains or vulnerability in terms of benefits," writes Michael in the latest issue of *Aids Analysis Africa* "Most believe they have spread their risks sufficiently to weather the Aids storm and that there are more pressing problems to deal with"

Alastair McArthur, CEO of Specialty Stores, which includes Mr Price and Milady's, says his company is worried about Aids, "but we are not factoring it into our strategic planning We're more concerned about unemployment falling so that more people have got income in their pockets" In any case, he disputes Michael's rating of Mr Price's customers as LSM three and four — among the most vulnerable to Aids — saying they are more accurately classified in the higher-income LSM five and six, which are less vulnerable to the disease

Pepkor Group chairman Jan le Roux agrees that unemployment is far more pressing While conceding that total consumption spending will fall because of Aids, he believes affirmative action, increased training and the opening of job opportunities will advance the emergent middle class's spending power

Shoprite/Checkers marketing manager Brian Weyers is relieved that retailers of consumables will be least affected by the epidemic However, he is well aware that Aids will make all taxpayers and companies poorer because of the overall impact on the economy and fiscus

The large retail-fashion chains that draw consumers from the bottom end of the market by offering them credit that is normally written off in the event of death should be especially concerned about Aids deaths, says Michael

Cardholders of these schemes and their dependants are commonly provided with funeral benefits Already underwriters of these schemes are reporting a significant increase in deaths of customers, says Michael, though it is not known whether these are Aids-related Premiums are being raised in line with the expected increase in mortality, but the risk is borne primarily by the stores themselves

Hire purchase agreements for furniture normally run over a period of two to four years and consumers are generally obliged to purchase insurance Thus rising mortality rates are not a top priority for these retailers, says Michael

But she points out that the main commodity sold by furniture retailers is finance, rather than furniture, because they profit most from providing consumer credit Moreover, most retailers provide in-house insurance, which means that the retailer is taking on the burden of bad debt She suggests they have not seriously considered the risk attached to this practice

Health consultants advise retailers to analyse the impact of Aids on their particular market and customer base as it will vary considerably across the sector

"Aids isn't going to shut down your business," says lifeworks' head of health consulting, Wayne Myslik, "but if you're doing long-term planning on your markets and you don't factor in Aids, it could have a meaningful impact

"As long as you don't ignore it, Aids is just one of the pitfalls of doing business in an emerging market" **Claire Bisseker**

Row over plan to makes Aids notifiable — Page 38

HOW AIDS WILL HIT RETAIL

Market characteristics of most vulnerable groups by earnings category (LSM)*

		FURNITURE & APPLIANCES	FOOD	VEHICLES	APPAREL & FOOTWEAR
LSM 1 & 2	3% of total population Earn R563 pm Includes black women aged 50+ and blacks aged 16-24	Minimal ownership of durables	Shop mainly at non-chain outlets (loose tea, beer, packet soup, frozen chicken)	Do not own vehicles	Lowest purchasing
LSM 3 & 4	25% of total population Earn R875 pm Under 35 years and single, mainly urban blacks	Electrification increasing ownership of durables; 50% own TVs	Bulk shopping at chain stores (groceries, basic toiletries, fruit juice, fresh meat from butcheries)	10% own vehicles	Average purchasing

Responsiveness to income change: High / Medium / Low

*Living Standards Measure

SOURCE AIDS ANALYSIS AFRICA

Arnold Pronto

A tragedy for all *retailers, too, could soon feel the effects of the Aids epidemic*

May
1999

AIDS: we won't tell, say health workers

ARG 1/5/99 (92)

DI CAELERS

Western Cape health authorities, already defying national Health Minister Nkosazana Zuma by giving the drug AZT to HIV-positive pregnant women, say they intend refusing to comply when she makes AIDS a notifiable disease

This emerged yesterday after the signing of an inter-ministerial pledge that draws together AIDS activists, health administrators and people from other provincial departments "to increase the capacity of the Western Cape to fight AIDS"

According to the National AIDS Convention of South Africa, the Western Cape has the lowest incidence of AIDS in the country About 5,2% of the province's population is affected, compared with other provinces where it is sometimes higher than 30%

However, figures vary from area to area in Guguletu the incidence is 11,5% and in Khayelitsha 15%.

Provincial health minister Peter Marais said at a press conference after the meeting that the group did not want the Western Cape to go the way of some other provinces, which were "too far down the drain already to stop the disease"

Ashraf Grimwood, the convention's national chairman, said the group would make a decision on their position on notifiability at their next meeting in July

"But," he said, "the consensus round the table is that they are sympathetic to our view that it makes no public health sense "

Dr Grimwood said notification made no epidemiological sense because it took from eight to 10 years after the initial infection for people to get AIDS, "so you're effectively getting a picture that's way out of date"

Ante-natal surveys would give a much better idea of the infection rate, along with mother-to-child intervention programmes

"Notification won't control the epidemic It hasn't brought under control the tuberculosis epidemic or hepatitis B," Dr Grimwood said.

In her address to the Cape Town Press Club yesterday, Dr Zuma said the purpose of notification was to provide accurate statistics

The Government did not want to know the names of people with AIDS, she said, but rather information like their age, gender and where they lived She said relatives and people nursing people with AIDS had the right to know, "not to abandon (the patient) but to take protective measures so they don't become infected by handling the fluids of the person"

Later yesterday, at a meeting with the National Association for People Living With AIDS' Treatment Action Campaign, Dr Zuma promised to consult the Government and report back in six weeks on an acceptable price that would make AZT affordable to HIV-positive pregnant women

Association member Zackie Achmat said they would meet next month

Meanwhile, claims that pharmaceutical company Glaxo-Wellcome had dropped its price for AZT from R400 to R238 a person were denied by corporate affairs director Vicki Ehrich

To page 3

Province intends to defy AIDS notifiability plan

From page 1

She said a radio interview had been misinterpreted The price was still R400

At yesterday's inter-ministerial meeting, the Western Cape reiterated its commitment to providing AZT to HIV-positive pregnant women It had budgeted R700 000 for two pilot projects this year and R4-million for the next two years

Saadiq Kariem, head of the Western Cape's AIDS programme, said the response after the first three months of the AZT project had been "overwhelming".

"Women are voting with their feet We have had more than 1 500 women come through the two clinics where we are administering AZT," he said

"We are providing the project in an area where the impact will be felt the greatest and I believe that in 10 years we will be vindicated for our decision

"We will have children 10 years old, running around living and attending school and getting the education they deserve," Dr Kariem said

Anger Aids scourge will shrink your pension payout

(92)

ALIDE DASNOIS ARG 11/5/99

Your retirement is in danger because money which is meant to fund your pen sion is being eaten up by insurance premiums swollen by the Aids epidemic

Unless your employer takes steps to protect you from the consequences of the Aids scourge, you may find that your pension has been whittled away by the soar ing costs of life and disability assurance

Alan Martin, Metropolitan Group Employee Benefits actuary, says the Aids epidemic shows no sign of tailing off and unless the situation changes dramatically, the costs of life and disability insurance to retirement funds could double by the year 2005 and treble by the year 2010

If nothing is done, the Metropolitan-Doyle model predicts that 5,6 million people will be HIV positive in five years By then 2,1 million people will have died from Aids and more than 18 percent of the workforce will be infected.

Martin says the pro jected life expectancy of women in the year 2010 is 37 years, compared to 54 years today Men's life expectancy in the year 2010 is estimated at 38 years compared to 50 today

Insurance companies are adjusting their premiums to cope with the huge payouts they must make

As a result, the group life and disability assurance which you get through your employer and which is costing you up to eight percent of your salary at the moment could cost 12 percent in the year 2005 and 17 percent in the year 2010

Martin says at the moment in a typical retirement fund, about 20 percent of your salary is paid into your fund each year by you and your employer A little less than half is used to fund life and disability insurance, and the remainder (about 12 percent of your salary) goes to funding your pension.

By the year 2005 premiums on group life and disability insurance will swallow up so much of the contributions that only eight percent of your salary will be avail able to fund your retirement

WHAT YOU CAN DO

- **Contact the trustees of your retirement fund,**
- **Ask how much of your contributions and those of your employer is being spent on disability and life assurance, and how much on investment for your retirement;**
- **Ask how the fund plans to fund rising premiums while leaving money destined for your retirement intact; and**
- **If they have not already done so, suggest that the trustees get independent advice from consultants on how to structure the fund in the face of the Aids epidemic.**

And by the year 2010 only three percent of your salary will go towards creating a pension for you in your retirement.

If you have a defined benefit fund, where the employer guarantees you a specified pension at retirement, you are sitting – relatively – pretty because, in theory at least, the problem of higher insurance premiums is the employer's problem, not yours

Though employers may well cut death and disability benefits as the cost of providing them soars, they will find it diffi cult to reduce pensions in defined benefit funds

But if you are a member of a defined contribution fund, you do face the risk of a reduced pension.

"As insurance companies raise their premiums to cope with higher death and disability claims because of Aids, trustees of pension funds only have two options to decrease the benefits or to ask employers and members to pay more," Martin says

Since employers usually insist that their contribution is fixed, for instance at 10 percent to 12 5 percent of the employee's salary, the burden of funding the increases in premiums usually falls on the members of the fund, he says.

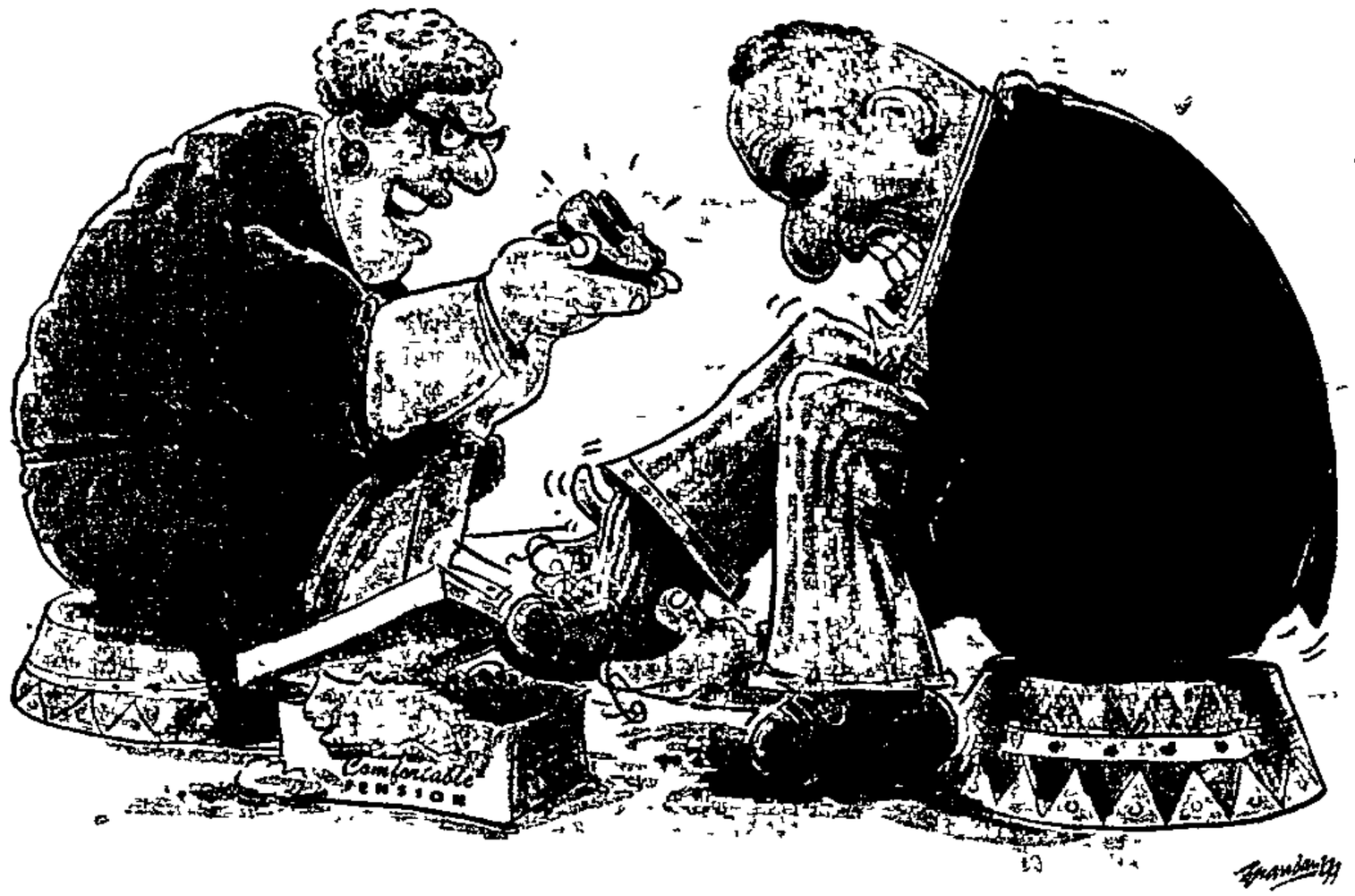
"At the moment group life cover probably costs about two percent of an employee's salary By the year 2005 we esti mate it will cost four percent and by the year 2010, six percent.

"The cost of disability cover will not rise as fast, because though there will be more people needing disability pensions, many of them will not live as long," Martin says

The trustees of your retirement fund should be looking at ways to restructure the funds so that premium increases can be kept to a minimum while still meeting the needs of employees

There are several possibilities to consider, he says

◆ Group life assurance benefits could be restructured so that people without dependants or with fewer dependants get smaller payouts (once their annual salary instead of three times, for instance)



Since these are usually younger people who are also more at risk from Aids, this would mean lower insurance premiums for all members

◆ Retirement schemes could cover members for a minimum amount only and members could choose to buy top-up cover or not.

For instance, all members could be guaranteed once their annual salary in case of death, and if you wanted to raise this to three times annual salary you would be expected to pay the premiums, with or without help from your employ er

Each member would then be quoted a premium according to his or her age, health and risk profile, so that the costs of insuring the riskier members would not be borne by the less riskier members

Martin says the cost of individual life cover is not likely to be affected by the Aids epidemic, because the insurance companies "only take on the healthy lives"

People who are already sick or in high risk categories are directed to special policies and are expected to pay higher premiums for life cover

The point, he says, is not to exclude people but to meet the needs of all the employees in the most efficient way

"Future negotiations will be focused on the cost, rather than the amount of the benefits," Erich Potgieter of Fifth Quadrant Actuaries and Consultants, says.

If retirement funds switch money from retirement saving into risk premiums, there must be proper communication to members and agreement that this is the best way to use their contributions, Potgi eter says

A plan to tackle Aids will only succeed if there is a joint effort by employers, employees and trade unions, Martin says

"Employers will need to address a list of issues such as advance planning to manage the impact of HIV and Aids on productivity, skills training and disability, an effective communication strategy, and counselling for employees who are HIV positive."

Businesses should not limit Aids education to the workforce but should help with education of the community in which the company operates, including schools, sports clubs and churches

"The education of employees is the best method of protecting a fund, the employer and employees," Martin says.

Law will soon protect workers with HIV

By MAX MARX

LABOUR Minister Membathisi Mdladlana has praised Judge Edwin Cameron for the recent disclosure of his HIV status

Speaking at a press conference to announce the dates when the various sections of the Employment Equity Act will be promulgated, Mdladlana said it would be through such acts that the message would be brought home that not only must HIV/AIDS be prevented, but also that people with such status should not be discriminated against.

"From August 9, 1999 the Employment Equity Act makes it an offence to require people to be tested or to disclose their status as well as to be discriminated against if their status becomes known. People like Judge Cameron will thus be able to disclose their status without fear of discrimination," he said

He added the act was an important gain for workers' rights in that it would eradicate all forms of discrimination in the workplace

The department of labour's chief director of labour relations, Lisa Seftel, said the need for employment equity in South Africa was self-evident "We are faced with a number of disparities in the labour

RESPONSIBLE ... *Meko Magida will be administering the Act*

market in relation to employment, occupation and income "

A survey of 455 companies last year revealed that 89 percent of senior management is still white, six percent is African of which one percent is female, two percent is coloured, three percent Indian and eight percent of white senior management is female.

The act, which seeks to bring an end to inequality in the workplace by prohibiting discrimination and entrenching equity through the use of affirmative action, will be promulgated in phases

On May 14, 1999, the Commission for Employment Equity (CEE) will be created to advise on the various codes of good practice and regulations required for the implementation of the rest of the act.

On August 9, 1999, National Women's Day, the labour department will promulgate parts of the act that prohit unfair discrimination at work.

In December, parts of the act that relate to the preparation of employment equity plans and submission of reports to the department will be promulgated.

Section 2 of the act, which launches on August 9, prohibits discrimination on the basis of race, culture, gender, sex, pregnancy, sexual orientation, disability, HIV status, religion, conscience or language

Sexual harassment is prohibited and medical testing is not allowed unless it is an inherent requirement of the job while no psychological testing or other assessment can be done unless such tests are validated and not biased

HIV testing can only be carried

PROMOTING EQUITY ... *Minister of labour Membathisi Mdladlana*

out if authorised by the Labour Court

An employee who feels discriminated against or that an employer has contravened section 2 of the Act can declare a dispute and refer it to the CCMA

If the CCMA cannot solve the problem through conciliation, the matter can either go to arbitration or to the Labour Court for adjudication

Mdladlana said one of the act's key objectives was to prohibit discrimination on the basis of gender and to ensure employment equity in respect of women.

In December, when section of the act is promulgated, designated employers will be required to promote affirmative action for designated groups including black people (African, coloured and Indian), women, and people with disability.

Designated employers are companies who employ 50 or more employees or companies with a turnover equal to or above the annual turnover of small businesses in the Small Business Act.

Labour inspectors will check that companies comply with the procedures required by the Act. If inspectors find evidence of non-compliance, they can go to the Labour Court and get a court order issued.

Mdladlana said the new law would bring peace and stability to the workplace thereby creating an environment that appealed to investors

Democratic Party leader Tony Leon said the Act was a bad piece of legislation because it would lead to skills emigration and bring back apartheid by racially classifying the workforce

Zuma rejects cheap AZT

(92) ST 2/5/99

LAURICE TAITZ

THE government has refused to provide AZT treatment to pregnant women infected with HIV despite being offered the drug at the cheapest price in the world for the past two years — 70 percent of the price charged in the US and Britain

In that time, 120 000 babies have been infected with HIV The lives of half these babies could have been saved by the drug

The Department of Health has said the costs of the treatment are too high, but it has not made the drug's manufacturer, Glaxo Wellcome, a counter offer

Pressure on the government to reverse its decision mounted as representatives of the National Association of People Living with HIV/AIDS met the Minister of Health, Dr Nkosàzana Zuma, in Cape Town on Friday

The association, which has embarked on a treatment action campaign, also protested at the offices of Glaxo Wellcome this week

Studies have shown that it is more cost-effective to prevent mother–to-child transmission than to treat the complications of HIV infection in children

A recent study by the Medical Research Council found that a national programme would be an affordable, cost-effective and potentially cost-saving public health intervention

NKOSAZANA ZUMA

For months the Department of Health has maintained that the costs of providing AZT to pregnant women are too high

Ronnie Mamoepa, a spokesman for Deputy President Thabo Mbeki, said this week that calls for AZT should not be directed at the government but at pharmaceutical companies who were responsible for the prices

In the US, Glaxo sells 100 100mg AZT tablets for $128 (about R768), while in South Africa the price at which it is being offered to the government is $39,80 (R238) — the lowest in the world To treat one pregnant woman would cost the government less than R400

Zackie Achmat, a spokesman for the campaign, said the meeting held with Zuma was the "most productive AIDS meeting yet"

He said the minister had set a date in mid-June for another meeting to discuss the issue

"Glaxo has never put the figures in writing of what the exact costs would be to the government They have spoken only about percentages"

Achmat said the campaign planned to step up efforts to have the cost of the drug reduced "There was consensus with the minister that this is a political issue, but it is not a party-political issue, so it is something we can discuss once elections are out of the way"

Dr James McIntyre of the perinatal HIV research unit at Chris Hani Baragwanath Hospital said "I want to know from the government what price range they think is affordable"

The anti-retroviral dug Retrovir, widely known as AZT, has been shown to be extremely successful in inhibiting the progress of the virus Research has shown that it reduces the rate of transmission from HIV-positive mothers to babies by more than 50 percent

A government that cares nothing for women or children

BD 3/15/99 (92)

The health department's attitude on paying for drugs that would help rape victims is allowing rapists to become executioners, writes Charlene Smith

SO WHAT am I bid for a woman's life? R400, I hear you say Forget it Bring the price down

R400 for a woman, bearer of children, purveyor of history — according to Daksa the Indian god R400 for a woman who represents more than half the nation's workforce and around 18% of our executives?

Certainly that is the view purveyed by Ronnie Mamoepa, spokesman for Deputy President Thabo Mbeki who is quoted in Business Day (April 29) as saying pharmaceutical companies must cut further the cost of the triple antiretroviral therapy necessary to save the lives of women and children raped by offenders with HIV Mamoepa said "The problem lies not with government but with exorbitant prices companies charge for the drug"

One can only assume that Mamoepa thinks the public is stupid — or else he and his office do not bother to read news reports or consult their own health department which for the past two years has been offered the therapy at the lowest price in the world of R400 for the 28 days necessary The government of Botswana has accepted the offer which is in place, no strings attached, for five years SA, though, has consistently said no

Previously government said I was misleading the country by saying the triple antiretroviral therapy was necessary to save the lives of rape victims in this country — of which I am one — with the highest incidence of HIV in the world

The therapy reduces our risk by 81% based on research into needlestick injuries by the Centre for Disease Control in the US The centre has said, although no direct intensive research has been done into rape, the same results should apply Government said there was not enough research into the matter even though AIDS doctors in this country confirm that the 28-day therapy will follow similar patterns in rape as for needlestick injuries

I challenged Health Minister Nkosazana Zuma to state publicly that she would refuse the drugs if she or one of her four children were raped and she has remained quiet

Little wonder that the Economist slammed this country in its January edition for having the world s most uncontrollable spread of AIDS with 1 800 new infections every day

Those of us who are raped and want to live beyond the threat of the rapist's knife, now have to find almost R4 000 to buy the drugs privately Most rape victims cannot afford it They clearly must die quietly Government is equivocating about R400 which is less than the cost of a single day's stay in a government hospital at present We are facing disaster in eight to 10 years time when those women and children infected with HIV because of rape begin dying from AIDS and clog our hospitals for months at a time The cost benefit to the taxpayer of saving R400 per rape victim will mean a deficit of a couple of billion rand in health costs

However, we are talking of women who have been raped Herodotus wrote in the fifth century BC about the rape of Helen and others, "abducting (and raping) young women is not, indeed, a lawful act, but it is stupid after the event to make a fuss about avenging it The only sensible thing is to take no notice"

Government in SA has not progressed beyond an attitude set 1 995 years ago This is a government with the proudest constitution in the world, that says on paper it protects the rights of women and children, and our right to live but turns its head when it comes to putting those fine values into practice

Oh that there were those in government who would say one rape is an outrage Instead we live in a country where, according to a report published in March this year from the Institute for Social and Health Services at Unisa, "the police estimate that only 2,8% of rapes are reported, which translates into a total of more than a million rapes a year in SA"

And what price for a child raped by an HIV infected person? The most rapidly escalating rape in the country at present is the gang rape of teenagers and the rape of girl children by those who believe they will lose their HIV status by having sex with a virgin

Rape graphs soar almost off the page for the age group 13 to 23 But R400 is too much for them too What of the babes born to HIV infected mothers? The United Nations Petra study interim results, released in February this year, showed that their lives could be saved for around R50 by the administration of AZT and 3TC at birth and for a week after — R50 for a baby? Never And in a decade to come discover we have too many schools because already about 100 000 children under the age of two are dying each year from AIDS because government is refusing the antiretroviral therapy that will save their lives

As women and children infected by HIV-carrying rapists struggle to come to terms with their plight, SA has not yet availed itself of the offer of AIDS therapy drugs at one of the lowest prices in the world of R400 for a month-long course

A view that doctors say comes from the health department, but which the department denies, is that the mothers of the babies will die anyhow leaving a burden on the state Let us look at it this way In Gauteng around 10% to 15% of the workforce is already infected In five years or less we will see increasing days lost to absenteeism due to illness or workers attending funerals

The Human Sciences Research Council, for example, is investigating an area in the midlands of Natal on behalf of Umgeni Water to examine whether they should go ahead with a multimillion-rand water reticulation project — the question they need answered is will there be enough people left in a few years to benefit from the project?

If one in three babies in Soweto are being born with HIV, according to the Chris Hani Baragwanath Peri-Natal HIV unit, and most are dying within their first two years because government sees no reason why we should save their lives, in 10 to 15 years we are going to find that there are very few entrants to the labour market

Those who are being trained now at huge cost will have died or be dying I do not have to spell out what the outlook for the economy will be

We should not be building new schools, we should be building orphanages and finding more innovative ways for adoption and foster care We should be showing rape victims that they did not struggle for life during their rape only to be denied it by an uncaring state What is wrong with us that we care so little about one another and are so sloppy with our future planning?

I do not want to live in a country where we give rapists the power of executioners and where we are too apathetic to hammer a government that can afford R54m a year to treat prisoners in private hospitals, but has no funds to pay R50 to save the lives of our babies, or R400 for our rape victims

Smith is a freelance journalist

CAPE TIMES
MONDAY, MAY 3, 1999 ★

AIDS GIVES MINISTER BAD NIGHTS

Zuma hints at policy to tackle HIV in jails

CT 3/5/99

(92)

HEALTH MINISTER Nkosazana Zuma has mooted HIV tests for prisoners, saying half the number who died last year died of Aids. Health Writer **JUDITH SOAL** reports.

PRISONS, insurance companies and contraception could be the targets of future health policies in the government's campaign to deal with the Aids epidemic

Minister of Health Nkosazana Zuma addressed the Cape Town Press Club on Friday and chose to talk about the problems facing her Ministry rather than its achievements — an unusual approach just before an election

"My department wanted me to talk about the clinics we have built and the programmes we have put in place, but that's what you will hear in every speech and on every platform for the next few weeks I would rather talk about the major challenge facing me as a minister Aids," she said

She said the scale of the problem sometimes kept her awake at night.

In a carefully composed speech intended to explain the government's Aids strategy, including the controversial decision to make Aids notifiable, Zuma gave a hint of policies to come

"Fifty percent of the prisoners who died in prison last year died of Aids," she said "Now we know that in prisons there are lots of fights — and they are bloody fights If 50% of prisoners are HIV-positive, what does it mean for the other 50%?"

Thousands of young people spent brief periods in jail for minor offences and were put in cells with other criminals Then, when they were released, they had sex with people in their communities

"Does this mean we have to look at how prisoners live in jail? Does it mean we have to test them for HIV?" she asked "I'm not sure."

Zuma went on to talk about contraception "Our research has shown that of the youth who are sexually active, 85% do not use condoms Yet we know 70% of women use some kind of contraceptive — mainly the injection "

In Japan, which until recently had outlawed the pill, condoms were the most common form of contraception, Zuma said

"Japan has a low rate of Aids and we have to look at that We have to find a way to use the awareness around contraception to prevent the spread of Aids "

Zuma believed Aids should be notifiable so the government could collect statistics on the progress of the disease

"As it stands now, I can't tell you how many people are dying of Aids because we just don't have that information," she said

When Aids became notifiable, the only people who would be told if someone was HIV-positive would be partners, relatives and caregivers

"If a grandmother is looking after a relative who is dying of Aids and doesn't know that she should take precautions, she risks contracting the disease herself Is this right or should she be told?"

The African and Muslim traditions of cleaning the body after death meant relatives could be exposed to the virus, which remained active in the body for two weeks

Zuma said one of the reasons Aids deaths weren't recorded was that insurance companies often refused to honour premiums if someone died with HIV

"This justifies making Aids deaths a secret, but we will never conquer something that is a secret Should we allow insurance companies to continue to do this?"

The Minister has not always had a comfortable relationship with the press and at the lunch were a handful of diehards who smoked throughout her speech Instead of reacting directly, Zuma told an anecdote that perhaps summarised her approach to her work

"When I first became Minister and we began to discuss including warning labels on packets of cigarettes, there was a lot of criticism and complaint," she said

"Someone in my department came to me and said that if I persisted I would be the most unpopular minister ever

"So I reminded him about the time when scientists first said that the world was round No one would believe them They were rejected and some people had to die for that belief — but now we all accept that the world is round

" 'Yes, I'm sure you will soon be dead,' my colleague told me But that was years ago and look, I'm not dead yet "

Experts at odds over Aids plan

(92) Sowetan 3/5/99

By Claire Keeton
Feature Writer

A Sister helps an Aids patient to smoke a cigaretto at the Sacred Heart Aids Hospice in Kensington, Johannesburg. Various Aids organisations have warned that making Aids a notifiable disease may cause discrimination against those living with HIV-Aids.
PIC PICTURENET

MAKING Aids a notifiable disease could divide South Africa through a "new-style apartheid" by discriminating against people living with HIV-Aids, according to Aids and human rights activists and organisations

It also raises the need to balance human rights with public interest, as well as the need to examine the role of state intervention in people s lives

The decision of the inter-ministerial committee on Aids to enforce notification, a move supported by the Cabinet last week, has taken those in the HIV-Aids community by surprise.

They have three months to respond to the regulations before they are implemented In effect, not only will a person diagnosed with Aids be told of his status but also his or her sexual partner and caregivers (including family)

"If we have to challenge this legally, we will," says Mark Heywood, head of the Aids Law Project.

Although in line with a Southern African Development Community resolution this month, the notification decision reverses a unanimous recommendation not to have notification in the Government's National HIV-Aids and STDs Review of 1997

National Association of People Living with HIV-Aids director Peter Busse says the review supported the idea that partner notification would not be made a statutory procedure

He says "The whole decision of notification was taken without any real input from the broader HIV-Aids community"

The health minister's spokesman, Khangelane Hlongwane, says notification is necessary to provide health authorities with accurate data, to alert healthcare workers to take 'universal precautions" and to prevent the silent spread of HIV-Aids

"If Aids is not notifiable, we are saying the disease can spread quietly, especially among people who are ignorant," Hlongwane says

But people living with HIV-/Aids feel that notification will have the opposite effect, stigmatising those infected and forcing the epidemic further underground.

"While we encourage people to come out with their HIV status, the environment continues to be extremely hostile," says Luanne Hatane of the National Aids Convention of South Africa (Nacosa)

She points to the killing of Gugu Dlamini in KwaZulu-Natal last year after she disclosed that she was HIV positive as an example of the potential danger of disclosure

Nacosa chairman Dr Ashraf Grimwood says they are convinced that notification will not serve the scientific or public health functions for which it is intended nor do they believe it is ethical or humanitarian.

"We will prepare a consolidated response from experts in these areas On all these fronts we will argue it is a waste of time (in this country)," Grimwood says

He says that it is "too late now for notification to have an impact" because of the size of the epidemic

Moreover, the data collected from Aids deaths will be seven or more years out of date because of the current dynamism of the epidemic.

"The antenatal surveys since 1991 are not an accurate reflection of the epidemic," says Grimwood.

Morna Cornell of the Aids Consortium agrees 'The arguments for notification include surveillance and prevention We all agree there is a greater need for openness but this appears to be an attempt to force the issue and we have failed to create a supportive climate

For this reason, among others, notification in South Africa cannot be compared to the notification system in the United States or Australia, according to Busse

"The epidemic and conditions here are completely different," Busse says "In South Africa there is a high level of stigma and discrimination, and there is no treatment available to people with Aids

In the US people have universal access to a high standard of care and treatment.'

He doubts whether the level of anonymous reporting and confidentiality maintained in the US will be possible here

"Breaches of confidence could be very problematic"

Aids activists and doctors say that, in their experience, the majority of people with Aids do inform their partners

Grimwood says the people who do not disclose are those with no, or limited, support structures, and those who wish to protect their loved ones, like their parents, from their suffering.

Hlongwane challenges this view "If I'm HIV positive and I'm married, doesn't my wife have a right to know? Doesn't a son and daughter have the need to know if they will look after me and become caregivers?"

However in a democratic society the regulation of private informal relations by the state is always problematic

"If consenting adults agree on a relationship why should the state regulate it?" asks Lawyers for Human Rights director Dr Vinodh Jaichand.

He says that public interest must be balanced against the individual's right to privacy.

Significantly, the only support for notification has come from political parties and politicians.

However, Jaichand says he clearly understands the objective of the notification decision, and hopes the regulations will allay some of the public's concerns

"We trust the regulations will speak to these concerns and not bring back a new-style apartheid, where one group (with HIV-Aids) is marginalised," he says.

If not, "notification could be tantamount to regulating a person with Aids to a slow death by cutting off their interaction with society"

Cornell adds "Human rights and public health are not separate issues. There are always difficult decisions and we should be working together'

Experts at odds over Aids plan

(92) Sowetan 3/5/99

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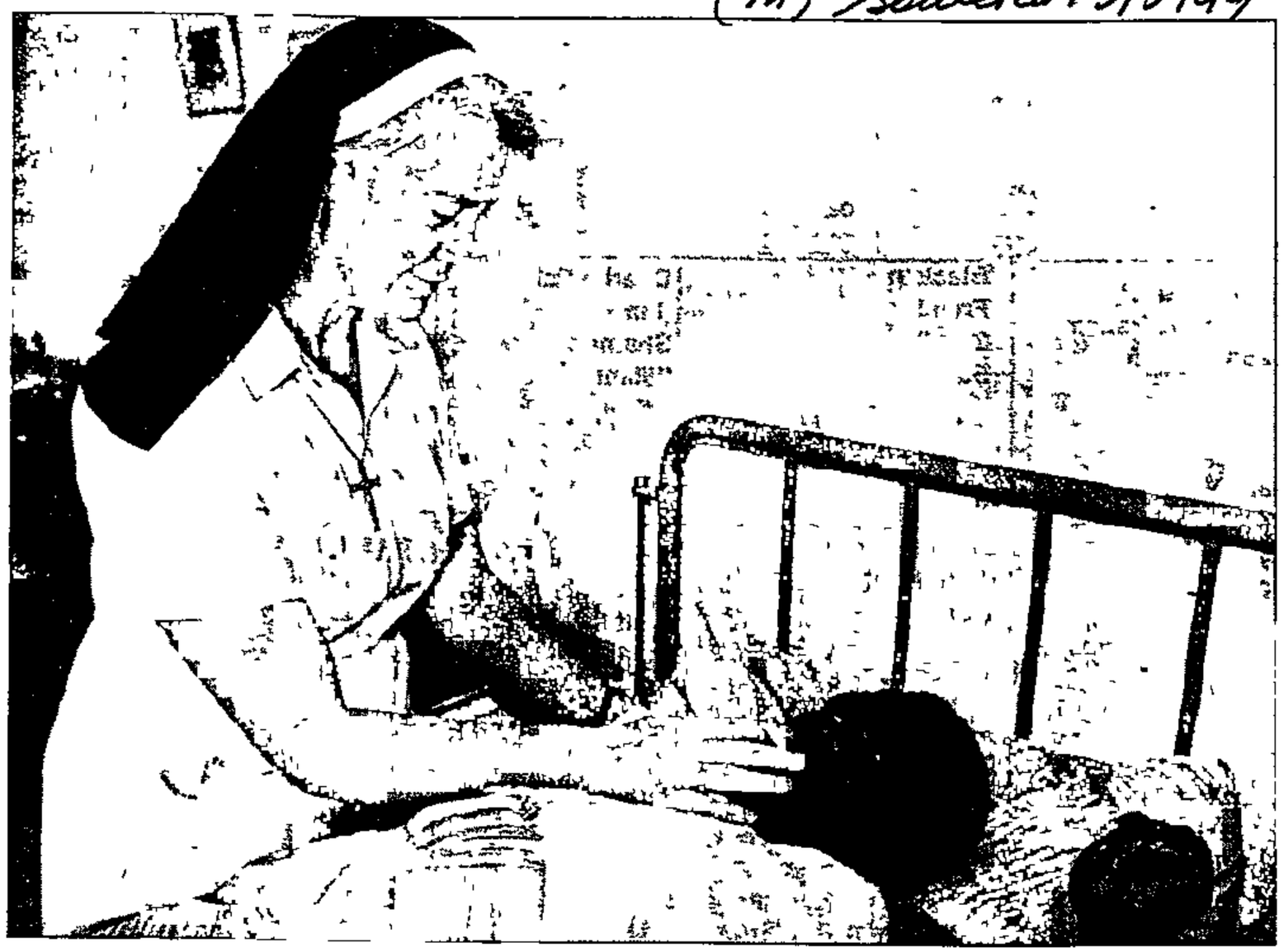

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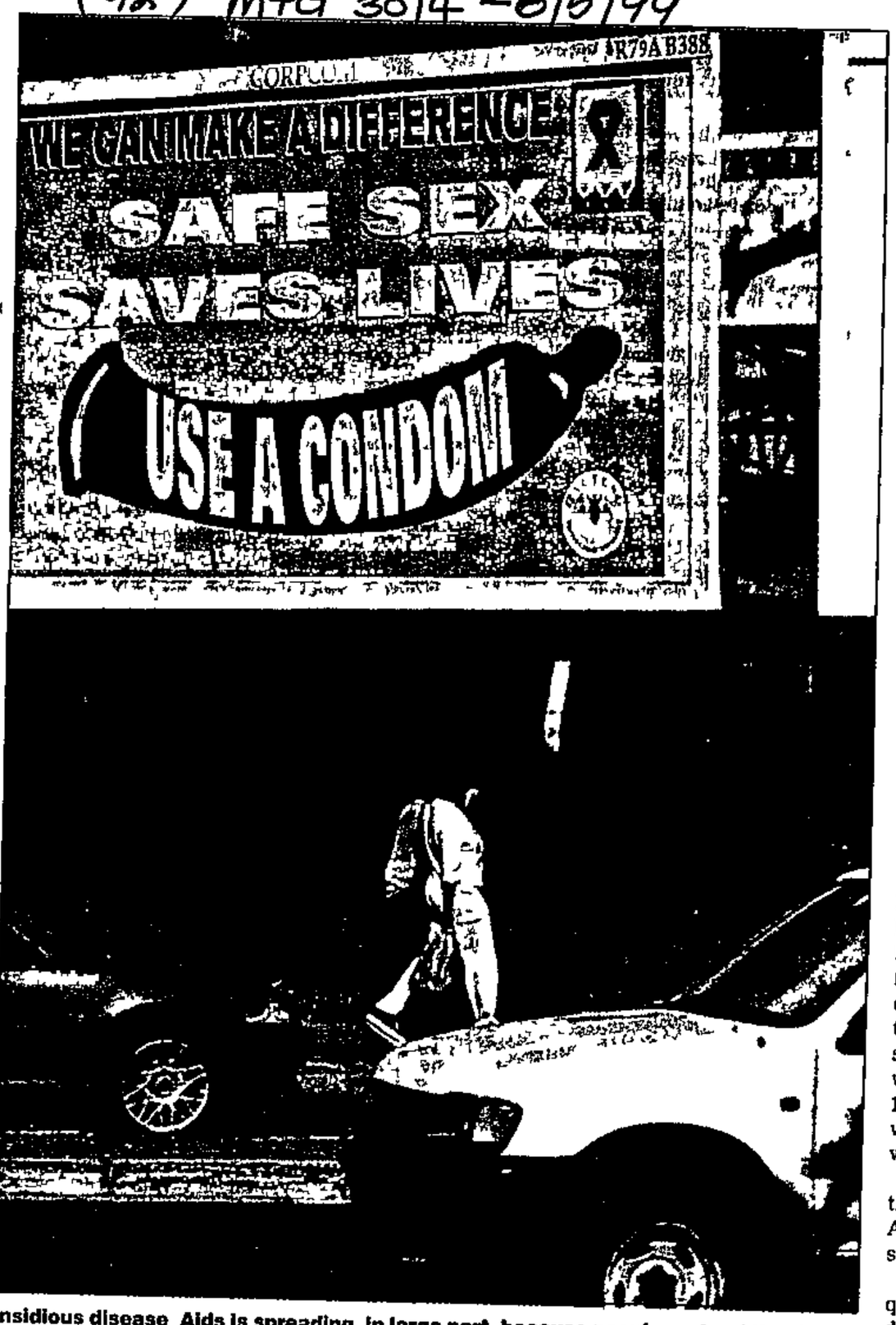
MONITOR

A BAROMETER OF GOVERNANCE AND DEVELOPMENT

The new South Africa's silent killer

(92) M+G 30/4 - 6/5/99

If HIV/Aids infection continues at its current rate, the gap in the productive workforce could be devastating
Aaron Nicodemus *reports*



Insidious disease Aids is spreading, in large part, because people pretend that it isn't there. PHOTOGRAPH RUTH MOTAU

For a country like South Africa the worst part about Aids is who it kills Unlike the bubonic plague that devastated Europe centuries ago, Aids does not prey upon the weak, the old and the sick Its main victims are the strong, the vibrant and the sexually active And it leaves behind children and the elderly to pick up the pieces

By the year 2020 there is a very real possibility that within the heart of South Africa s work force — people 20 to 40 years old — one in every three will be sick with HIV/Aids These are the people on whose backs the new South Africa should be built nurses and teachers, government officials and construction workers, farmers, bankers factory workers and truck drivers These are the caregivers of society, the mothers and fathers. These are neighbours and business associates Your children Your spouse. Yourself.

In numbers of people dying the Aids epidemic is approaching bubonic plague levels Some 11,5 million people (a quarter of them children) have already died from Aids in sub-Saharan Africa according to UNAids

In 1998 alone Aids was responsible for more than two million funerals on the continent By the end of 1998, an estimated 21 5-million men and women will be living with HIV in Africa, plus another one million children UNAids says And four million people contracted the disease on the continent last year alone

The latest figures available in South Africa indicate that nearly four million people and probably several hundred thousand more, are already infected with HIV More than 1 500 people become infected every day It is not alarmist to say that these four million people will die within the next five to seven years replaced by four million more people living with HIV

When the bubonic plague wiped out a major portion of the population, it did its work relatively quickly There was no missing the signs, because the bodies piled up. But Aids is insidious People die slowly usually at home. Because of the stigma attached to a sexually transmitted disease, the cause of death is often listed as something else, like tuberculosis or influenza

Ironically, the economic effect of the bubonic plague was beneficial wages went up and overall gross domestic product of the countries hardest hit went up, too That s because after the plague had run its course, those left standing were productive members of society

Aids will have the exact opposite effect It preys on people in the prime of their lives, killing them when they have the most to contribute The resulting gap in productive work force could be devastating, not only on a human level but an economic level as well

Simply put, those most capable of doing the work will be unable to do it They'll either be sick with HIV or caring for someone who is

When asked what he thought Aids will do to South Africa in the next 20 years, University of Natal professor and Aids researcher Alan Whiteside had this immediate response "It will be an absolute fucking disaster

Dr Clive Evian, a consultant to the Department of Health and an Aids clinician at Johannesburg hospital says, "South Africa has the most explosive Aids epidemic in the world We have a unique set of circumstances that make us particularly susceptible "

The factors playing into the spread of Aids in South Africa are numerous, he says poverty the stigma of Aids that makes the disease unspeakable, the breakdown in family structures due to apartheid and the hostel system, to name a few

Since Aids is a chronic disease, Evian says, the effect will be gradual Hospitals with no room will force people into hallways and waiting areas, while people with less immediate health needs will be refused admission

Businesses will have to spend more money to retrain workers to replace those lost to the disease and productivity will fall due to missed work days Government services will slow even further as key officials (or their loved ones) get sick and die And education will lose innumerable days of learning when teachers become sick.

Then there is the human side of the disease Aids is an impoverishing disease in a country already racked by poverty As people with Aids slowly die, their families lose their incomes, medical bills pile up and family members are forced to care for the sick When a person living with Aids finally dies, left behind is a family who will struggle to cope, impoverished psychologically, emotionally and financially

Since those dying of Aids are also the primary caregivers the number of Aids orphans already estimated to be nearly three million, will continue to grow

Business has been as slow as the government and society to respond to the epidemic "Most companies in South Africa don't believe the threat is there It s only when your customers and your employees fall down dead that you believe it ' says Charles Harebottle, consultant for Occupational Care South Africa. Aids is as much a threat to businesses as it is to individuals "

But Aids will not affect all businesses in the same way A company that exports all its products abroad for example, will not worry about its customers dying from Aids But a local furniture company that sells exclusively to South Africans, could be doubly hit its customers will become sick, and families hit by Aids will have less money to spend on furniture

Harebottle says that one food manufacturer is altering its product line to include more painkillers, which people living with Aids would buy and fewer luxuries, which someone with Aids could not afford

Internally the effects on industry are much more devastating Eskom commissioned a survey in 1995 to determine the effect of Aids on the 37 000 members of its workforce "We're looking at 18% to 20% of our workforce being infected by 2005," says Charles Roos, Eskom's chief medical officer Eskom estimates it will be spending up to R400-million every year from 2005 That money will be spent on pension costs medical aid expenses, lost productivity and recruitment for new employees. The figure represents a quarter of the company s wage bill

"Once you ve quantified the impact, it helps you to focus attention and get management commitment ' Roos said "Management didn't know where to start until they received that data It became a strategic priority once it was quantified "

Roos says Eskom has begun an aggressive campaign to educate all its employees about the dangers of HIV/Aids as well as how deal with the disease should they contract it Condoms are freely distributed and there is a discussion among the company s managers on creating an in house hospice centre to care for those employees who are already sick We ve found that HIV/Aids cases aren t being attended to as they should be in the public and private sectors '

At Iscor the numbers are similarly startling. Diane Ritson the company's project manager for HIV/Aids says the disease will cost Iscor R600-million over the next seven years. She was hesitant to release percentages of Aids infection within the workforce but agreed the numbers approached those unearthed by Eskom Iscor will spend R45-million this year on an aggressive HIV education campaign for all its employees and their families in addition to providing condoms and treating other sexually transmitted diseases

At a 1998 rally Deputy President Thabo Mbeki said For too long we have closed our eyes as a nation, hoping the truth was not so real At times we did not know that we were burying people who had died from Aids At other times we knew, but chose to remain silent

If South Africa really wants to know what it's like to be a country devastated by Aids it should look no further than its northern neighbours. In Botswana, Namibia, Swaziland and Zimbabwe more than one person in five between the ages of 15 and 49 is living with HIV /Aids, according to UNAids The organisation has 25 surveillance sites in Zimbabwe where blood from pregnant women is anonymously tested for infection In 1997 between a fifth and half of all pregnant women had HIV and a third of pregnant women were likely to pass HIV on to their children

With the economies of many of these countries in flux it is difficult to say exactly how Aids is affecting national economies as a whole, says UNAids But there are some indicators

In Zimbabwe life insurance premiums have quadrupled in just two years because of Aids deaths In Botswana, companies estimate that Aids related costs will soar from less than 1% of the wage bill to 5% in six years time. Large companies in Zambia and Tanzania report the costs from Aids illnesses and death exceeded their total profit for the year according to UNAids

Aids is a disease that is spreading in large part because people pretend that it isn t there.

Whiteside cites two statistics from the United States Bureau of the Census which he says are vital to understanding how Aids will affect South Africa life expectancy and infant mortality

In 1998 the agency determined the life expectancy of the average South African citizen to be 55 7 years If Aids were not killing hundreds of thousands of South Africans, this figure would rise to 65 The gap grows even wider by 2010, according to the agency Without Aids, the average South African would live to the age of 68, with Aids, the life expectancy will drop to 48

Infant mortality tells a similar story In 1998, 10 out of every 100 South African children died before the age of five By taking Aids out of that equation, the US agency estimates that figure would drop to seven out of every 100 children

By 2010, one out of every 10 children born in South Africa will die before age five, as opposed to one out of every 20 if Aids were somehow erased from the equation

Evian is pessimistic that anything short of a vaccine will slow the spread of the disease. "It's not going to tail off suddenly, or even level off Aids is going to be with us for a long time. I think a vaccine is the only chance we've got "

Managed care scheme urges SA doctors to test patients for HIV

(92) (889)

JUDITH SOAL
HEALTH WRITER

CT 6/5/99

THE next time you visit your GP you might be encouraged to take an HIV test — even if you think you are not at risk of contracting the disease.

Over the next two months SA's 7 000 doctors in private practice will be visited by representatives of a managed care scheme and asked to urge their patients to be tested for the virus. They will also be told about benefits and treatments available for people with HIV.

"Most people — including many GPs — think there is no treatment for HIV or that if treatments exist they are too expensive and not covered by medical aid," said Laubi Walters of Pharmaceutical Benefits Management. "But this is not true."

Medical aids have started to realise that it is cheaper to keep HIV-positive members healthy than to pay for their hospitalisation when they are ill. Although there is no cure, proper care can allow people with the virus to live productive, healthy lives.

"Medical schemes are paying for Aids-related illness anyway, they just don't always know it."

Walter's company has developed a medical aid benefit programme for HIV, known as Aid for Aids. Members of this programme have confidential access to a range of benefits — from counselling and education to advanced drugs like AZT. Anyone belonging to a medical aid that subscribes to the Aid for Aids is able to join without paying extra.

"About 15 medical aids have signed up since we began a year ago, and we expect 20 more by the end of the year," said Walters.

Given the national HIV rate of 22,8%, he believes at least 10% of those people are HIV-positive. "That means we should have about 36 000 members of Aid for Aids, but only about 1 000 people have joined."

The company believes people aren't joining either because they don't know they are HIV-positive; they are worried their status will be revealed or they aren't aware of the benefits. "This is why we have decided to target GPs, who are probably in the best position to inform their patients about the service," Walters said.

Doctors will be advised to encourage all patients who have had unprotected sex and are members of participating medical schemes to be tested for HIV.

Dr Andrew Clark, who specialises in caring for people with HIV, yesterday welcomed the campaign. "Many doctors send their (HIV-positive) patients away and tell them to come back when they are sick," he said. "Too many doctors don't even know where to start when it comes to treating people with HIV. Even with limited resources, there is a lot that can be done."

Although about 75% of South Africans do not have medical aids and so will not benefit from this scheme, Clark said there would be advantages for the public sector. "It will show that cost-effective treatment for HIV is possible," he said, "and it will provide protocols for this treatment." He said an increase in the volume of drugs used in SA would bring down their price.

● Participating medical aids: ABI Medical Scheme, Barlow Medical Scheme, BMW Medical Scheme; Bonitas Medical Scheme; Finmed Medical Scheme; Independent Newspapers Medical Aid Society; Meddent Medical Scheme; Medical Services Plan; Medshield Medical Scheme; Midmed Benefit Plan; Phila Medical Scheme; SA Breweries Medical Aids Society; SAB Castellion Medical Scheme; Stocksmed, and Wits University Medical Aid Fund.

Sasolmed and Oilmed will join from June 1.

CAPE TIMES
THURSDAY, MAY 6, 1999

SCHEMES TO BE REGULATED

Limited medical cover for terminal diseases

CT 6/5/99

JOHANNESBURG: Regulations on the Medical Schemes Act provides limited cover for HIV, Aids and other terminal illnesses. **CATHY POWERS** reports.

REGULATIONS on the Medical Schemes Act, due to be released today, will provide limited cover for people living with HIV and Aids and other terminal illnesses

According to health economist Alex van den Heever, the prescribed minimum benefits contained in the regulations will mean full cover for specific conditions But people living with HIV and cancer, for instance, will receive cover limited in terms of the efficacy of the treatment "When the treatment can restore health, the patient will be covered," said Van den Heever.

The regulations on the Medical Schemes Act, signed by Health Minister Nkosazana Zuma yesterday, mark the culmination of months of controversy and debate

However, chief executive of the Board of Healthcare Funders (BHF) Dr Aslam Dasoo said he did not expect any major surprises

Zuma has invited comment within the next three months The regulations will be made available to the press today, and will be gazetted tomorrow, according to the Health Department.

On a cursory examination of the regulations, Dasoo said the regulations reflected "pretty much what had been discussed" by the technical task team, consisting of government and industry players

The regulations give effect to clauses in the act, due to come into effect in August, which establish how medical schemes will be regulated The aim of the act is to ensure just and fair access to medical schemes, said Van den Heever.

Dasoo said the three areas the regulations will govern are:

- The prescribed minimum benefits which all medical schemes will have to provide complete funding for
- Medical savings accounts and the level of contributions that can be transferred to these accounts.
- Open enrolment. According to the act, anyone able to afford medical scheme premiums should be given access to the scheme The only differentials in premiums placed on members are income and number of dependants, unlike the previous legislation which limited the members according to age and health records, said Dasoo

One argument against this provision was that if a voluntary medical schemes environment was opened up, people would not join until they were ill. "This could create financial havoc," Dasoo said "It's clear that while voluntary schemes exist, there is a need for protection against this opportunistic behaviour"

Van den Heever said there would be penalties for people who had opted out of joining a scheme until they were older "The clock starts running at 30," he said

These protection measures could introduce further barriers, Dasoo said, but they were necessary to maintain financial stability

A change from a voluntary to a mandatory medical schemes environment would oblige all employed people to contribute to a scheme, along the lines of social health insurance, Dasoo said. Protection in this case would be unnecessary

Natal birth rate slides as AIDS takes toll

ARG 7/5/99

SHARDA NAIDOO

The population of KwaZulu Natal is decreasing For the first time in documented history the mortality rate in the province has exceeded the birth rate, as more young mothers succumb to AIDS every day.

Karen Michaels, a researcher for the Department of Demographics, found that KwaZulu Natal was starting to experience negative population growth because of AIDS

The 1998 Human Development Report (HDR) said that the hardest-hit sector was men between 20 and 40 and women between 15 and 35

"South Africa is experiencing one of the most rapidly progressing HIV and AIDS epidemics in the world, with KwaZulu Natal being the worst," said Ms Michaels

She said if the trends continued, about five million adults would be HIV-positive by 2005 That would result in a steep rise in the adult and infant mortality rate, of which KwaZulu Natal has the highest in the country.

It is predicted that child mortality rates will increase from 48% to 99% in 2010 as a direct consequence of AIDS.

Ms Michaels said, in Durban, where breast-feeding is the prevalent infant-feeding practice, the rate of HIV transmission from mother to child was estimated at 50% in 1992

"There will be a significant reduction in life expectancy levels The epidemic will replicate itself in the children of the next generation, who are likely to experience deprivations that may expose them in turn to HIV infection," she said

By the year 2010 about half South Africa's population is expected to be HIV infected Last year life expectancy dropped from 65 years to 55 years and the growth rate declined from four to two percent, Ms Michaels revealed. The life expectancy is expected to fall to 48 in 10 years.

Professor Alan Smith of the Natal Medical School agreed the mortality rate had overtaken the birth rate in KwaZulu Natal because of the AIDS epidemic

"The increase in the death rate of younger women is the reason for our country's declining population "

Even after a war, when thousands were killed, there was a chance for population growth

"But the extent of the AIDS epidemic is so enormous that we will never recover in growth," he said

The HDR says the combined effect of poverty and HIV and AIDS is beginning to be felt

The epidemic will affect South Africa's economy as skilled people in public industries and services become HIV-infected, it says

While the report suggests that all stakeholders work together to contain the epidemic, it says "even the health workers, who are supposed to help the sick and dying, will soon become infected with the deadly virus"

However, the Health Ministry says it is confident its campaign against AIDS will prevent a drastic population drop. The department's Khangelani Hlongwane said the situation was a top priority.

He said the figures were shocking, but that Health Minister Dr Nkosazana Zuma believed the AIDS-awareness campaign would reduce the predicted infection rate

R600-m pumped into battle against AIDS

ARCT 7/5/99 (92)

DI CAELERS
HEALTH WRITER

A United States-based pharmaceutical company has committed $100-million (about R600-million) over the next five years to fighting HIV and AIDS in South Africa, Botswana, Namibia, Lesotho and Swaziland.

Bristol-Myers Squibb announced yesterday the money would be channelled into research and community outreach

Projects that improved the quality of care for the hundreds of thousands of children orphaned by AIDS in the five countries would be targeted, said a company spokesman

Company chairman Charles Heimbold said sub-Saharan Africa accounted for four out of five AIDS deaths in the world.

His company's initiative was aimed at complementing the broader efforts of the governments of the five countries, "to identify relevant and sustainable programmes for the management of HIV and AIDS".

United Nations Secretary-General Kofi Annan praised the initiative, saying the pharmaceutical company was "providing a remarkable instance of leadership in creating and sustaining partnerships" between public and private sectors.

"The magnitude of the AIDS crisis, particularly in Africa, makes (such) partnerships critical if we are to make significant headway in developing effective therapies, and helping people in need," he said.

UNAIDS executive director Peter Piot called the programme "a significant new development in the global fight against AIDS".

A company spokesman said the money would fund two initiatives, the Bristol-Myers Squibb HIV Research Institute and the Community Outreach and Education Fund.

The institute would develop models for HIV and AIDS management, appropriate to the financial constraints of the five countries, and fund fellowships to train African physicians via the Baylor College of Medicine. Fellowships would also be awarded to US doctors to teach and help in the five countries

The outreach and education fund would help non-governmental and community-based organisations to address HIV and AIDS problems, especially for women and children

Louis Sullivan, a member of the fund's advisory board, said AIDs orphans would be a priority.

US firm offers $100m to fight regional HIV, AIDS

(92) BD 7/5/99

Simon Barber

WASHINGTON — US pharmaceutical heavyweight Bristol-Myers Squibb said yesterday it would spend $100m during the next five years to help SA, Namibia, Botswana, Lesotho and Swaziland develop their own capacity to deal with the AIDS epidemic

Unlike previous industry initiatives, this one — dubbed Secure the Future — will not entail provision of cheap or free anti-AIDS drugs except for trials Instead, Bristol-Myers said it would fund extensive research, train more than 200 doctors,. and back community-level prevention and treatment programmes

"The intention is to complement the broader efforts of governments to identify relevant and sustainable programmes for the management of HIV/ AIDS," said Bristol-Myers CE Charles Heimbold, whose company posts about $18bn in annual sales

The company says its HIV research institute will pay for trials to "generate clinically relevant data that can be used by the African medical community and policymakers to develop a range of practical, cost-effective initiatives"

This would include financing SA studies involving 20 000 AIDS patients, principally women and children One potential source of contention is that these trials would involve combinations of the company's own AIDS drugs, Videx, Zerit and hydroxurea, to develop affordable but effective treatment regimen

The institute will also underwrite fellowships to train regional doctors at Baylor University in Texas and, at SA's insistence, locally, and to bring US physicians to teach and "build capacity" in the five target countries

At the same time, the company is establishing a community outreach and education fund whose priorities will include care for AIDS orphans, counselling for women of child-bearing age and training for community health workers

Grants will also be provided for projects to "improve the economic and social status of women, such as income-generation programmes".

Bristol-Myers's programme comes as government is threatening to grant "compulsory licences" to local firms to make copies of drugs patented by the big pharmaceutical companies.

Government has also turned down a limited offer of free AZT, made by Glaxo Wellcome, to help prevent transmission of HIV from pregnant mothers to babies.

The firm stipulated that administration of the drug be subject to strict clinical protocols Government has contended that too few patients would benefit

Heimbold, whose plan was hailed yesterday by United Nations (UN) Secretary-General Kofi Annan and the UN aids programme, said he hoped other firms would join the initiative or launch similar ones

CAPE TIMES
FRIDAY, MAY 7, 1999

FIVE-YEAR PLAN FOR SOUTHERN AFRICA

R600m boost for Aids work

ET 7/5/99 (92)

JOHANNESBURG: Aids workers say yesterday's $100 million donation to HIV projects in Southern Africa is the first initiative with the potential to alter the course of the epidemic in the region. Health Writer **JUDITH SOAL** reports

INTERNATIONAL pharmaceutical company Bristol-Myers Squibb yesterday announced a R600m commitment towards Aids work in Southern Africa — the largest corporate allocation to HIV projects yet

At a press conference in Johannesburg, the company launched its "Secure the Future" initiative, to be run in partnership with the United Nations' Aids programme and the Medical Research Council The five-year programme, which will focus on women and children, is aimed at improving HIV research and community outreach projects in South Africa, Botswana, Namibia, Lesotho and Swaziland

"Africa, particularly sub-Saharan Africa, has been hardest hit by this epidemic," said Bristol-Myers' Ken Weg "We believe the solutions have to be worked out here rather than imposed by any international organisation "

The initiative has two components One to encourage research into cheaper treatments for HIV and the second to boost Aids education and support programmes It will also fund training for health and community workers

UNAids director Peter Piot said his group is backing what is essentially a private-sector initiative because of the potential for significant gains in the fight against Aids

"The amount is of the magnitude that it is serious enough for the UN to get involved," he said "It is the biggest private-sector commitment in the world "

Rather than importing projects from developed countries, local researchers and community organisations will be asked to submit proposals to the Secure the Future advisory boards, which will be independent of the drug company

"We don't believe there will be any shortage of proposals," said Wag "There is so much good work being done here but not enough resources to support and expand projects We hope to change this "

More than half the money will be spent on clinical trials, which won't be limited to drugs manufactured by Bristol-Myers Squibb

"We won't only use our products and we don't want to fund research on experimental drugs," said Wag "What we want is to test drugs we know are safe in new combinations, or for different lengths of time, to find treatments that work in this region " He hopes the first research proposals will be approved by July

Aids researcher Glenda Gray said her unit at Chris Hani Baragwanath Hospital would submit a range of projects

"At last this epidemic has received a break," she said "This is the first real money we have received — the rest has been insignificant " She hopes to continue trials on treatment to stop HIV transmission from mother to child that were cancelled by Health Minister Nkosazana Zuma

"We don't need to test AZT intervention because we know it works," she said "But there are other studies we would like to do "

Yesterday's critical press contingent searched for ulterior motives in Bristol-Myers' announcement Beyond the obvious good publicity — none too cheap at $100m — they were hard to find But former US congressman Ronald Dellums, who helped develop the project, pointed out "It's not about philanthropic ideals or lofty morals — whatever they maintain," he said "It's about self-interest

"If you think about the scope of the Aids epidemic and the number of economically active people who are dying in their prime, you have to realise that this disease has the potential to collapse entire economies in Africa

"With the global economy the way it is, if someone on the other side of the world sneezes then you end up with a cold That's not in anyone's best interests, and the corporate sector knows this "

Battle against HIV/Aids receives a R600-million boost

(92)
Star 7/5/99

Staff Reporters

Southern Africa's Aids-fighting efforts were boosted yesterday by a multimillion-rand donation aimed at setting up a research institute that will concentrate on practical, cost-effective measures.

The donation of $100-million (R600 million) from pharmaceutical company Bristol-Myers Squibb is the largest corporate commitment of its kind in the battle against HIV/Aids. It will also fund intervention programmes aimed at women and children in five sub-Saharan countries, including South Africa.

The "Secure the Future" initiative will, over the next five years, fund a research institute in South Africa as well as a community outreach and education fund.

Kenneth Weg, vice-chairperson of Bristol Myers Squibb, said in Johannesburg yesterday that the research institute would, through research programmes, facilitate development of model programmes for the management of HIV/Aids in Botswana, Namibia, Swaziland, Lesotho and South Africa.

"The company expects this research to generate clinically relevant data that can be used by the African medical community and policymakers to develop a range of practical, cost-effective initiatives."

Dr Liz Floyd, director of the Gauteng Aids programme for the provincial health department, welcomed the initiative, but said the odds were stacked against women.

"Women are especially vulnerable to HIV – they may know how to protect themselves but are not in a social position to do so."

Floyd said the scale of orphaning through Aids was very serious and that Gauteng was going to have to come up with new ways of dealing with its projected half-a-million orphans by 2020.

Weg said drugs such as AZT produced by other companies would also be considered. Additionally, the institute would facilitate the care of thousands of people with HIV/Aids through medical training of African physicians, who would be awarded fellowships to be administered by the Baylor College of Medicine in the US.

The second initiative, the Community Outreach and Education Fund, would aim to help strengthen non governmental and community-based organisations to address a broad range of pressing social and educational issues facing women and children as a result of the epidemic.

South Africa currently had 200 000 children orphaned by Aids.

Dr Peter Piot, executive director of UNAids, said the targeted countries were the worst affected by the epidemic in the world. Four out of five women who had HIV/Aids worldwide lived in Africa.

Weg said company executives had met with Health Minister Dr Nkosazana Zuma, who had given her full support.

Ministry refuses anti-HIV drug discount

(92) MG 7-13/5/99

The Ministry of Health says it needs proof of the effectiveness of AZT before it can accept discount offers for the drug. **Aaron Nicodemus** *reports*

The Ministry of Health has so far refused to accept Glaxo Wellcome's offer of a reduced price for anti retroviral drugs, and maintains that there is not enough proof that anti retroviral drugs work.

But that belief is disputed by many Aids experts, and even contradicted by practice in some public hospitals — where the state covers the cost of the supply of anti retroviral drugs for their health care workers, but refuses to provide it to patients

Chris Hani Baragwanath hospital in Soweto, for example, provides AZT to its health care staff in the event of a needle-stick injury Evelyn Keswa, a senior researcher and nurse at the hospital, says in the past two years, three nurses exposed to HIV were given a four week treatment by the hospital.

Mother to child transmission of HIV is another area where anti retroviral drugs have been proven to reduce transmission of the disease, by anywhere from one half to two thirds.

Dr Clive Evian, an Aids clinician at Johannesburg hospital, says that anti-retroviral drugs are a "cost-effective medical intervention to reduce mother to-child infection It will save the lives of children, and it will save significant costs in treating children with Aids. I can understand the government's apprehension, but they are using many other medical interventions on a much more flimsy basis "

There have been four major studies on the efficacy of AZT, 3TC and other anti retroviral drugs in reducing mother to child infection and needle-stick injuries.

No studies have been conducted on its efficacy on reducing HIV transmission to rape victims but there are inherent problems with such studies. A traditional study, where some victims would be given anti retroviral drugs after being raped and others denied the drugs, would be unethical.

"You'd have to do a register, and try and follow which rape victims took AZT and which ones did not," said Dr Glenda Gray, director of the HIV research unit at Chris Hani Baragwanath hospital. And there are other difficulties, like the fact that most rape victims do not know whether their attackers have HIV, she said.

Glaxo Wellcome's offer to provide their anti retroviral drugs to developing countries at reduced cost has other drug companies shivering in fear, according to an industry insider The prospect of finding a cure for Aids is becoming less and less attractive to drug companies. "The first company to find a really effective Aids drug will go bankrupt," he says

"Why? Look where the majority of Aids cases are — South East Asia and sub Saharan Africa Not too many people living in those parts of the world can afford expensive drug treatments.

"In today's social scenario, how can you say no if you've got something to help them?" he asks. "If [the protestors] succeed in getting Glaxo Wellcome to give it away for free or drastically reduced cost, you kill Aids research. When you're suffering and dying of Aids, things like profit margins don't go through their minds That in itself is a costly gesture. To create this kind of issue is seriously disruptive to the cause of finding a cure."

Dr Peter Moore, Glaxo Wellcome's medical director for sub Saharan Africa, agrees that offering drugs to governments at reduced cost is a financial risk, but the company hopes that much higher prices for the drugs in the Western world can offset losses created by offering it at reduced cost to developing countries.

Moore says there are no concessions being requested by Glaxo Wellcome to offset the loss of profits. "It is a totally unconditional offer," he said. The offer does not restrict the amount of the drug provided and does not ask for any special legislation to be passed that would be favourable to Glaxo Wellcome, he said

The only safeguard that the drug company will make is to specially mark the drug in a way to make it different from those sold in the West There is a risk, Moore says, of the drugs being illegally exported from Africa to the Western world, where black marketeers could demand higher prices

The decision on accepting the offer now rests in the hands of the Department of Health and its minister, Nkosazana Zuma

The drug will cost the government R400 per month long treatment under the offer made by Glaxo Wellcome The current price ranges from between R3 000 and R5 000 for the month long drug treatment

Health department representative Vincent Hlongwane says the talks between the government and Glaxo Wellcome are continuing "There are a number of issues that need to be looked at that do not necessarily impact on health " he said

A demonstration was held outside Glaxo Wellcome's offices in Midrand last week to demand that anti retroviral drugs like AZT be provided to rape victims free of cost. The rally was held in large part due to a story by *Mail & Guardian* reporter Charlene Smith, who recounted being raped in her home and then her difficulty in obtaining the drugs that might reduce the chance of her being infected with HIV

Smith says that by not giving AZT and other anti retroviral drugs free to rape victims, the government is condemning many of them to death "If they don t care about the lives of women, then they should start thinking about the economic consequences of this decision, she said, noting that hospitalising the thousands of rape victims who contract HIV will prove many times more costly than providing them with AZT

Africa still stigmatises HIV-positive people

(92) MG 7-13/5/99

Aaron Nicodemus

After getting over the initial shock of being told that he was HIV-positive, Oziel Mdletshe (31) wrestled with informing his family, his girlfriend and his closest friends

Once he was assured he had their love and support, he struggled with telling everyone else in KwaMashu, a community outside Durban that has a reputation for being hostile to people living with HIV

In December 1998, an HIV positive woman, Gugu Dlamini, was beaten to death outside a shebeen in Kwa Manchinza, an informal settlement near KwaMashu Four teenagers allegedly killed her because she was so public about her HIV positive status

Mdletshe's case is unlike that of high court Judge Edwin Cameron, who announced recently that he has Aids. Cameron said he was able to reveal his HIV positive status for "very particular reasons" he has a secure job, is surrounded by loved ones, friends and colleagues who support him, and has access to medical care that ensures he remained strong, healthy and productive.

Most of the estimated 3,6-million South Africans who are already HIV-positive do not have such luxuries, Mdletshe included.

HIV has changed Mdletshe's life His second child, born with HIV, died soon after birth He can no longer work at his former job as a car spray-painter because he cannot stand up all day He now barely makes ends meet as a freelance videographer, and he is currently the media co-ordinator for the National Association of People Living with HIV/Aids (Napwa) The disease forced him to quit smoking. His health is a constant concern, especially since he does not have access to first-class medical care

Dlamini's death gained worldwide attention about the dangers of revealing your HIV status in South Africa The incident placed an international spotlight on one African township where the taboo surrounding Aids — a taboo that is powerfully strong throughout all of Africa — spilled over into murder

"As a community, we don't want to accept it," says Mina Lesoma, a representative on the North Central Council About HIV/Aids "If you get HIV, you don't get support within the black community You're neglected, and many of their needs aren't met But I wouldn't like to say that the people of KwaMashu are out there gunning for people living with HIV"

Lesoma says Dlamini's murder has galvanised many community leaders and organisations to begin an information campaign about HIV/Aids. The campaign, called the KwaMashu Aids Action Forum, will train selected members of the community to teach others about how Aids is transmitted, how to prevent transmission and what to do once you've contracted the disease. There will be community forums, videotapes, condoms and literature

But there is still no support group for people living with HIV in KwaMashu, limited counselling, and the queue at the only clinic in town winds around the block every single day

A recent study on HIV/Aids revealed that the rate of HIV/Aids in pregnant mothers has risen from 17% to 44% between 1992 and last year in a KwaMashu clinic, the largest such increase at any clinic in the survey. Researchers believe prevalence in pregnant women to be "a good indicator" of the infection rate's progress within the population

Fighting back: Oziel Mdletshe is HIV positive and now works with the National Association of People Living with HIV/Aids to overcome rejection from the community PHOTOGRAPH: NADINE HUTTON

Mdletshe has not encountered the type of hostility that allegedly caused Dlamini's death, and says his hometown's reputation for malice towards people living with HIV is undeserved. "Since the Gugu case, the perception of KwaMashu has been that if you say you have HIV, they'll kill you," he says.

But Mdletshe says he has only encountered misunderstanding about HIV/Aids, something common throughout the country He is determined to use his example to teach others about the disease

"Her death was a shock," Mdletshe says "I realized that, OK, it can happen to me anytime " After living for two years with HIV he says it has not radically changed his relationship with the people of KwaMashu "People see me as a normal person, a responsible person. They treat me the same as they did before," he says

His HIV positive status has not changed his relationship with his neighbours. Mdletshe believes the key to his success in disclosing his status was to do it slowly. First, you come to terms with it yourself, he says. Then you confide in family and friends, earning their support. This process takes time Only when you have a strong base of support should you consider disclosing your status to everyone else, he says

Thabile Sibankulu, a nurse at the KwaMashu clinic that has treated Dlamini and Mdletshe, says many people in the township are still afraid to disclose their HIV-positive status "I think our community is still not sure how it is *not* transmitted," she said

"We're still determined to work harder in enlightening the community about the disease, and make them aware that anybody can contract HIV We're asking the community to join hands with us in fighting HIV/Aids "

The stigma surrounding HIV/Aids in African society is a powerful one People living with HIV/Aids are often fearful of their neighbours' response They are often ashamed they contracted the disease Some even consider killing themselves

Pat Hlongwane, a volunteer for Napwa was one of those people When he discovered he was HIV positive four years ago, he wrote out a suicide note, loaded a gun and was ready to kill himself when a friend intervened. He has since found God, and has dedicated his time to teaching people about HIV and Aids

People like Mdletshe and Hlongwane do not consider themselves to be extraordinary or brave They say they are normal people struggling to survive with a disease that is killing hundreds of thousands of South Africans every single year They are living proof that there is life after becoming HIV positive

"I'm positive," Mdletshe says, referring to his outlook, not his status. "I want to show people that you can live with HIV"

Fight against Aids gets R600-m boost

(92)

By Bhungani Mzolo
Health Reporter

FIVE Southern African countries battling to cope with the HIV and Aids epidemic are to receive more than R600 million to support women and children suffering from the disease

The programme, called Secure the Future and funded by pharmaceutical company Bristol-Myers Squibb, is supported by the United Nations Programme on HIV and Aids (UNAids) and the Medical Research Council

The countries to benefit are South Africa, Namibia, Swaziland, Botswana and Lesotho

The money will be used for

- developing models for managing HIV and Aids,
- establishing programmes for the care and support of HIV and Aids, and
- running training programmes to increase public awareness on the two killer diseases

According to Dr Peter Piot of UNAids, in 1998 seven out of 10 new HIV infections occurred in sub-Saharan Africa and more than 80 percent of the world's HIV and Aids deaths have been in this part of the world

"Today in Africa, it is armed conflicts and the Aids epidemic that are threats to social and economic development," Piot said

The programme has been described as the largest corporate funding for the fight against the disease

Doctors, nurses and other health professionals totalling 250 will be funded to further their studies up to masters level in a programme that will involve the the Pretoria-based Medical University of Southern Africa

'Younger mothers of the nation are dying'

Our worst nightmare has begun

Star 8/5/99 (92)

By SHARDA NAIDOO

For the first time in history, deaths have exceeded births in KwaZulu Natal. This shocking disclosure is confirmation that the country's Aids nightmare has already begun. And this is predicted to become the reality throughout South Africa "very soon" as the younger mothers of the nation die as a consequence of Aids.

Karen Michaels, a researcher for the University of Natal's department of demographics, found that KZN was starting to experience negative population growth, ahead of the other provinces, because the Aids and HIV epidemic had reached alarming levels in this province.

The 1998 Human Development Report stated that the hardest hit sector was men aged between 20 and 40 and women between 15 and 35, who are of child-bearing age. The report predicted that just 13% of South Africa's population would reach the age of 40 by the year 2005.

"South Africa is experiencing one of the most rapidly progressing HIV and Aids epidemics in the world, with KZN being the worst," said Michaels.

If current trends continued, about 5 million adults would be HIV infected by 2005, Michaels said. This would result in a steep rise in the adult and infant mortality rate.

Child mortality rates are predicted to increase dramatically by 2010 as a direct consequence of Aids. This means that almost all the children born 10 years from now will die because the HIV-positive mother will infect her child either during pregnancy or when breastfeeding.

Michaels said that in Durban, where breastfeeding is the predominant practice, the rate of HIV transmission from an infected mother to child was estimated at 50% in 1992.

As a result, about 900 000 babies would be orphaned in five years. "There will be a significant reduction in life expectancy levels not experienced in recent decades," she said.

"Increasing numbers of children will watch their parents die and they will face social and economic problems. The epidemic will replicate itself in the children of the next generation, who are likely to experience social and personal deprivations that expose them in turn to HIV infection."

Models projecting the future size of the population show that by 2010 about half of the general population will be HIV infected. Last year the life expectancy dropped from 65 years to 55, and the growth rate declined from 4 to 2%, Michaels revealed.

In 10 years, she said, life expectancy is projected to fall from 68 years, in the absence of Aids, to 48 years.

This has devastating implications for the social structure of households and for people's quality of life, the report stated.

Professor Alan Smith, head of the virology department at the University of Natal Medical School, said the mortality rate had overtaken the birth rate because of the severity of the Aids epidemic in the province.

"Eventually the entire country will go into negative growth, but I'm afraid it is happening sooner in KwaZulu Natal."

He said stakeholders and the public needed to realise that these figures were the reality and had not been released for their shock value.

A TIME TO DIE An Aids sufferer waits for the end

■ To Page 2

P.T.O.

Deaths exceed births in KZN as Aids kills

SAON 8/5/1999 (92)

■ From Page 1

"The mothers of our nation are dying. The increase in the death rate of younger women is the reason for our country's population declining by 2010"

Smith said the Aids epidemic was killing younger mothers – a vital component of the population as they were responsible for producing future generations "This will be disastrous for our demographics," he predicted

He added that even after a war, when thousands were killed, there was a chance for population growth as there was usually a baby boom afterwards "But the extent of the Aids epidemic is so enormous that we will never recover in growth," Smith explained

The epidemic will also have a negative effect on the economic position of South Africa, as most of the skilled people in public industries and services become HIV infected.

Although the report suggests that all stakeholders must work together to contain the epidemic, it seems to indicate we are moving in a vicious circle, as "even the health workers, who are supposed to help the sick and dying, will soon become infected"

It adds. "Most likely to be affected is the public sector, where there is already evidence of the crowding-out of other non-HIV-related illnesses.

"Demands on health services will massively intensify while, simultaneously, the capacity of the health system will be undermined by losses of staff due to HIV and Aids The improvement of teaching will be eroded by staff losses and reduced institutional inefficiency," said the report

However, the Health Ministry believes its campaign against Aids will prevent a drastic decrease in the country's population.

Minister Nkosazana Zuma's spokesperson, Khangelani Hlongwane, said the ministry viewed the situation as a priority. He agreed the figures were shocking and said the government saw the problem as serious.

But Zuma believed that the department's Aids awareness campaign, which was aimed at improving the quality of people's living conditions, would reduce the predicted number of people being infected with the virus

The department was working in partnership with businesses, labour, the entertainment industry, religious communities and others to address the spread of HIV and Aids

"We're targeting every sector of the population to get involved in our campaign to curb this epidemic," he said.

Zuma in dramatic AZT about-turn

Hospital's go-ahead to distribute drug to pregnant women with HIV signals shift in health policy

(92) ST 9/5/99

LAURICE TAITZ

SOUTH Africa's biggest hospital, Chris Hani Baragwanath, in Soweto, has been given the green light by the government to distribute AZT to pregnant HIV-infected women.

The anti-AIDS drug, shown to reduce transmission of the virus from mother to child by more than 50 percent, will be given to the hospital free of charge by UNAIDS

The move signals a shift in the policy which has been in place since Health Minister Dr Nkosazana Zuma's announcement in October that the government would not provide the drug

Speaking on behalf of Zuma, Khangelani Hlongwane said: "We did not stop anyone from making those donations. We do not dispute the studies or the economics, we dispute the price — AZT is simply unaffordable. We are continuing to negotiate with the manufacturer, Glaxo Wellcome But there is no cure for AIDS So for government the most telling impact on the disease will be made by intensifying education and increasing public awareness"

However, despite Hlongwane's assertion that it was not government policy to refuse free AZT, it has taken three months for permission to be granted for the hospital to accept the donation

Dr Glenda Gray, of the Perinatal HIV Research Unit at the hospital, said: "It's a relief to know AZT will be available We have been waiting since March and have been forced to turn away about 200 women a month It was an act of goodwill on UNAIDS's behalf, and it is unfortunate that the system has worked so slowly in the case of this urgent intervention"

The donation of the anti-AIDS drug is a standard commitment made to all sites where UNAIDS research is carried out. Chris Hani Baragwanath Hospital took part in the UNAIDS-sponsored Petra study in which research was carried out to prevent transmission of HIV from mother to child The enrolment of pregnant women into the trials ended in September.

According to Lisa Jacobs, press officer for UNAIDS in Geneva, trials are always performed with government sanction, and the results are usually integrated into government policy To bridge the gap between the time the trial ends and the research findings are implemented as national policy free drugs are made available. But the SA government's announcement in October that it would not provide AZT to pregnant women caused uncertainty, and UNAIDS held back on supplying the drugs. When the Health Department's stance remained unchanged, it approached the Gauteng Health Department, making a formal request for permission to donate the drugs

Jo-Anne Collinge, department spokesman, confirmed it approved the donation "since the UN funding is within the ethical requirements of research. This is a provincial decision and it is not taken in defiance of national policy."

New study finds HIV treatment affordable

(92)

DI CAELERS
HEALTH WRITER

ARG 10/5/99

A national programme to reduce mother-to-child HIV transmission in South Africa would be affordable and cost-effective, according to a study in the latest *Aids Bulletin*, a Medical Research Council publication.

The study, by David Wilkinson, formerly of the MRC, and researchers at the Liverpool School of Tropical Medicine, outlines an economic model for such a programme, which the researchers say would cost only "a small fraction of the health budget"

Health Minister Nkosazana Zuma has repeatedly refused to consider supplying the AZT drug to HIV-positive pregnant women, saying the Government cannot afford it, in spite of offers of a 75% discount from pharmaceutical company Glaxo-Wellcome

Last week, however, she promised representatives of the National Association for People Living With Aids that she would consult the Government and report back in six weeks on a figure it was felt would make AZT affordable

The Western Cape health department is financing two pilot projects in Khayelitsha, in spite of the national department's stance

HIV prevalence among pregnant women is now as high as 40% in some areas of South Africa Most HIV-positive children are infected by their mothers during pregnancy, birth or breastfeeding

The researchers said their economic model to measure the cost of a national AZT programme for HIV-positive pregnant women was based on a combination of short-course AZT, plus formula milk feeding for four months, with counselling provided by paid lay workers

"At a total cost of R160,54-million, 23 546 paediatric HIV infections might be prevented by a national programme.

"This is equivalent to 0,97% of the national health budget "

The most conservative estimate of care costs saved per infection that was averted was R2 953, and the least conservative R17 687

In another report in the bulletin, James McIntyre and Glenda Gray, directors of the peri-natal HIV research unit at Chris Hani Baragwanath Hospital, said mother-to-child transmission of HIV was "a crucial problem"

HIV named as Africa's No 1 killer by world health watchdog

@(92) ARG 12/5/99

Johannesburg – HIV/AIDS is now the number one overall cause of death in Africa, and has moved up to fourth place among all causes of death worldwide, according to the latest annual World Health Report

Last year, HIV/AIDS was ranked as the seventh highest cause of death worldwide

The report, released yesterday in Geneva by the World Health Organisation (WHO), used HIV/-AIDS estimates from the Joint United Nations Programme on HIV/AIDS and WHO's own estimates of other diseases, to rank the world's major causes of mortality, morbidity and disability

Heart disease, strokes, and acute lower respiratory infections, typical causes of death in old age, were the only causes of death to surpass HIV/AIDS

The epidemic was responsible for one in five deaths in Africa in 1998, approximately two million people, according to the UNAID/-WHO estimates

Dr Peter Piot, UNAIDS executive director, said it was of great concern that AIDS had been with us for just 20 years and was already killing more people than any other infectious disease

"It is the most formidable pathogen to confront modern medicine, with the potential to undermine this century's massive improvements in health and well-being of people around the world."

The new report says HIV is catastrophic because Aids targets young adults and the number of deaths are accelerating "Even if we stopped HIV today, because of the millions of people living with the infection, the burden of Aids will continue to be severely felt," he added. – Argus Correspondent

Free AIDS drugs for raped women in crisis centre plan

City pharmacies selling AZT – at a price

Two new emergency rape centres, where survivors will be given anti-AIDS drugs regardless of whether or not they can pay for them, are on the cards for Cape Town.

A similar centre in Johannesburg, the first to be opened by the hospital group Netcare, is already providing AZT to rape survivors as part of a broader service that includes medical treatment, testing and counselling

The plan is to extend the concept to other parts of Gauteng as well as Cape Town

According to Rape Crisis Cape Town director Carol Bower, survivors who go within 24 hours to Groote Schuur Hospital will be given AZT free of charge "in appropriate circumstances"

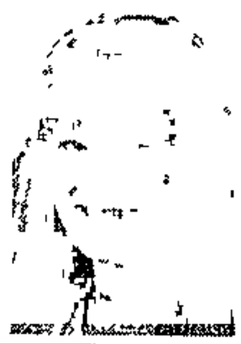
Rape survivors may also buy AZT and 3TC at Victoria Pharmacy in Woodstock A 28-day course costs R1 515 Glengariff Pharmacy in Sea Point sells a 28-day course of the two drugs for R1 727

Distribution of anti-AIDS drugs to rape survivors has become an emotionally-charged issue in South Africa where a woman is raped every 26 seconds

That statistic, combined with the fact that about four million people in South Africa are living with AIDS, raises the chances that women who are raped may also contract HIV

Health Minister Nkosazana Zuma has rejected calls to make AZT and other anti-retroviral drugs available to rape survivors, saying there is no research to prove they work

Des Martin, president of the South African HIV/AIDS Clinicians' Society and deputy director of the National Institute of Virology, said there was indeed no local or international research to prove anti-AIDS drugs worked in the case of rape



CAELERS

HEALTH WRITER

However when extrapolated from the needlestick injury setting, where risk was reduced by 80% when the drugs were used, it was highly likely the drugs also would be effective for rape survivors

In the case of needlestick injuries, the drugs recommended were categorised according to the severity of exposure

"With sexual assault, there is usually trauma and bleeding so we would recommend triple therapy of AZT, 3TC and Crixivan," said Dr Martin

The drugs should be given as soon as possible, preferably within hours, but "there is a window of perhaps up to 48 hours when it would be successful"

Dr Martin said the ideal would be to see emergency rape centres like the one at Sunninghill Hospital in Rivonia, Gauteng, set up around the country There, all women who had been raped, whether or not they could afford the drugs, were given AZT and sympathetic care Later, the indigents found to be HIV-positive were referred to state structures

Adrienne Wulfsohn, head of Sunninghill's accident and emergency unit, said they opened the centre, called the Albertina Sisulu Rape Crisis Centre, at the end of last year

Although they had started slowly, mostly due to the controversy around anti-AIDS drugs for rape survivors, Dr Wulfsohn said Netcare had plans to extend the service to other parts of Gauteng and Cape Town

"We treat all patients irrespective of their financial circumstances We manage them completely from medical care and trauma counselling, to AZT and follow-ups," she said.

All patients were immediately given AZT, regardless of whether or not their initial 10-minute rapid HIV tests turned up negative Patients with medical aid cover were billed for the treatment, but if their medical aids did not pay, the bill was scrapped

At the moment they were giving only double therapy – AZT and 3TC, she said

Ashraf Grimwood, national chairman of the National Aids Convention of South Africa, said doctors and pharmacists dispensing anti-AIDS drugs in Cape Town were doing so at virtually wholesale prices

Dr Grimwood said that since AZT and other anti-retrovirals worked for needlestick injuries and mother-to-child transmission, "logic dictates" it would work in cases of rape

"It doesn't help when people get up and say there is no research research in this kind of area is highly problematic "

■ Call Rape Crisis Cape Town, which supplies information to rape survivors 24 hours a day, on 447 1467

NOTIFICATION 'EXPENSIVE, INACCURATE, USELESS'

Zuma tries to allay Aids fears

(ep) CT 13/5/99

THERE has been a lot of talk about Health Minister Nkosazana Zuma's decision to make Aids a notifiable disease, but what does it really mean? Health Writer **JUDITH SOAL** reports.

THE next time you visit your local clinic or counselling centre for an HIV test, will your family be given the results? Will all your sexual partners be visited by the Aids police? What happens if you refuse to say where you live?

Health Minister Nkosazana Zuma's announcement that Aids will become a notifiable disease has been the subject of much debate but, according to the ministry, the source of even more ignorance

"The regulations are about Aids, not HIV," said Zuma's spokesperson, Khangelani Hlongwane

"If you have a test and find out that you are HIV-positive then this will not apply to you We are only talking about clinical Aids, when the person is sick"

He stressed that the government does not intend to release the names of people with Aids

"We don't even want to know names We just want to know how many people there are, where they live, how old they are and what particular sickness they have"

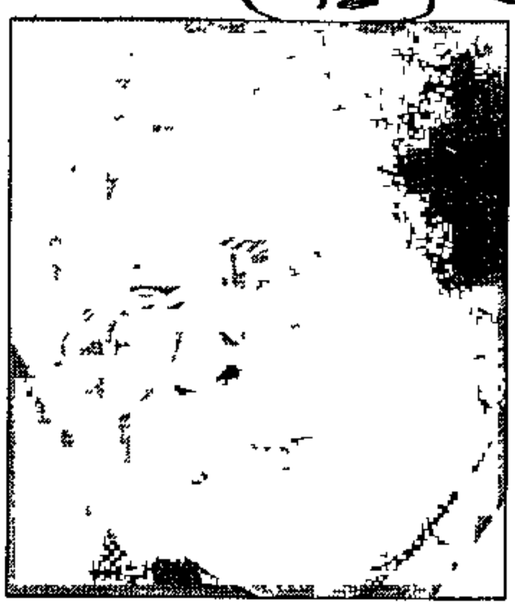
The most controversial part of the regulations is the requirement that family members be told the diagnosis The *Government Gazette* (April 23) states "In cases where the medical condition is Aids, the person performing the diagnosis shall also inform the immediate family members and the persons who are giving care to the person in respect of whom the report is made and, in cases of Aids deaths, the persons responsible for the preparation of the body"

Why, then, are so many people talking about telling one's partner whether one has HIV?

"There was a proposal made at the SADC (Southern African Development Community) meeting to say we should begin with HIV and that partners should be notified That is under discussion, but for now we are concentrating on Aids," Hlongwane said

Zuma's move has received the support of all major political parties However, it has caused heated debate in Aids counselling circles, where confidentiality is seen as essential

"It puts health workers in an extremely difficult position ethically," said counsellor Helen Williamson



UNDER FIRE: Nkosasana Zuma

Arguments for notification include

- It is the only way to keep accurate information about the spread of the epidemic, to plan future health services and distribute resources like medicines
- Many people will be dying at home of Aids, and caregivers need to be told to take precautions against infection
- Since the virus remains active in the body after death, people who prepare bodies for burial are at risk of exposing themselves to HIV
- Notification could help break the silence and stigma of Aids

Arguments against it include

- Aids notification will only provide information about the epidemic as it was five or more years ago, when those now with Aids first became HIV-positive This information won't be useful for planning
- Notification is expensive and notoriously inaccurate Cheaper and more accurate methods (such as antenatal testing) can be used
- Health workers are unlikely to have time to carry out the regulations It will be hard to implement since nursing staff have to rely on patients to name partners and family members
- People with Aids — particularly women — could face discrimination when family members find out they have Aids They are at risk of violence or being kicked out of their homes
- People who think they might have HIV will refuse to have tests or go for treatment if they know their families will be told, so driving the disease further underground
- If partners are notified, they are likely only to be long-term partners, who are likely to be positive themselves
- All scientific evidence suggests that the risk of transmission when caring for a person or preparing a body is virtually non-existent.

Aids groups are due to meet today to discuss their response They have three months to respond to the Health Ministry before the regulations become law

AUNDICED EYE

WILLIAM SAUNDERSON-MEYER

AIDS: political correctness obscures solution

ARGT 15/5/99 (92)

The Democratic Party's Graham McIntosh has aroused the fury of the gay community with a controversial attack on homosexuality and Judge Edwin Cameron, who has admitted to being HIV-positive

The attack was in a letter to the Mercury, a Durban newspaper The gloss since put on it by the DP is that McIntosh is concerned that by making AIDS legally notifiable, the Government will make it more difficult to combat the disease However, much of the letter reeks of sanctimony and disapproval, camouflaged in a smattering of argument.

It almost resulted in McIntosh's expulsion from the DP after he publicly reiterated his views hours after the party issued a statement in which he supposedly apologised for any hurt caused

The letter is convoluted and obscure, but the odour of fire and brimstone unambiguously conveys McIntosh's distaste for homosexuality

He lambastes Cameron as a leader in a strident minority who are openly homosexual and who attempt to sanitise homosexuality and its associated guilt trips Cameron's infection, writes McIntosh, is a logical consequence of his self-proclaimed, public and enthusiastic practice of a homosexual orientation

One wonders does McIntosh believe that Cameron might have avoided infection had he practised his "orientation" with less passion? And has Cameron being frightening the horses?

It is disturbing that McIntosh is so otherworldly that he believes that AIDS is confined to debauched homosexuals Perhaps someone should take him aside and explain that it can strike those who practise pedestrian sex in the very private confines of heterosexual marriage

McIntosh is apparently deeply religious No doubt many adherents to Christianity, the Muslim faith and other major religious groups will echo his abhorrence of homosexuality

It may also be that some are rabid enough to share Robert Mugabe's belief that homosexuality, whose practitioners are, in Mad Mugs's words, "worse than dogs and pigs", is a decadent aberration that should not be allowed to take root in African soil.

DISCLOSURE Judge Edwin Cameron, who has admitted to being HIV-positive

To that extent, the opprobrium heaped on McIntosh's head is well deserved, even if it is mostly motivated by political correctness rather than by tolerance of others

This country has been screwed up enough by self-righteous, table-thumping bigots It is unfortunate, though that a frank and unemotional airing is not being given to some crucial issues raised by the AIDS epidemic

McIntosh, for example, believes that all students should be tested for AIDS Those found positive should not be allowed to enrol for long degrees since they will not live for more than five or six years.

One does not know from where McIntosh conjures this lifespan With treatment and care people can live for far longer Nor does everyone who is HIV-positive get AIDS

But he has a point. Can a society struggling to provide basic education afford to train large numbers of students only to have them die long before they can make a meaningful contribution through taxes to the state that funded them?

There are also questions of personal culpability, in cases where the disease is essentially self-inflicted because of a refusal to use a condom. Societies are increasingly forcing people who knowingly damage their own health, through smoking for example, to bear some of the costs that the state health system will have to shoulder because of their self-indulgence.

It is difficult to find answers that avoid beating a path to the fascism of compulsory testing and the equivalent of the Nazis' pink triangles, now to be worn by AIDS sufferers This does not mean that the questions should not be explored. Nor should we not ask the questions because, in a developing society, the answers are likely to be uncomfortably harsh.

Already the Health Ministry has ruled that drugs such as AZT will not, despite indications of efficacy, be given to pregnant mothers to reduce HIV transmission to their babies.

The military is concerned that the AIDS epidemic will affect the competence of the army All soldiers, however, are not tested for the virus, so the only indication of infection levels is a dramatically increasing death rate from AIDS-related infections.

Those soldiers admitted to hospital and diagnosed with AIDS are put on medical pension But because the military doesn't have the facilities, the extra burden of their care falls upon the already overloaded public hospitals

And given the extent and rate of infection, it is only a matter of time before the Health Ministry insists on some form of practice in these hospitals where, because of limited resources, AIDS victims will be left to die untreated or even be refused admission.

Neither the shrill militancy of the gay lobby nor the silence of the politically correct will prevent this kind of devastating backlash against those with AIDS There has to be a rational solution. Perhaps McIntosh and his God know what it is

I don't.

One in 10 risk getting infected

(92) Star 15/5/99

By THEMBISILE MAKGALEMELE

South Africa's rate of sexually transmitted diseases – other than Aids – is up to 50 times higher than that of western European countries.

It is estimated that every year about one in 10 of the sexually active population will get a contagious STD, constituting a major public health problem. The presence of STDs in the general population also increases the transmission chances of HIV.

And there seems to be little hope that South Africans are about to change their sexual habits and abstain from sex if they are infected.

At an STD clinic in Alexandra, for example, figures show that 66% of female patients and 33% of the men have admitted that they continued having sexual intercourse after they knew they had genital ulcers or lesions, and even when having sex was painful.

And for many of the patients who come to the STD clinic it is not their first visit.

"STDs are highly contagious and are easily passed on," said Professor Ronald Ballard, head of the Reference Centre for Sexually Transmitted Diseases at the SA Institute for Medical Research.

"If a person has genital ulcers, he or she has an 8% chance of transmitting or acquiring HIV, and if the partner has an infectious discharge, he or she has a 5% chance of transmitting or acquiring the disease

"However, when both partners are infected and have intercourse, the chances of transmitting or acquiring HIV are 40%, and when they have intercourse again, it doubles to 80% When both partners have infectious ulcers, they have a 64% chance of transmitting HIV," said Ballard.

Despite the obvious dangers of STDs, many private doctors do not take the disease seriously, he added.

"They do not follow STD guidelines properly. It costs the public sector a minimum of R30 to treat an STD patient Private doctors charge about R100

"However, if they charge R60, they cannot provide the best treatment because penicillin alone costs R30, and medical practitioners have to provide other tablets and charge for the consultation fee.

Costs money

"The patients often have to keep going back for ongoing treatment because when private doctors charge lower fees, they are unable to offer adequate treatment and the patients cannot afford to pay for the repeated visits The ideal would be for doctors to follow the prescribed treatment, but this costs money which most patients cannot afford

"The result is that patients then move from one private doctor to another and eventually to the STD clinic or primary health clinic, where they receive state-of-the-art treatment free of charge," said Ballard.

It has been estimated that more than a million South Africans seek treatment for STDs each year at public STD clinics and private medical practices, and many more visit hospitals and primary health-care clinics as outpatients

Male attitudes add to spread of Aids, STDs

(92) Star 15/5/99.

By THEMBISILE MAKGALEMELE

Male attitudes to sex are contributing to the spread of sexually transmitted diseases (STDs) and Aids

According to medical workers and infected women themselves, men believe they are the dominant partners in any relationship – sexual or otherwise – and the majority of South African women feel they do not have the power to insist that their men practise safe sex and stop sleeping around.

Men interviewed by the *Saturday Star* on attitudes towards sex said they felt that it was their right to sleep with a woman whenever and however they wanted to.

"If my girlfriend wants me to use a condom, it means she knows what she is doing," said a 25-year-old man, reasoning that this means she is experienced but also that she herself might be sleeping around.

A family man who has a son outside of marriage boasted about his other relationship. Asked why he doesn't use a condom – especially if his girlfriend has another lover – he said: "I am a man. Men can do this. If a woman sleeps around, she is a bitch."

Women do not feel they have the power to insist their men practise safe sex

A medical researcher, who did not want to be identified, said they see about 70 to 90 miners with STDs every day.

"Miners prefer not to have a steady relationship because it is expensive. They will often rather pay for sex. None of them uses condoms. They don't seem to care."

A visit to an STD clinic showed that not only girls but also adults – male and female – have a problem communicating with their sexual partners.

"A lot of young women I see every day suffer from lower abdominal pains and a discharge, but many of them are scared to talk to their partners – husband or boyfriend. They fear the response," said Dr Bongane Nene at one of the state hospitals

Some women do try to speak to their partners, but many of the women who wait on benches at the Alexandra Clinic complain that they aren't successful

"When I explained the problem I have and why we both needed to go to the clinic, he asked me if I was accusing him of sleeping around," said a 35-year-old woman.

Others said they ran the risk of getting beaten up if they dared to raise the subject with their menfolk.

Palesa Makhetha, of People Opposing Women Abuse, said many women know that their husbands have other sexual partners but feel stuck because they don't know their rights.

"The situation is sad, considering that, biologically, women are still at a disadvantage. Some women think that if they don't give their partners what they want, the men will get it somewhere else But a man will get it elsewhere if that's what he wants, irrespective of whether or not he is getting it at home," she said

Liesl Gerntholtz of the Commission on Gender Equality agrees that women are unable to negotiate safe sex.

"Women need to be fully informed and to empower themselves. Education about gender equality is the key," she said.

Professor Ronald Ballard, head of the Reference Centre for Sexually Transmitted Diseases at the South African Institute for Medical Research, said: "We tell them about the risks involved, but ultimately women need to be able to negotiate safe sex.

"It is difficult. Women end up being abused, especially those who are financially dependent on their partners, and many are abandoned by men and have to sell their bodies to survive."

AZT still 'too expensive' as dead bodies pile up

(92) CP 16/5/99

HIV-AIDS in South Africa has become an epidemic, but there is still no agreement regarding treatment

SOLLY MOELA reports

SOUTH Africa is one of the countries that has been worst hit by AIDS It is believed that the main reasons for the rapid spread of the AIDS epidemic in South Africa are cultural attitudes toward sex, a high incidence of promiscuity among young people and the high number of migrant workers

Doctors and economists predict that within the next five years we shall be burying AIDS victims almost daily and the economy will begin to feel the strain

According to stastitics more than 1 500 new infections are taking place every day in this country and by the end of the millennium more than a quarter of the population is expected to have contracted HIV

People living with HIV/AIDS seem to be bom barded every week by rumours about new treatments, tests or results of research trials

Both medical and traditional doctors are having sleepless nights trying to come up with a cure for this dreadful plague

Cosatu says thousands of people in South Africa are unknowingly carrying the virus that causes AIDS

"We in Cosatu have agreed that our leaders must go for HIV tests and when they come back they must publicly declare their status – but that is voluntary," said Cosatu public relations officer Mokone Ratshitanga.

"I believe if people are encouraged to be tested it will help to minimise the spread of AIDS in our country," he said.

Several studies have indicated that HIV may be transmitted from a mother to a child during pregnancy and via breast milk

"Early diagnosis is essential in preparing the mother to cope with a serious disease and reassuring her of a favourable outcome for her newborn," says Dr Jivkov Boris, a senior Trial Physician at Chris Hani Baraganath Hospital.

He says over two thirds of HIV positive pregnant women do not know they are putting their babies at risk.

According to him, pregnant women who are considering using the AZT drug during pregnancy for prevention of HIV transmission to their infants should be advised that the transmission may still occur in some cases, despite the therapy

He said patients should be cautioned about the use of self-administered medication.

"They should be advised that AZT therapy has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination

"The AZT drug is not a cure for HIV infection and patients remain at risk of developing illnesses which are associated with immune suppression," he said.

Recently AZT was discovered as a drug that can minimise the transmission of the virus from the pregnant mother to the child

Research has shown that AZT can prevent the transmission of HIV in certain situations

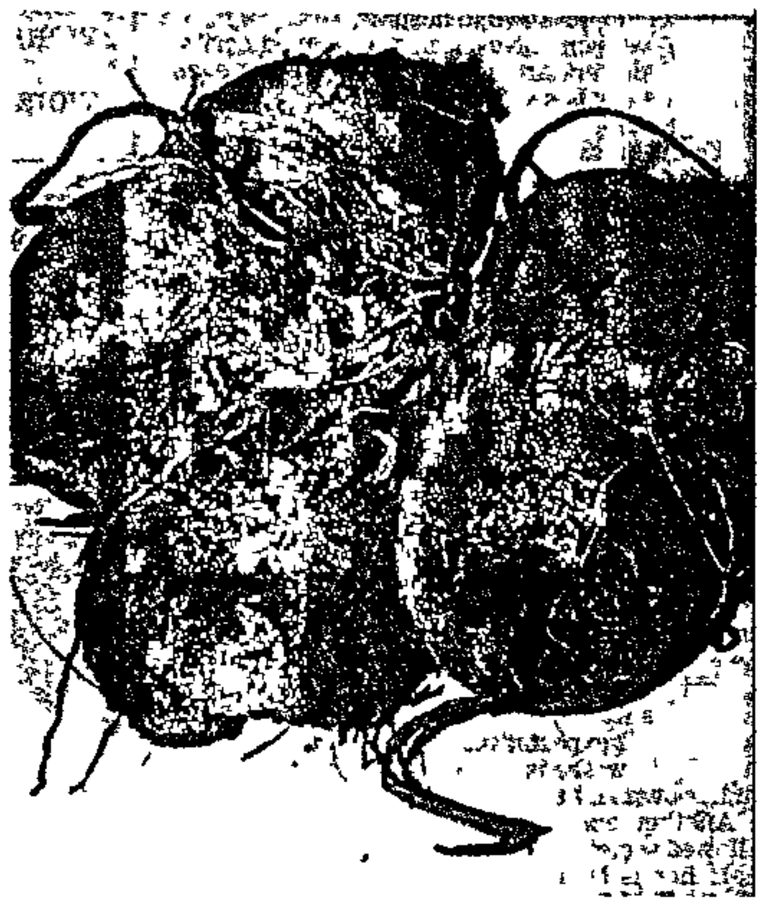
In particular it reduces the chance of transmission from HIV positive mothers to their babies by more than 50 per cent.

In Britain AIDS organisations say research shows that the number of babies born to HIV positive mothers who themselves become infected falls by two thirds if the mothers take AZT and do not breastfeed.

"The rapid spread of the AIDS epidemic in developing countries that have limited resources to combat it, has led phamaceutical manufacturer Glaxo Wellcome, the producers of AZT, to spearhead international negotiations regarding the availability and affordability of the treatment," said Dr Peter Moore, medical director of Glaxo Wellcome

"Glaxo Wellcome is offering AZT at a significant discount to our government and I wonder why the minister of health does not accept that offer," said a concerned citizen

Glaxo Wellcome is offering the South African government a 70 percent reduction on the world price of AZT, the latest in a series of price reductions which now makes it among the lowest in the world.



WHO KNOWS BEST?.. While demonstrators demand AZT for HIV–infected pregnant women traditional doctors say the African Potato will do the trick ■ *Pics. SIPHO MALUKA*

According to the Chief Executive Officer of Glaxo Wellcome, Bill Collier, the iniative is part of the company's contribution to the UNAIDS "Access to treatment " project, which aims to ensure an affordable and efficient supply of the drug to developing countries, including South Africa and Botswana.

"This offer is unconditional and not dependent on the quantities the state would buy or any preferential arrangement after the patent expires for the use of AZT in AIDS in 2006," said Collier

"We have been negotiating with the South African government for the past two years around reducing the price of AZT and other AIDS treatments Glaxo Wellcome is committed to a long term arrangement, so if the government accepts this offer, the reduced price will be held firm until at least 2003," added Collier

Last month demostrators in Johannesburg demanded that pregnant women infected with HIV be given AZT

But the hard-pressed South African Health Ministry says they cannot afford the drug, even though Glaxo Wellcome has offered them the substantial discount.

In South Africa an estimated one in five-pregnant women treated in public hospitals is HIV positive and these patients are denied free access to AZT

Zackie Achmad, spokesperson for the National Association of People Living with AIDS, said the planned demostration outside Glaxo Wellcome was to demand that drugs be sold at cost price to assist in the treatment of pregnant women

"The cost of treating babies with HIV or AIDS is much higher than the cost of preventing transmission from mother to child," he said.

But the Health Ministry says the cost of providing treatment would be nearly the same and, with the benefits of the AZT still far from clear, it was not cost effective

Health Ministry spokeperson, Vincent Hlongwane, said the government was concentrating its budget on information and awareness campaigns

"We can't use up all our money on just one intervention which is not a 100 percent foolproof," he said.

Hlongwane said the majority of people in South Africa mistakenly believe new HIV treatments can stop the virus being passed on.

"People believe the anti-AIDS drug can stop the virus being transmitted, but there is still no cure for AIDS," said Hlongwane

"While HIV treatments may reduce the levels of the virus in the body, there is no evidence of a safe level of HIV "

Hlongwane said condoms are still the best way to avoid HIV and other sexually transmitted infections.

In the meantime, Glaxo Wellcome has "decided to give 5 000 HIV combination therapy 'starter packs' worth almost R1 million to dispensaries throughout the country", says Collier

"The packs are especially designed for health care workers who may have been exposed to HIV through needle-stick injuries or other accidents," he said.

He emphasised that the iniative is a response to the growing concern about the immediate access to the AZT drug for health workers exposed to possible HIV infection.

"Our company produced the starter pack after discussion with South Africa's seven medical schools and the National Institute of Virology

"The dosages in the pack are based on the recommendations of the United States Centre for Disease Control and the South African Medicine Control Council has granted approval for its use for post-occupational HIV exposure," he said.

☐ Meanwhile, traditional doctors are complaining that they are continually sidelined

These doctors believe that the government is wasting money on expensive treatments and drugs

"In every corner you hear people talking about AIDS to us traditional healers

"AIDS is a simple disease, we can cure it with the African Potato (*Labatheka*)," said Mondli Mdungwa, a traditional doctor at Faraday station in Johannesburg

"With the African Potato, you just put it into a pot, pour water over it and let it boil for something like three hours.

"After that you let the water cool down and then you drink the water.

"After two to three days you will be completely healed," claimed Mdungwa.

"This *Labatheka* helps to clean your blood and it boosts your immune system.

"I don't know why our government believes everything white doctors say," added Mdungwa

Mdungwa believes that more will be achieved if other players in the healthcare sector join hands to improve access to herbs like the African Potato

He calls on drug manaufactures, pharmacies, traditional doctors, medical aid, the community, non-governmental organisations and government agencies to form a special working committee to resolve this issue.

"There is a moral imperative for all those involved in treating HIV/AIDS to meet around one table in a Partnership Against AIDS programme to work out solutions," says Mdungwa

Condoms are one of the cornerstones of the government's AIDS plan and one of the most effective ways of reducing the rate of 1 500 new HIV infections a day. But flaws in the Health Department's condom management and distribution threaten the anti-AIDS campaign Last year millions of Kenzo condoms were secretly recalled after tests showed that up to one in four was faulty The department did not inform the public This week In Depth found the "recalled" Kenzo condoms being distributed at clinics.

DO NOT USE: Some of the millions of faulty Kenzo condoms, made in India and distributed by the government, are still in circulation in South Africa Picture MICHAEL WALKER

Tracking the trail of the killer condoms

IN DEPTH Sunday Times SPECIAL INVESTIGATION

(92) ST 16/5/99

COMPLAINTS about defective Kenzo condoms, manufactured by Polar Latex, India, first came to light at the beginning of last year Samples from two batches were sent for testing at the South African Bureau of Standards Up to one in four was faulty In May 1998 the Department of Health recalled these batches

More widespread complaints were reported and on July 21 the department issued instructions to provincial health authorities to recall all of the estimated 40 million Kenzo condoms The provinces were asked to notify the department of the location of all unopened boxes — worth R1 000 each — for collection by the supplier in August

The department did not know how many were in circulation but a condom logistics and planning consultant who does not want to be named, said the recall netted only 10 percent of all Kenzo condoms in circulation

The department's distribution tracking system appears chaotic When the Sunday Times tried to pin down how many faulty Kenzo condoms were bought between 1996 and 1998 and how many were returned in the nationwide recall, this is what we were told

● The Deputy Director of Sexually Transmitted Diseases, Barrier Methods and Surveillance, Dr David Coetzee, said the total number was 21 million, of which one million were collected in the recall,

● His boss, Deputy Director-General Harm Pretorius, said he did not have this information and referred the Sunday Times back to Coetzee,

At no stage did the Department of Health notify the public of the problem. "We have no policy for this," said Pretorius

● The former condom logistics consultant to the department said the number of Kenzos bought by the department was 40 million, of which 4,7 million were collected in the recall, meaning more than 35 million faulty condoms were distributed,

● A spokesman for supplier Inbeco said he could not estimate how many million Kenzos he supplied to the department but claimed he collected 5,4 million in the recall

"It was a mammoth task," said the spokesman "If there are any still out there it means the clinics didn't respond We got back stock that was two years old Some of it we found in tin sheds in Mpumalanga and the Northern Province "

He blamed health authorities for their failure to handle and store the condoms properly

"Condoms are very sensitive products If you go into any government store you will get nothing less than 25 percent defects This is total negligence on their part, not ours Our company has not gone out to distribute defective condoms "

The department's contract with Imbeco and Polar Latex has been terminated "In the past we often had to recall condoms but we don't any more because they are now batch-tested," said Coetzee

Batch testing began in January All suppliers are required by the terms of the tender to test batches before sending them to the department Before January SABS inspectors, acting on behalf of the department, visited manufacturers once a year to conduct tests

According to a damning article published in the New York Times on December 27 last year titled Faulty condoms thwart AIDS fight in Africa, "Until last August government officials were using a procurement system that almost invited manufacturers to ship their castoffs here "

The article said "condom makers have been dumping their substandard wares in South Africa" and "people have been risking their lives on brittle, leaky or ill-fitting condoms"

The article identified Kenzo condoms and some batches of Twin Lotus from China as being "dumped" in South Africa following complaints from Cape Town prostitutes that flooded into the Sex Workers Education and Advocacy Taskforce, which had handed out thousands of the contraceptives free

When they were checked the results were shocking as many as 48 out of 200 in some test batches broke

The taskforce's director, Jill Sloan, said each month the organisation received about 50 000 condoms from the department, which they distributed to sex workers in the Western Cape In October they began distributing Twin Lotus condoms for the first time They soon received numerous complaints that the condoms were breaking The taskforce was not given any replacement condoms and had none to distribute until Condom Week in February

A Johannesburg business newspaper followed up the New York Times story This generated the only public statement dated December 28 by the Department of Health on the crisis

In it Coetzee said "Although a formal complaints mechanism does not exist very few complaints of poor quality have been received On receipt of any complaint the department institutes an investigation and acts accordingly if defects are found We do not believe that the condoms presently distributed in South Africa are of poor quality "

However by this week Coetzee had changed his tune "We receive widespread complaints People complain to us all the time " he said He stressed that Twin Lotus condoms are now tested before distribution

The department s former consultant said "Health-care providers didn't believe the complaints They dismissed them by saying people didn t want to use condoms or that they were using them incorrectly " He said he "got into a lot of trouble" for speaking out about what he called "the condom fiasco"

INS AND OUTS OF CONDOM QUALITY

CONDOMS are manufactured worldwide but most factories are in India, Malaysia, Thailand and China, where latex rubber and cheap labour are available

In a New York Times article, a British condom-quality consultant said "The industry is a jungle Some makers have excellent laboratories, and others stagger along with broken-down machinery Latex goes in one end, something comes out the other — the buyer doesn't know the difference "

The article quotes experts as saying South Africa became a dumping ground for substandard products Its procurement officers used an ineffective test regimen — inspectors would visit a factory once a year, test samples chosen by the factory and give it the South African Bureau of Standards seal of approval

According to the SA Health Department's former condom logistics consultant, "tenders didn't have specifications related to packaging, storage and shelf life Price is the only thing that seems to matter "

There is only one condom manufacturer in South Africa and one "partial" manufacturer Each produced 30 million condoms for the government this year, which amounts to 20 percent of the state's total tender of 150 million These are packaged in silver foil and do not carry a brand name

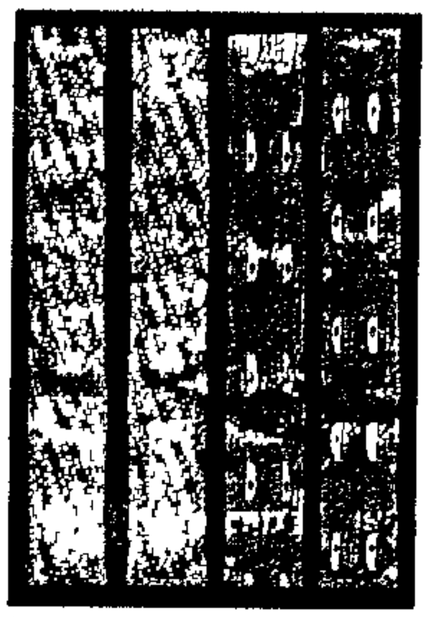
The only full manufacturer in South Africa, Johannesburg Latex Surgical Products, ships raw latex in drums from a variety of sources, including Malaysia and Thailand

General manager Desireé Pulé said it was both the level of investment and expertise needed for condom manufacturing that kept other local companies out of the industry

But she added "It would not be difficult to increase our capacity — it would just require more financial resources "

Chris Bell, a director of Ansell UK, which produces Rough Rider and Lifestyle condoms, said proper storage and handling of condoms was integral to quality "It is generally recommended that condoms be stored at less than 25°C. The packaging should be impermeable to both sunlight and gas If air, which includes ozone, enters the package, it would affect the condom very quickly — ozone is like rust to a condom Latex is a natural product, as is milk — it will go bad if you don't treat it or store it properly "

However, the basic quality of a condom affects how it reacts to storage conditions and inferior manufacturing can accelerate the ageing process



BEWARE! Faulty Kenzo condoms have been recalled. Don't use them as they might not be effective in preventing pregnancy or the transmission of disease

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Picture MICHAEL WALKER

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He blamed health authorities for their failure to handle and store the condoms properly

"Condoms are very sensitive products If you go into any government store you will get nothing less than 25 percent defects This is total negligence on their part not ours Our company has not gone out to distribute defective condoms "

The department's contract with Imbeco and Polar Latex has been terminated "In the past we often had to recall condoms but we don't any more because they are now batch-tested," said Coetzee

Batch testing began in January All suppliers are required by the terms of the tender to test batches before sending them to the department Before January SABS inspectors, acting on behalf of the department, visited manufacturers once a year to conduct tests

According to a damning article published in the New York Times on December 27 last year titled Faulty condoms thwart AIDS fight in Africa, "Until last August government officials were using a procurement system that almost invited manufacturers to ship their castoffs here "

The article said "condom makers have been dumping their substandard wares in South Africa" and "people have been risking their lives on brittle, leaky or ill-fitting condoms"

The article identified Kenzo condoms and some batches of Twin Lotus from China as being "dumped" in South Africa following complaints from Cape Town prostitutes that flooded into the Sex Workers Education and Advocacy Taskforce, which had handed out thousands of the contraceptives free

When they were checked the results were shocking as many as 48 out of 200 in some test batches broke

The taskforce's director, Jill Sloan, said each month the organisation received about 50 000 condoms from the department, which they distributed to sex workers in the Western Cape In October they began distributing Twin Lotus condoms for the first time They soon received numerous complaints that the condoms were breaking The taskforce was not given any replacement condoms and had none to distribute until Condom Week in February

A Johannesburg business newspaper followed up the New York Times story This generated the only public statement dated December 28 by the Department of Health on the crisis

In it Coetzee said "Although a formal complaints mechanism does not exist, very few complaints of poor quality have been received On receipt of any complaint the department institutes an investigation and acts accordingly if defects are found We do not believe that the condoms presently distributed in South Africa are of poor quality "

However, by this week Coetzee had changed his tune "We receive widespread complaints People complain to us all the time " he said He stressed that Twin Lotus condoms are now tested before distribution

The department's former consultant said "Health-care providers didn't believe the complaints They dismissed them by saying people didn t want to use condoms or that they were using them incorrectly " He said he "got into a lot of trouble" for speaking out about what he called "the condom fiasco"

INS AND OUTS OF CONDOM QUALITY

CONDOMS are manufactured worldwide but most factories are in India, Malaysia, Thailand and China, where latex rubber and cheap labour are available

In a New York Times article, a British condom-quality consultant said. "The industry is a jungle Some makers have excellent laboratories, and others stagger along with broken-down machinery Latex goes in one end, something comes out the other — the buyer doesn't know the difference."

The article quotes experts as saying South Africa became a dumping ground for substandard products Its procurement officers used an ineffective test regimen — inspectors would visit a factory once a year, test samples chosen by the factory and give it the South African Bureau of Standards seal of approval

According to the SA Health Department's former condom logistics consultant, "tenders didn't have specifications related to packaging, storage and shelf life. Price is the only thing that seems to matter "

There is only one condom manufacturer in South Africa and one "partial" manufacturer Each produced 30 million condoms for the government this year, which amounts to 20 percent of the state's total tender of 150 million These are packaged in silver foil and do not carry a brand name.

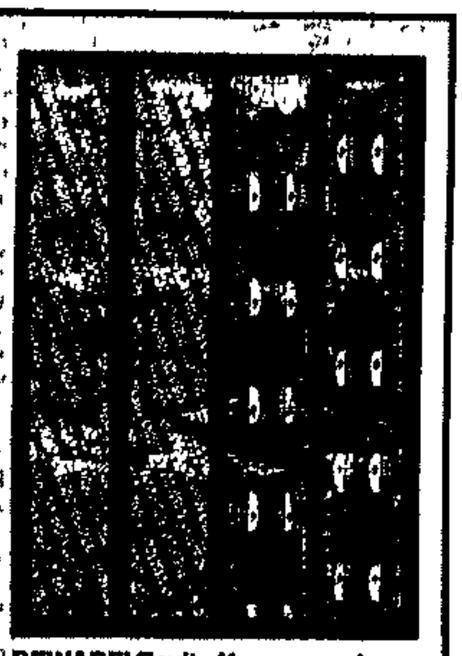
The only full manufacturer in South Africa, Johannesburg Latex Surgical Products, ships raw latex in drums from a variety of sources, including Malaysia and Thailand

General manager Desireé Pulé said it was both the level of investment and expertise needed for condom manufacturing that kept other local companies out of the industry

But she added. "It would not be difficult to increase our capacity — it would just require more financial resources "

Chris Bell, a director of Ansell UK, which produces Rough Rider and Lifestyle condoms, said proper storage and handling of condoms was integral to quality "It is generally recommended that condoms be stored at less than 25°C The packaging should be impermeable to both sunlight and gas If air, which includes ozone, enters the package, it would affect the condom very quickly — ozone is like rust to a condom Latex is a natural product, as is milk — it will go bad if you don't treat it or store it properly."

However, the basic quality of a condom affects how it reacts to storage conditions and inferior manufacturing can accelerate the ageing process



BEWARE! Faulty Kenzo condoms have been recalled. Don't use them as they might not be effective in preventing pregnancy or the transmission of disease

What this week's IN DEPTH investigation found

KENZO condoms were still being distributed in Gauteng and the Free State and were only recalled in the Western Cape three months ago

GAUTENG

Boxes of Kenzo condoms were delivered to the district of Rosettenville a month ago

The most recent delivery took place on Tuesday last week. The Sunday Times removed 200 for SABS testing These were the shocking results

The test batch failed the three major requirements set out in the SABS standards, with which all state-issued condoms must comply

1) FREEDOM FROM HOLES: Only two out of 200 are allowed to be defective — one percent But of the 200 tested, 20 failed — 10 times the maximum allowed

2) MARKING ON PACKAGING: The expiry date is supposed to be five years after the date of manufacture These condoms had an expiry date of only three years after manufacture

3) ELONGATION AT BREAK: When stretched lengthwise the condoms are supposed to tear after 10 hours and eight minutes

These tore after 10 hours and six minutes

WESTERN CAPE

Sylvia Abrahams, the HIV/AIDS co-ordinator, said the first they heard of the Kenzo recall was about four months ago She could not give exact figures of how many were in circulation or how many had been collected in the recall On Friday she received instructions from the national department to recall any Kenzos immediately

FREE STATE

Kenzo condoms were supplied to doctors in Virginia three weeks ago by the provincial health department

Doctors were unaware of the recall and were shocked to hear that it had been in effect for almost a year

- Visits to clinics in Cape Town and Johannesburg showed that condoms being distributed all carried the SABS mark of approval but did not comply with the SABS packaging requirements

All are supposed to display the expiry date, instructions to "use only once" and "store in a cool place"

Of the five brands, not one carried storage instructions, two had no expiry dates and two did not carry the "use only once" instruction

Aids now the No 1 cause of death in Africa, 4th in world

(92) Star 17/5/99

HIV/Aids is now the number one overall cause of death in Africa, and has moved up to fourth place among all causes of death worldwide, according to the latest annual World Health Report

Last year, HIV/Aids was ranked as the seventh highest cause of death worldwide

The report, released in Geneva by the World Health Organisation (WHO), used HIV/Aids estimates from the Joint United Nations Programme on HIV/Aids (UNAids) and WHO's own estimates of other diseases, to rank the world's major causes of mortality, morbidity and disability

Heart disease, strokes, and acute lower respiratory infections, typical causes of death in old age, were the only causes of death to surpass HIV/Aids

The epidemic was responsible for one in five deaths on the African continent in 1998, approximately two million people, according to the UNAids/WHO estimates

Also, HIV/Aids was now the primary cause of disease burden in developing countries

It also meant that Aids was making the most destructive impact, not only on death rates, but on premature death and disability in the developing world.

One in five of all deaths on continent during 1998

Dr Peter Piot, the executive director of UNAids, said it was of great concern that Aids had been with us for just 20 years and was already killing more people than any other infectious disease

"It is the most formidable pathogen to confront modern medicine, with the potential to undermine this century's massive improvements in health and well-being of people around the world," he said

According to the new report, HIV is unusually catastrophic for two reasons – Aids targets young adults and the number of deaths are accelerating quickly

"Even if we stopped HIV today, because of the millions of people now living with the infection, the burden of Aids will continue to be severely felt This is only the tip of the iceberg," Piot added

While only small fluctuations in impact have been seen over the years with other causes of death, the Aids curve was rising sharply

"These new findings challenge the world to make better use of the tools we have to reduce the impact of Aids, including prevention and care, and speed up the search for an Aids vaccine," said Piot – Health Reporter

(92) Star 17/5/99

'STDs fuel Aids epidemic cycle'

Tanzania achieved a 38% reduction in HIV infection in two years, writes Jack Bloom

During the term of office of Health Minister Nkosazana Zuma, HIV/Aids cases have more than tripled from 1,1 million in 1994 to about 3,8 million at present.

We have the fastest-growing HIV/Aids epidemic in the world, with little evidence that government interventions have had any appreciable impact.

Whatever other achievements Minister Zuma may have to her credit, she will go down in history as the Minister who presided over a disease that threatens to bring life expectancy down to 40 years by 2010.

It is truly extraordinary that her priorities are so misspent that huge energy is spent on criminalising smoking in public but not the deliberate transmission of the Aids virus. We desperately need an alternative approach to Aids awareness programmes.

All too often the stigma and incurability of Aids leads to fatalism and denial, which is reinforced by the lack of immediate visible symptoms of HIV infection. Another inhibiting factor is female disempowerment as condom usage inescapably requires male co-operation.

Unlike in Europe or the United States, Aids is overwhelmingly a heterosexual disease in Africa. A key fact is that the Aids virus is remarkably difficult to transmit in heterosexual sex, with less than 1% chance per sexual contact between healthy adults. The Aids epidemic is only possible because of the high incidence of other sexually transmitted diseases (STDs) such as gonorrhoea, chlamydia, syphilis, chancroid and herpes.

About 30% of urban adults are infected with STDs, with three to four million episodes of STD occurring annually in South Africa. It is this largely unrecognised STD epidemic which fuels Aids. The transmission rate of the Aids virus increases dramatically if one or both partners has an STD infection, and can exceed 50%, which means that every second sexual contact passes on the virus.

Much progress can therefore be made by aggressive educational campaigns and treatment of STDs. Unlike Aids awareness, STD awareness is far more likely to lead to the required behaviour change, for example treatment at a clinic, as symptoms are recognisable and curable.

A far greater priority needs to be placed on accessible and high quality STD treatment, with particular attention to high risk groups such as prostitutes, migrant workers and truck drivers. Treatment should be immediate on the basis of symptoms alone, rather than sending swabs for laboratory testing in the hope that the patient will actually return.

Adolescents are a crucially important target group in breaking the cycle of new infections. Medical teams should therefore visit schools regularly to screen pupils for treatment, with ongoing STD education as part of a life skills programme.

A strong case can be made on both educational and health grounds for single sex high schools which would not only empower female pupils at a critical stage in their lives but also limit undesirable sexual interactions, including rape as the first sexual experience for all too many young girls.

Peer group community health workers would be most effective in spreading the sexual health message in culturally accessible terms rather than certified professionals distant from the community.

All clinics should routinely screen patients for STDs, and endeavour to notify and treat partners as well, which is more feasible and less controversial than in the case of Aids.

The focus on STD awareness and management is vindicated by a recent study in Mwanza, Tanzania, where a striking 38% reduction in HIV infections was achieved in a period of two years by improved STD treatment.

In the same way that mosquito awareness will cut down malaria far more effectively than malaria awareness, Aids can be curbed even without Aids awareness. Without going quite so far along this route, a heightened emphasis on STDs would buy valuable time for longer-term strategies to ensure safer sexual habits.

Our urgent task is to build the climate of community acceptance and non-discrimination within which Aids comes to be treated like any other incurable and infectious disease.

■ *Jack Bloom (MPL) is DP Gauteng Health Spokesperson*

Wage talks focus on AIDS

Renee Grawitzky

WAGE negotiations between the National Union of Mineworkers (NUM) and collieries will focus extensively on AIDS awareness programmes after a survey found that up to 20% of coal miners are HIV-positive

This formed the basis of the start of wage negotiations between the Chamber of Mines and the NUM on Thursday

Initial discussions were also held on the effect on coal mines of fully implementing the Basic Conditions of Employment Act Employers estimate it will raise overall labour costs by up to 8%

The same wage demands were tabled for gold and coal mines minimum increases of 25% and minimum wages of R1 500 for surface and R2 000 for underground workers Parties have yet to schedule meetings for the start of wage negotiations for gold mines, but industry sources said consideration was being given to preliminary talks

Chamber of Mines health adviser Lettie la Grange said the results of the HIV/AIDS survey were in line with the national average statistics released by the health department, although miners were considered a high risk group

However, prevalence could be higher on gold mines which employed more migrant workers, La Grange said

In Carletonville, initial research showed that up to 30% of gold miners tested HIV-positive

The industry agreed in March to set up a structure to monitor and address HIV/AIDS on the mines

(92) (~~92~~) BD 18/5/99

CAPE TIMES
WEDNESDAY, MAY 19, 1999 ★

'IT CAN BE BEATEN'

Aids activist seeks openness

(92) CT 19/5/99

AIDS activist Zackie Achmat says he will not take costly drugs that could save his life unless they are available to all South Africans. Health Writer **JUDITH SOAL** reports.

THE Aids epidemic can be beaten within 10 years if the millions spent to fight the epidemic are used effectively, Aids activist Zackie Achmat said yesterday.

Achmat, who was addressing a workshop for Aids non-governmental organisations that was commissioned by the national Health Ministry, had strong words for his colleagues in the Aids arena

"This epidemic has been with us for 20 years now and we have spent millions and millions of rands on our NGOs We have to ask if that money has been spent effectively"

He pointed to the fact that, of the $3^1/_2$ million people with HIV in South Africa, only 100 were prepared to speak openly about having the virus.

"We have to ask if NGOs have done all they can to encourage people to volunteer for an Aids test and to create the conditions in which people can speak We have to ask whether we have simply funded ourselves to be something — Aids workers, rather than to do something — Aids work"

Achmat challenged those present to make the epidemic more visible. "Would you be prepared to wear a T-shirt like this (with "HIV-positive" written on the chest in large letters) to church, to work, to clubs or to a shebeen?" he asked "Why would you hesitate? A red ribbon shows you care but this T-shirt says more than that"

He said a group of Napwa (National Association of People with Aids) volunteers were wearing the T-shirts in Rondebosch Main Road when the occupants of a taxi drove past and spat at them

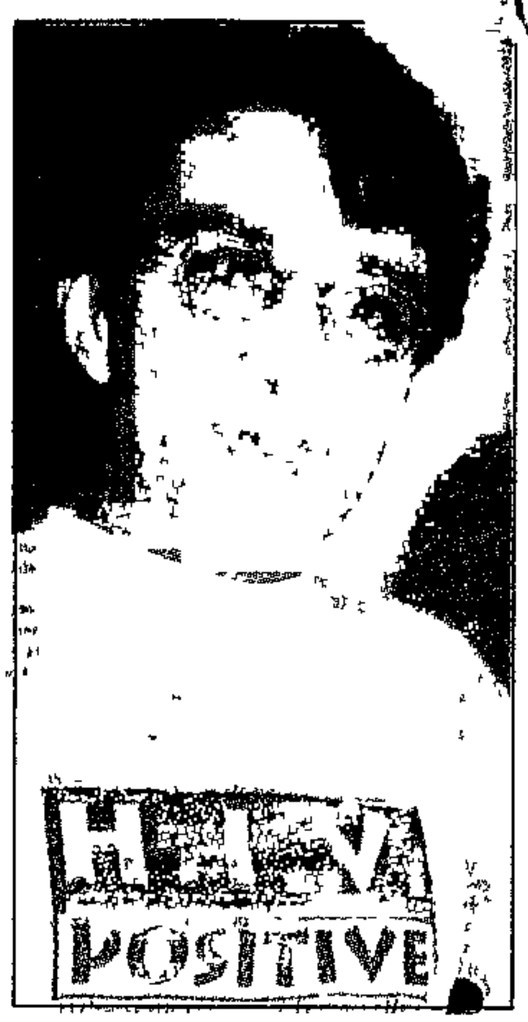
"Then the taxi went round the block and came back and occupants spat at them again That is what we are up against Are you prepared to do something about it?"

Achmat said the message that HIV was incurable told only half the story

"The truth is, with the right medication, HIV/Aids is like diabetes — it can be managed The only reason we don't have this medication in South Africa is because we are poor, not because it doesn't exist I have seen friends who were nearly dead return to life because of those drugs"

Achmat said he would not join drug trials to get the treatment

"I will not take expensive treatment until all ordinary South Africans can get it on the public health system That probably means I will die a horrible death, even though medical science has made it unnecessary"



DON'T HIDE IT: Zackie Achmat

He called on those present to put pressure on pharmaceutical companies to cut the prices of anti-Aids treatments

"We know an AZT generic sold in India costs a fifth of the discounted price offered by (patent holders) Glaxo Wellcome in South Africa Why do we only complain about (Health Minister Nkosazana) Zuma when Glaxo won't even tell us what it costs to manufacture AZT?"

He asked NGOs what they had done to support Zuma in passing the Medicines and Related Substances Control Act — a bill that will allow her to import expensive drugs from countries where they are manufactured more cheaply. The bill is to be challenged in the Constitutional Court by drug companies operating in South Africa

"Even doctors with years of experience in HIV/Aids say there is no available treatment Why? Did they sign different Hippocratic Oaths for the rich and for the poor?"

Achmat said Aids could be beaten if everyone followed a simple plan that includes encouraging openness and learning about the epidemic, treatment for those with the virus and taking personal responsibility for tackling HIV

"We all know about condoms by now Every year the government distributes 420 million condoms Condoms might be important but they are not the only thing"

He gave an example

"I was very sick in December and I went to a chemist The pharmacist gave me vitamins with a lot of zinc in, but I know that people with HIV shouldn't take a lot of zinc So I told her that I was HIV-positive and she nearly fell over She was shocked

"But the next week I went back and she had read up about it and she was able to recommend the best vitamins to me

"That kind of openness is what makes a difference"

ANTI-AIDS DRUG AVAILABLE WHILE GROOTE SCHUUR CAN AFFORD IT

City breakthrough for rape survivors

CT 20/5/99 (9a)

GROOTE SCHUUR HOSPITAL has developed a protocol to treat rape survivors that it hopes will be implemented nationally. Health Writer **JUDITH SOAL** reports.

WOMEN who have been raped can get the anti-Aids drug AZT from Groote Schuur Hospital, provided they come to the hospital within 24 hours of being assaulted

AZT and another Aids drug 3TC are also available at discounted prices — on prescription — from pharmacies in the city.

The extensive publicity following the rape of journalist Charlene Smith and her struggle to get AZT has led to criticism of the government for refusing to provide the medication

But to a limited extent, this treatment is available in Cape Town

Groote Schuur obstetrician and gynaecologist Lynette Denny and her colleagues have developed a system of treatment to help women who have been raped that they hope will soon be extended to all hospitals in the country

"Rape survivors from any area can contact Groote Schuur 24 hours a day seven days a week," she said "They will be referred to the registrar on call If they aren't seriously injured the first priority is to collect forensic evidence "

Denny said the poor quality of evidence collected in the past had hampered the conviction of rapists

"Then women are offered emergency contraception and three antibiotics to treat the most common sexually transmitted diseases.

"If they have been raped in the last 24 hours and there was penetration we offer them AZT We also ask if we can test their blood for HIV "

If the woman was HIV-positive before being raped the drug will not reverse her HIV status.

"Not every one wants to take AZT and not every one wants to have an Aids test. We have to evaluate each case separately We don't refuse AZT if they don't want a test, but here are no hard and fast rules; we are still finding our way and developing the programme," Denny said

The hospital charges a sliding scale for treatment, according to income.

"If people are on medical aid we give them a prescription to buy it from pharmacies," she said. "But they have to be careful because we have heard some pharmacies charge up to R20 000 "

How important is it to take these drugs?

"Well, we know that the risk of getting HIV from one unprotected sexual encounter is about 0,3%," said Denny

"But rape is more risky than consensual sex because it is likely to be accompanied by violence.

"It is a difficult calculation to make, but the risk does exist. It's just hard to quantify it."

Denny knows of at least two people who have become HIV-positive after being raped, one of them a 12-year-old girl

Health Minister Nkosazana Zuma says there is no scientific evidence to support providing the drugs, but her government's policy contradicts internationally-accepted guidelines

"It is true there are no studies specifically on rape, but it would be ethically impossible to do that," said Denny

"There is evidence that AZT reduces transmission in people who have been occupationally exposed to HIV (through needle pricks). It is based on these studies that AZT is recommended after rape "

There is also uncertainty on the exact combination of drugs to be taken

"Some people say it is better to take AZT and 3TC," said Denny. "But our Aids specialist says AZT is enough We tell women about 3TC so that they can buy it themselves if they want to.

"Also no one knows how long you should take it for, but one month seems adequate."

Denny says the protocol has worked well at Groote Schuur and none of the 24 women who have participated so far have become HIV-positive

She will introduce it to national health authorities in the next few weeks in the hope that it will be implemented around the country

Can the hospital continue to give the drug, given the high rape statistics?

"Of course we have a limited budget for AZT but we will deal with that problem if we get there "

Women who have been raped can contact Rape Crisis on 083-222 5158 or 447 9762 or go straight to Groote Schuur Hospital in Observatory

AZT: Why is it advisable?

- If you are raped you should ask for emergency contraception and antibiotics to fight sexually transmitted diseases.
- You can also ask for anti-Aids drugs that reduce the likelihood of contracting HIV by 80%
- The likelihood that you will get HIV through rape is small· A less than one in a hundred chance, assuming 25% of rapists are positive and the risks of transmission from violent penetration are three percent. Gang rape and multiple penetrations increase the risk.
- Nevertheless, most experts recommend that you take the treatment because there have been documented cases of HIV-transmission by rape.
- Drugs should be taken as soon as possible after the assault; any longer than 24 hours is too late
- Rape Crisis says three pharmacies, Webb & Savoy Pharmacy in Mowbray; Victoria Pharmacy in Woodstock and Glengariff Pharmacy in Sea Point offer the cheapest AZT and 3TC
- Webb & Savoy Pharmacy also offers a 25% discount for cash, which they will increase to 30% with a referral from Rape Crisis.
- The cost of both drugs for a month-long course varies, but should range from R1 500 to R2 000. AZT alone ranges from R700 to R1 500
- Experts are divided on whether one or both are needed
- Groote Schuur recommends 200mg of AZT three times a day for a month.
- There are severe side effects to the medication, including tiredness, nausea and flu-like symptoms
- Rape Crisis estimates two women are raped in South Africa every minute

Zuma resists rape/HIV studies

M+G 21-27/5/99 (92)

Charlene Smith

The government is delaying a number of studies into rape, HIV and the use of anti retroviral drugs with the obstinate stance that researchers must have a control group of rape survivors who do not receive medication

One proposed Johannesburg-based study with a $100-million grant from pharmaceutical companies would see free anti retroviral treatment being given to rape survivors across South Africa for a year and would test the efficacy of anti-retrovirals from three manufacturers of anti-Aids drugs.

A second proposed Cape Town based study, which would tap into funding from South African businesses already pledging support, is facing a similar roadblock from the Medicines Regulatory Authority and the Department of Health

Minister of Health Dr Nkosazana Zuma has said she will not consider free anti retroviral therapy for rape survivors without adequate research to back it But she and her colleagues are blocking the proposed research (that could save the lives of many of the one million women and children raped each year), because they require a control group — victims of rape who do not receive treatment with anti-retroviral drugs.

However, doctors protest that there is adequate information in South African society to show that rape survivors are at high risk of HIV if they do not get anti-retroviral therapy immediately after the rape They say that to refuse the medication to a control group is "tantamount to murder"

"Which doctor will make that decision?" one doctor asked "Doctors cannot exclude these very traumatised survivors from medication — they fought so hard to live and to survive the rape, what right do we have to deny them the right to life?"

Two weeks ago, a 22 year-old woman, a former prefect at a Johannesburg convent, was buried — she had contracted HIV after being gang raped while still at school and died of Aids.

Television viewers were moved to tears recently by the story of a 75 year-old woman raped by a single perpetrator in an old-age home in Richards Bay She contracted HIV as a result A 21 year-old Pretoria woman contracted HIV last year after being gang raped by five men.

Last week, the government released figures showing that the numbers of reported rapes were dropping, with around 49 000 occurring in 1998

However, according to Mary Peel of the Honeydew police forum, "Although figures are dropping, the levels of violence in rape and other serious crimes have escalated dramatically"

In one recent rape in the Honeydew precinct, a 46-year-old woman who lives alone was hit over the head with an iron bar, and raped repeatedly by six assailants, one of whom stamped on her ankle and almost broke it while another was raping her.

The men left the badly injured, bound woman after urinating over her walls, carpets, CDs and books. When she attempted to buy the anti-retroviral drugs AZT and 3TC from a pharmacy in Bromhof, she was charged R3 000 for a 28-day supply, which should cost no more than R1 760 retail with VAT, according to Glaxo Wellcome, the manufacturers

In another instance, a Plettenberg Bay woman was charged R500 for the three-day starter kit of AZT and 3TC, which should cost no more than R171 — although Glaxo recently began distributing free starter kits to chemists and clinics.

According to the manufacturers, the three drugs necessary to reduce by 81% the risk of women contracting HIV should cost no more than R3 520,50, including VAT, when bought from doctors and chemists.

A 28-day supply of AZT should cost R619,38, of 3TC, R851,20; and of Crixivan, R2 049,92.

Dr Lynne Denney of Groote Schuur said 75% of rape cases dealt with by their rape unit were gang rapes. Groote Schuur hospital gives AZT free to rape survivors and has been for some time. Netcare, which has a cutting-edge rape care facility at Sunninghill in Sandton, is giving free AZT and 3TC starter kits to rape survivors

Vodacom is establishing a rape crisis line with Radio 702 and Cape Talk similar to CellWatch to enable survivors to report rapes or obtain counselling.

Women who are raped in Port Elizabeth and Pietermaritzburg have some of the best rape crisis counselling centres in the country, but all in all it is better to be raped in one of the major metropolitan areas, where access to good medical care and counselling is available. Assistance to women who are raped in rural areas is almost non-existent.

The South African Medical Association has taken a decision to begin immediate work toward establishing a national rape protocol — the procedures for all health-care workers for women who have been raped, which can be used for later court cases. The association is also investigating ways to support district surgeons and establish ways to create better district surgeon's offices.

'Doctors cannot exclude these very traumatised survivors from medication — they fought so hard to live and to survive the rape, how can we deny them the right to life?'

In addition, a number of legal research organisations at universities and elsewhere are examining legislation with regard to rape laws to tie up loopholes — for example, the police refusal to test rapists and inform their victims of the rapist's HIV status.

Senior legal officials have made it clear, however, that in terms of Section 37 of the Criminal Procedure Act, police officials are obliged to test all criminals, including rapists, because the blood results are critical less to the charge but to the sentence delivered.

"Until this law is scrapped, the constitutional right to privacy of the rapist does not override it and the victim should be informed of the result to ease her concerns," a senior advocate said.

Rape convictions plummet

Mail & Guardian reporter

The state has dismally failed South African women who are raped, according to a new study

Coming at a time when the lobby seeking to protect the interests of rape victims has become more vocal, the research shows that the number of people convicted for rape, as a proportion of rape cases reported, declined dramatically between 1987 and 1996

In 1987/88, 27,1% of all rapes reported resulted in a conviction, compared to 7,3% in 1995/96.

These findings are contained in a new book, *Unshackling the Crime Fighters*, which is available from the South African Institute of Race Relations.

The study, by Martin Schönteich, notes that criminal cases are usually prosecuted only where there is a reasonable prospect of obtaining a conviction. The study says that rape figures are particularly revealing.

It points out that technically, rape can be a difficult crime to prove.

"The police use forensic evidence and district surgeons' reports to build up their case The prosecution usually relies on the evidence of a single witness who is also the complainant," Schönteich notes.

"The forensic evidence available to the prosecution has to be acquired in a procedurally correct manner, be uncontaminated, and be presented to the court according to arduous laws of evidence

"A successful rape prosecution therefore requires the co-operation of at least three government departments. health (the district surgeon), safety and security, and justice

"Police officers and prosecutors require a certain level of skill and experience to be able to secure a conviction in a rape trial. Figures show that the state has failed the country's rape victims dismally."

Figures quoted show that there was a steady increase in the number of rape cases reported between 1987/88 and 1995/96, rising from 19 368 to 50 481.

In the same time, the number of cases prosecuted declined steadily, from 10 424 to 7 544, or from 53,8% as a proportion of reports to 14,9% The number of convictions declined from 5 243 to 3 697

A major reason for this is that the police service is understaffed and badly tried. Since its emphasis is on crime prevention and more visible policing, the police have neglected their detective functions. As a result, most cases are so badly investigated that the prosecution is not prepared to take them on.

The national experience level of prosecutors is, on average, only three-and-a-half years, also affecting the ability to secure convictions.

SOWETAN Friday May 21 1999

Old hospital turned into Aids hospice

(92)

By Bhungani Mzolo
Health Reporter

THE Gauteng health department is to reopen the Hillbrow Hospital as a hospice facility for Aids patients as well as those with chronic illnesses, departmental spokesman Popo Maja said yesterday

Maja said this would relieve a number of hospitals, of which many had beds occupied by patients with Aids

But the Hillbrow Hospital, which was downgraded to a community health centre in December last year, will still attend to other patients at its clinic

"This is the first time in the country that a hospital is open for Aids patients as a number of these patients form the largest group," he said

Health authorities estimate that in many hospitals more than half of the beds are occupied by people with HIV-Aids.

"We intend reopening the Hillbrow Hospital as a hospice facility for Aids patients and those with cancer," Maja said

He disputed allegations by the Democratic Party that the closure of the hospital was a mistake that had placed pressure on the Johannesburg General and Helen Joseph hospitals

Maja said the three hospitals were all academic hospitals and it was not practical to maintain all of them Of the three hospitals it was Hillbrow that had to be closed because its infrastructure was old

"Hillbrow Hospital was built for blacks during the apartheid period, while both the Helen Joseph and Johannesburg General Hospital were for whites and were equipped with modern and adequate infrastructure," Maja said

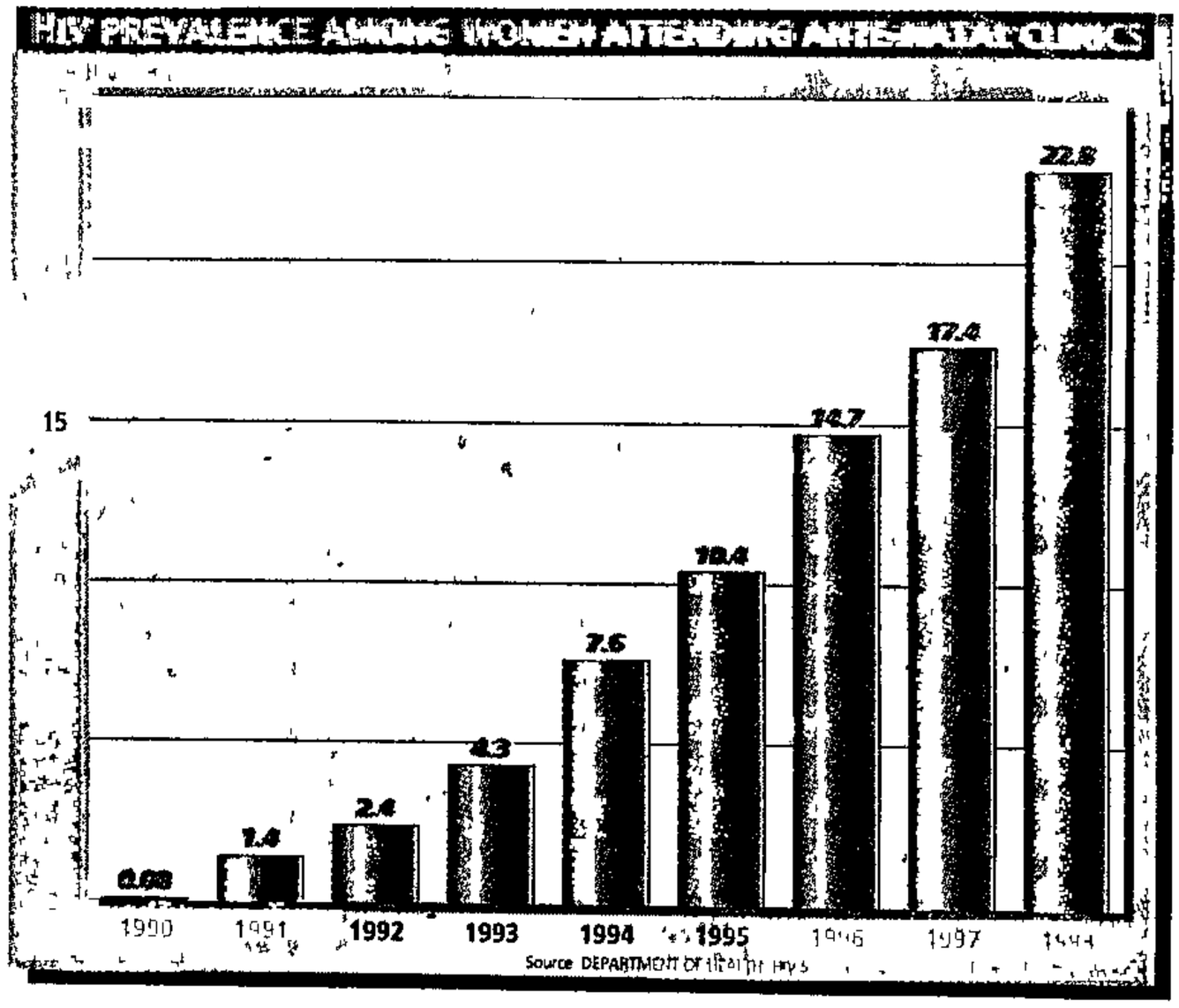
Democratic Party spokesman Mr Jack Bloom said the DP was organising a petition that would be handed to Health MEC Mr Mondli Gungubele on Tuesday

Bloom said his party was proposing the reopening of a former Indian hospital situated directly opposite the Old Fort in Hillbrow, which experts say is ideal for a small 230-bed hospital that can be run on a limited, cost-effective basis

Business must put AIDS on balance sheet

(92)ST(BT) 23/5/99

Ignoring the epidemic will cost a lot more than investing in intervention, programmes, writes JANETTE BENNETT.



HIV/AIDS has become a significant threat to SA business with companies already having to deal with a sizeable part of their workforce functioning at a much reduced level of productivity

But there are ways to reduce the impact of the disease It is expensive, but ignoring the epidemic will cost more

So says Business & Practice Development (BPD) consultant Charles Harebottle BPD works in the field of strategic response programmes that deal with challenges presented by rapid change in the business or social environment

About 1 500 people are being infected every day — more than all the road deaths over the entire past festive season Around 300 people with AIDS are being admitted to hospitals in SA every day, filling 40% of general ward beds in some hospitals Prevalence, based on testing in ante-natal clinics, was around 2% seven years ago It was over 22% last year

Occupational Care SA (Ocsa) marketing manager Penny Mead says experience in SA companies shows that when a worker develops full-blown AIDS, he or she will be absent 50% of the time and, when at work, will function at 50% below capacity

Nobody knows when the epidemic's upward curve will level off SA has already passed the 16% prevalence rate at which it had been assumed the curve would flatten. Reports from KwaZulu-Natal, where around 32% of the population are infected, are that the disease has pushed the death rate higher than the birth rate

Sub-Saharan Africa is home to 22 5-million of the world's 33 4-million adults and children with HIV/AIDS The effect on the workforce will obviously be far more devastating here than in Western Europe (with 500 000 people with AIDS) and North America (890 000) One difficulty will be persuading heads of multinational companies based in those areas of the urgency of tackling the issue

Tackling HIV/AIDS will cost companies heavily, but ignoring it will cost far more Eskom, for example, will spend some R5-million a year for the next decade at least But if it did not spend this money, the epidemic could end up costing it around R500-million

"It is said that for every R1 invested in HIV/AIDS programmes now, an organisation will save R8," Harebottle says "We have a serious problem, And far-thinking business leaders have seen it "

The good news is that some SA companies are establishing best-practice approaches which can be used elsewhere The bad news is that many companies are dealing inappropriately with the issue, if at all "Too often, it is seen by executives as belonging in the bedroom and not the boardroom," Harebottle says

SA has spent up to R180-million a year over the past decade on awareness campaigns, which have been very successful Even the most remote communities are aware of the disease But levels of knowledge are frightening

Harebottle says in one case he was accused of "interfering with God's work" (presumably by stopping AIDS from cutting back the population) He was also accused of promoting promiscuity by trying to have condom dispensers installed

Eskom is one big company gaining kudos for its approach It is undertaking a study to establish prevalence in the organisation, and to assess what the long-term impact of intervention on saving skills and lives will be Its multi-pronged approach includes an STD (sexually transmitted disease) programme, which reaches beyond Eskom to sex workers

"Just one type of programme will not work," HIV/AIDS project manager Liz Thebe says "We send out positive message, often with the help of HIV-positive people, that if you have HIV, you are not doomed to die, there is so much you can do Then we, as Eskom, have to follow that up with proper care and support "

Ocsa reviewed 35 companies two years ago and found major reasons for a lack of response to HIV/AIDS were that it was seen as a personal health issue which could not effect the organisation Drafting an organisational policy was seen as an adequate response

What is needed, says Harebottle, is a strategic response The starting point for intervention is determining the stage of the epidemic within the organisation it needs to know where it lies on the AIDS curve With 10-year demographic figures, it is now possible to establish an organisation's prevalence within a 5% range, as well as the outlook for the future

Prevention programmes are best for companies with a low level of infection, while those with high prevalence will need to concentrate on helping the organisation to survive by taking steps to extend the healthy life of an HIV-positive employee and planning for the impact on productivity

STD programmes are very effective Research in Tanzania showed new transmissions were 40% lower in villages where programmes had been introduced 18 months earlier than other villages

"We have achieved similar results in STD programmes we are running for some of our clients," Mead says

Companies will have to look at restructuring medical aid and pension fund benefits to take into account their HIV/AIDS profile It is expected that if no steps are taken, the cost to maintain the level of existing benefits will double by 2005 and treble by 2010

SA wants details of US Aids plan

HEALTH Minister Dr Nkosazana Zuma said on Friday that the Government will not endorse an American drug company's R600 million initiative to fight Aids in Southern Africa until it learns details of the plan

On May 6 officials of Bristol-Myers Squibb and UNAids executive director Peter Piot announced the plan to speed up research and train doctors to fight the disease which has killed 11,5 million people in sub-Saharan Africa – 83 percent of all Aids deaths worldwide

The five-year programme would take place in South Africa, Botswana, Namibia, Swaziland and Lesotho

"If they want our endorsement we will have to look at the South African component and make sure when they develop the programmes that those programmes are in line with our national policy," Zuma said in a radio interview without elaborating

In a statement from New York, Bristol-Myers Squibb said it would continue ongoing dialogue and has urged all parties to learn about the details "and to form an independent opinion"

The company's programme director, Mr Mark Ahn, noted that South Africa said on May 6 that it wished to be an active partner in the plan, conditional on an acceptable implementation plan for the country He also said Zuma had appointed two South Africans to the programme's advisory board

The programme would finance research on how to fight Aids and test combinations of drugs on an estimated 20 000 people over five years – *Sapa-AP*

...ed while Sergeant Richard ...

Zuma in new Aids research dispute

By Lucky Mazibuko

HEALTH Minister Dr Nkosazana Zuma has landed in another controversy after reportedly rejecting a R600m medical research programme launched by a United States based pharmaceutical company in Sandton Johannesburg last week

Bristol-Myers Squibb executive vice-president Mr Kenneth E Weg and Director of the United Nations AIDS programme Dr Pefer Piot launched the research on May 6 this year

Dr Zuma, who was awarded a doctorate degree by the Medical University of Southern Africa at the weekend, was quick to dispel media reports that she had rejected the said research programme by the US company.

When interviewed she said "To set the record straight, the company is not giving any money to the government. They asked for a partnership, but it became evident in the process that they wanted the government to rubberstamp their programme

"Disagreement also emerged when they insisted that our doctors should go to USA. We argued against that because the situation in America is not the same as here"

Dr Zuma said she had no problems with South African doctors conducting the research in a place like Uganda

"Another point is that the company did not work with the medical council initially, they went on to launch the programme despite our voiced concerns, and furthermore they are not in tune with our national health policies," she said

Dr Zuma also lashed out at the media and accused it of sensationalising the issue, instead of reporting the truth, citing the example of Inactiven by saying the media claimed a cure has been found when the researchers had not said so themselves.

She also criticised opposition parties, particularly the New National Party, saying they are "not committed to the needs of the majority of the South African population" "People' lives are not worth a mud-slinging contest in the media," she said.

aj did not arrive.

Court to hear Speaker's appeal

A FULL bench of the Supreme Court of Appeals will today begin hearing National Assembly Speaker Dr Frene Ginwala's appeal against last year's Cape High Court judgment overturning the suspension of Pan Africanist Congress Member of Parliament Ms Patricia de Lille.

De Lille took Parliament to court last year after the National Assembly approved the recommendation of an African National Congress-dominated committee that she be suspended for 15 days for claiming that several Cabinet ministers may have been apartheid-era spies

The court also ruled on a number of issues which had constitutional implications for the way Parliament functioned, hence Ginwala's decision to appeal

A court official confirmed that the appeal would be heard in Bloemfontein today and tomorrow.

De Lille, who is still in hospital after a car accident, described the appeal as a "total waste of taxpayers' money"

De Lille said her lawyers had received a letter from Chief Judge Ismail Mahomed and Judge Ian Farlam in which they brought it to attention that they were personally acquainted with Ginwala and ANC MP Priscilla Jana, who sat on the committee which decided to suspend her

She had no intention of asking the two judges to recuse themselves – *Sapa*

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In countries across southern Africa, men are increasingly being targeted in the war against HIV/Aids. And radical proposals about role-playing are being made ***Lettie Gaeliswe*** *and* ***Tom Holloway*** *of The Star's Foreign Service report from Gaborone*

Macho lovers sowing seeds of death

(92)
Star 27/5/99

Every time Masego takes her daughter for her monthly weight check at the clinic, she makes a point to collect free condoms to take home

Only recently, when she was diagnosed as having contracted a sexually transmitted disease (STD), did the nurses discover she had not been using them

Though Masego is aware of the danger that she exposes herself to by engaging in unprotected sex with a man who has multiple partners, she cannot help it How can she? Every time she brings up the subject, Tshepo threatens to leave her for a woman who will not insist he uses a "plastic"

It is not so much love for Tshepo that makes her stick to this dangerous practice, but the financial security that she stands to lose if he goes She does not work, has three children and an ailing mother to look after.

Masego and a huge number of women expose themselves every day to diseases through unprotected sex out of desperation They depend on their spouses and male partners for financial support

More than 13 years ago Botswana discovered its first case of Aids and only now is the realisation dawning that any initiative to fight this epidemic must target men And in Swaziland, the Schools HIV/Aids Programme (Shape) puts the spotlight on the attitudes of men as the key to battling the epidemic

Botswana's males generally tend to be promiscuous, but loathe condoms Until recently, most of the HIV/Aids programmes have been directed at women, who have little control over their partners' sexual activity

Estimates show that a horrifying 29% of the adult population of those between 15-49 years of age in Botswana is infected with HIV, in a total population of about 1,6-million The Ministry of Health says 60% of hospital beds are occupied by people who are suffering from HIV/Aids related diseases In Swaziland, says Shape director Desmond Maphanga, 30% of pupils tested during one survey were infected with HIV/Aids or other STDs

> **By the time one's prepared, all the passion is gone ...**

Botswana's Men, Sex and Aids project, under the National Aids Co-ordinating Agency, is a step towards the realisation of men's potential to change the course of the HIV/Aids epidemic Started as a pilot project in 1998, the project aims to get men to talk about their sexuality and eventually about the diseases to which they expose themselves and their partners

A report about the pilot project raises a few issues that are crucial when addressing male sexuality Firstly, that "men act as conquerors in relationships and are notorious for having multiple partners It is not uncommon for men to practise unsafe sex simply to prove their manhood "

The report notes that male infidelity is sanctioned by a tradition and culture that insists that a woman should not ask her husband where he has been, even if he spends a night out Common law has instilled and ingrained male superiority and women's inferiority and second class citizen status

In Swaziland too, Shape's Maphanga says the core of the problem is an entrenched belief in the minds of many men and women that males are superior and in control Their right to exercise their power over women, include "irresponsible sexual relationships"

This attitude, which is endorsed by elders, is copied by children in their homes, where some of the boys are already sexually active at the age of nine, says Shapanga.

Shadrack Mwape, a Gaborone university student, says he would not mind using condoms except that they take the pleasure out of sex "Stopping to put on a condom is somehow embarrassing and by the time one is prepared the passion is gone," he says

Tapuwa Mbulawa, a 24-year-old newspaper vendor says he stopped using condoms when he was told that they would push his testicles back inside him "Oh yes," he argues vehemently, "there is evidence that men who use condoms regularly have testicles slowly disappearing into their bodies "

Others believe condoms have holes bigger than the virus and cannot stop it from entering their bodies Yet others are still at the denial stage where they do not believe that Aids exists

Many men believe that STDs can be cured by using traditional herbs, while some believe frequent STD infection brings immunity Other men actually believe an STD infection is proof of manhood

Swaziland's Shapanga says the attitudes of men are being reinforced by habits at home and at school Certain household chores are assigned to girls only, and at school boys are encouraged to pursue career-related subjects

Only when roles are standardised and girls and boys assessed on merit rather than gender, will progress be made against the illness. – Africa Information Afrique

Doctors rally to AZT campaign

(92) ARG 27/5/96 (9)

DI CAELERS
HEALTH WRITER

Doctors across South Africa are mobilising in support of AZT for rape survivors, with a call by the South African Medical Association for free anti-AIDS treatment for women who are raped.

The association, which represents 15 000 doctors in active practice throughout the country, has formally recommended that "rape victims be treated at the state's expense with medication that could prevent HIV infection and sexually transmitted diseases"

The call came from the association's committee for human rights, law and ethics, following a meeting earlier this month to consider the high incidence of rape in South Africa and the enormous problems faced by rape survivors

Committee members concluded that rape constituted "a form of torture"

Committee chairman Fazel Randera said the prevalence of HIV/AIDS meant rape survivors should have access to anti-retroviral medication

The committee intend liaising with Minister of Health Nkosazana Zuma and local and international non-governmental organisations, and with the pharmaceutical industry, to help ensure improved conditions and processes involving rape survivors

The committee would also contact health practitioners and support staff in both the public and private sectors to see what immediate steps could be taken to improve conditions, especially in respect of red-tape and delays, Dr Randera said

Other plans included compiling and publicising guidelines on available support for rape survivors

"We believe that the state and society have a responsibility to ensure that rape survivors receive maximum priority with regard to medical treatment and moral support," Dr Randera said

His committee had based their recommendation on current attitudes and protocols regarding the use of anti-retroviral medication

This included a success rate of up to 80% when such medication was used in respect of needlestick injuries, he said

Gauteng health MEC Mondli Gungubele.

Trying to stay ahead in the race against HIV-Aids

(92)

Sowetan 28/5/1999

By Bungani Mzolo
Health Reporter

SOUTH Africa's HIV/Aids awareness campaigns have failed dismally to change the behaviour of people in dealing with the virus, especially that of young people

This was recently acknowledged by Gauteng health MEC Mondli Gungubele in a speech in Johannesburg during the "Second Launch of the Aids Programme" for 1999/2000

"The HIV and Aids epidemic represents serious challenge to the future of our children and young adults in general," he said on Wednesday

In Gauteng we have communities that will lose 25 to 30 percent of their young people in the next five years By 2003, Gauteng will have 100 000 Aids orphans to care for"

Gungubele said this was a serious challenge, which "we will have to confront with the same determination we had when we fought the evil system of apartheid"

He said in 1998 the provincial government voted R47 million for an Aids programme involving all departments In the current year, a sum of R35 million was allocated for this purpose

Through these two allocations, Gungubele said, they have set themselves on a path to contain HIV infection rates and reduce the impact of Aids on families and communities

Recently the provincial health department announced its intention to reopen Hillbrow Hospital for patients with Aids as well as those with chronic illnesses such as cancer

In Soweto alone, with a population of about five million, it is estimated that one in four women are HIV positive More than 70 percent of its hospital wards are occupied by people with HIV-Aids, according to doctors

However, Gungubele believes there has been a dramatic increase in public awareness of HIV-Aids through the efforts of the media, non-governmental organisations (NGOs) and Government departments

He said the Government hopes to improve funding to NGOs to ensure their work is not interrupted by lack of funding

"Awareness campaigns we have undertaken through the media have gone a long way towards enlightening people about the risks and how to protect themselves," he said

These include 43 billboards, 2 100 advertising spots on 10 radio stations, murals on 70 community sites and 50 schools, a life skills programme in schools and education in the workplace

"All these efforts have given us hope that we can win this struggle to save our nation from this deadly disease," said Gungubele

He also believes there is a need to draw on what he calls "non-conventional" programmes like housing, economic development and agriculture in the awareness campaigns

"Social and economic problems contribute to spread of the spread of HIV-Aids," he said "These sectors therefore have a big role to play in the fight against Aids"

Gungubele added that all politicians need to support the work of Government departments in fighting HIV-Aids "Such support will go a long way towards motivating our people to intensify their efforts"

"The HIV and Aids epidemic represents a serious challenge to the future of our children and young adults"

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(92)

Loose talk about Aids causes m

Aids was a topic this week on SAfm's morning talk show, hosted by Tim Modise **Donald G McNeil Jnr** *responds to some of the issues raised*

Many lives wasted. A mysterious disease in Africa called 'slim' turned out to be Aids PHOTOGRAPH: MIKE

DEAR TIM MODISE,

I am the *New York Times* reporter who wrote the story about chimpanzees that are the source of the Aids virus being shot for the pot in central Africa that was on the cover of the *Mail & Guardian* three weeks ago

I've also written parts of a serious, unsensational *New York Times* series about Aids in Africa, its effects on economies the huge numbers of orphans it's created, the way the flood of deaths has changed the culture of funerals the dilemmas faced by medical researchers working on an impoverished continent, and so on

I tried to call your show on Monday because I was bothered by what was being said over the air Now I am writing largely to beg you — not only as a fellow journalist a fellow sensible soul and as someone who believe it or not despite being an American cares deeply about the future of your terrific country — to beg you not to invite on to your show a lot of American Aids nuts spreading dangerous disinformation

If I spoke on your show, it would mean nothing — as soon as my accent was heard, many black South Africans would instinctively distrust me because I'm white many white ones would instinctively dislike me because I'm another arrogant American My feelings aren't hurt — as a general rule, those are probably sensible prejudices But you're different — because you're a believable guy you have a higher moral responsibility to get accurate news about Aids out.

South Africa already has huge amounts of misinformation about Aids flowing around. There's bad information in drunken shebeen chat, bad information coming from some sangomas, and sometimes even bad information coming out of the Department of Health If you start putting nuts on your show who say Aids doesn't exist, who say HIV isn't the cause of Aids, or AZT is purely evil stuff, or Virodene is a miracle cure, or Aids is germ warfare against blacks dreamed up in a United States army lab, you will be doing the South African people a tremendous disservice

You wouldn't invite a sangoma or a rapist on to your show to propagate the destructive myth that sex with a five-year-old virgin cures Aids — you would quite rightly be accused of endorsing child rape.

If this were only bad information about South African politics or US/Africa policy or something like that, I wouldn't care. The world is full of stupid people saying stupid things, that's why there are barber shops and bars — they need somewhere to let off steam. To some extent, that's why there is talk radio But this is different misinformation in this case kills people. And it doesn't just kill grown up men who ought to know better but are stubborn It kills babies before they reach three years old it kills teenage girls who never get a chance to learn how to protect themselves it kills teenage boys the same way, it kills faithful wives, it kills rape victims it snatches mothers away from their children It is well on its way to killing one quarter of the black population of South Africa

There is a whole circle of quasi scientific nuts in the US who make it their business to "debunk myths about Aids" Some are connected with universities most aren't In doing so, they are spreading many dangerous rumors They're convincing people to think the disease doesn't exist to believe it can't affect white people, or it can't affect black people, to justify not using condoms, to swallow quack cures, and the like

The US and its news media have been dealing with the Aids epidemic for nearly 20 years now For the most part, responsible newspapers, television networks and magazines in the US have realised these nuts for what they are and ignore them They don't get invited on to talk shows, they don't get quoted in the paper, and so forth. (The Internet is full of them, of course.)

They are just dying of frustration and desperate to find new forums for their ideas — and South Africa would be the perfect place It's got the fastest growing Aids epidemic in the world, its people are scared, and many of its journalists are relatively gullible because they've dealt seriously with the epidemic for less than a year and the history of accurate information about Aids is short

When I listened to your show on Monday I was horrified at much of what was said — and then you said you wanted to invite on some American university professor who preaches that Aids doesn't exist I didn't recognise the name, but it doesn't matter you can always find someone to preach this stuff

Look, there's a tendency to believe that just because someone has a degree from a prestigious American university like Harvard or Berkeley, he's not a nut That's not necessarily the case In most cases, it's an indicator that they're talented in their field, but it's no guarantee I graduated from Berkeley in the 1970s, and the place was chock full of nuts — not on Aids, of course, because the disease wasn't known then. My brother in law is a professor there now, I used to teach journalism at Columbia I don't think either of us are cranks, but believe me, we know a few

Every epidemic has crazy myths around it. There was a time, six centuries ago, that people believed disease was caused by bathing. Two centuries ago, reasonable people believed malaria was caused by swamp gas. They had figured out that people who lived near swamps got it — they just hadn't figured out the mosquito connection

What alarmed me about your show was that everyone on it had some grain of truth in what they said — it was just warped by rumours or prejudice into something terribly wrong

The woman who said that Aids was going to mean a return of white government to this country wasn't entirely crazy It won't, of course. But if one-quarter of the black population of this country is dead in 10 years — and that's what South Africa is headed for — there are going to be substantial changes in voting patterns There will still be far more black voters than white ones enough to keep the African National Congress in power if other things remain the same (In fact, since UNAids says the infection rates are highest in rural KwaZulu Natal, as high as 30% in some places, the party hit hardest is going to be you know who) This is something that South Africans have to face up to

One-quarter of the populations of Zambia and Zimbabwe are already infected There's no cure, and the treatment that slows Aids down but doesn't kill it costs $15 000 a year. With enough pressure on the international drug companies, it will no doubt get cheaper, but it's not going to come down to $6 a year which is the per capita health budget in those countries Those people are going to die

If you go there, you will see they are already dying Bodies in the morgues are stacked 10 deep on shelves meant for three. The main cemeteries in Harare and Lusaka are full up, and new ones are being opened. I've seen this too with my own eyes — healthy young men lying in coffins, wasted away to skeletons

Many South Africans still don't believe in Aids because they haven't seen enough bodies yet But they will It's going to change this country in ways no one is able to predict.

The woman who said that the disease is due to black promiscuity is partially just an old fashioned racist nut and partially right Promiscuity is a problem — Aids is spread by male-female sex It's also spread by homosexual sex, by blood transfusions and by sharing bloody needles, but these aren't important factors in Africa. She took the Aids rate among Africans and turned it into a racist screed about promiscuity This is not a helpful twist — promiscuity crosses racial lines rather nicely

There are other factors — many black men and women who don't see doctors, for whatever reason, have untreated venereal disease — those sores are literally tunnels that let the virus get through the skin of the penis or vagina

Generally, a condom will protect against these dangers. Condoms are controversial, though it is relatively hard to see why. Seat belts in cars, lifejackets in boats, even guns in the home are all openly discussed as "life-saving devices" without people getting giggly, squeamish or religious about them

The woman who said that no one's ever proved that HIV causes Aids is technically correct, but arrives at a foolish conclusion Viruses are minuscule, even smaller than bacteria, and you can't photograph them at work inside the body

Nobody's ever "proved that the cold virus causes colds or the flu virus causes flu, and yet we don't have any trouble believing in colds and flu If you inject someone with flu virus, he gets flu, if you inject someone with HIV, he gets Aids

And it's also true that Aids tests don't actually test for HIV They test for antibodies to it Most medical tests do that Viruses are tiny and elusive, antibodies have the helpful habit of seeking out and clumping on to things that activate them, which makes them into large blobs that are easier to detect. The virus exists People who don't have it in their blood don't get Aids When they get it in their blood sooner or later they get Aids That's that

The woman who called to say that AZT shouldn't be given to pregnant women because Africa will be full of burdensome orphans was just ghoulish When a white woman dies in a car accident do you normally go to her house and put her children to death? Aids infected babies aren't stillborn They live for three to five years before they die painfully I'm a relatively hardened person, it's a professional hazard But if you want your heart torn out, go stop by the nursery at the Cotlands Baby Sanctuary and let these perfectly normal looking toddlers hug your legs or beg to be picked up Then walk out knowing they will all be dead in a year or two

The really dangerous person is the one who insisted that Aids doesn't exist in Africa, that there are just lots of people who suffer from malaria, parasites fevers, tuberculosis and other diseases that weaken the immune system Besides being ridiculous, this idea is racist It presumes that there's no health department anywhere in Africa clever enough to test people's blood and figure out what diseases are in it

Yes, Africans who are often sick with a lot of makes it that much the reasons Africans often Americans who can tibiotics, stronger sures drugs that kill and other things that live ing water But just because er diseases doesn't mean Aids Aids itself isn't a drome that weakens you so eases kill you

One of the reasons the early 1980s that Aids was that wealthy Zaireans clinics in Belgium and ing from di ever saw except sexuals in San New York, half diseases like (the so called *pneumocystis* nia and which eats These are late stages of haven't died of TB or malar

Just because you have other diseases doesn't mean you don't have Aids. Aids itself isn't a disease

When large numbers of da began dying of a mysterious called "slim" in the mid 1980s in from Europe and the US invented test kits for HIV 1 people with "slim" who were Virtually 100% They had

Let me explain. In the early in the US, right after the HI discovered, there was academic nuts who insisted wasn't the cause. One was a fessor, though his degree They argued that Aids was gay lifestyle' — poppers, all night dancing and from anal sex with multiple

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causes more deaths

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MTC 28/5-3/6/99

– called 'slim' turned out to be Aids. PHOTOGRAPH: MIKE GOLDWATER

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it's also true that Aids tests don't ... y test for HIV They test for anti ... to it Most medical tests do that ... are tiny and elusive, antibodies ... e helpful habit of seeking out and ... on to things that activate them, makes them into large blobs that ... detect. The virus exists. Peo- don't have it in their blood don't ... When they get it in their blood, or later they get Aids That's that. woman who called to say that AZT ... be given to pregnant women be- Africa will be full of ... phans was just ... When a white dies in a car accident, ... normally go to her ... and put her children to ... Aids infected babies ... stillborn They live for to five years before they ... ly I'm a relatively ... person, it's a pro hazard But if you want your ... torn out, go stop by the nursery at ... Baby Sanctuary and let these ... normal looking toddlers hug your ... beg to be picked up Then walk out ... they will all be dead in a year or

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Yes, Africans who are dying of Aids are often sick with a lot of other things That makes it that much sadder — it s one of the reasons Africans often die faster than Americans who can afford powerful an tibiotics, stronger anti tuberculosis mea sures, drugs that kill worms and amoebas and other things that live in dirty drink ing water But just because you have oth er diseases doesn't mean you don't have Aids Aids itself isn't a disease — it's a syn drome that weakens you so that other dis eases kill you

One of the reasons doctors realised in the early 1980s that Aids existed in Africa was that wealthy Zaireans were flying to clinics in Belgium and France and then dy ing from diseases that no one ever saw except in white homo- sexuals in San Francisco and New York half a world away diseases like Kaposi's sarcoma (the so called "gay cancer"), *pneumocystis carinii* pneumo nia and cytomegalovirus, which eats away the brain These are diseases you get in late stages of Aids if you haven t died of TB or malaria first

Just because you have other diseases doesn't mean you don't have Aids. Aids itself isn't a disease

When large numbers of people in Ugan da began dying of a mysterious disease called "slim" in the mid 1980s, doctors flew in from Europe and the US with the newly invented test kits for HIV 1 The number of people with "slim" who were HIV positive? Virtually 100% They had Aids

Let me explain In the early days of Aids in the US, right after the HIV virus was discovered, there was a clique of quasi academic nuts who insisted that the virus wasn t the cause One was a Berkeley pro- fessor, though his degree wasn't medical. They argued that Aids was caused by the 'gay lifestyle" — poppers, amphetamines, all night dancing and infections picked up from anal sex with multiple partners.

Essentially, they were anti gay and this was the "God's revenge on queers argu ment in scientific drag They were fre quently on the radio and TV making their case Then, when it turned out that there were hundreds of thousands of Aids cas es in Africa, they had to scramble to make their silly theory fit a new set of facts. This wasn t easy — I can't name a single coun try in Africa where the rural population spends most of its nights in discos, snorts Rush and cocaine and holds wild anal sex orgies Can you?

Even *National Geographic* stays away from that one. But this is where the "Aids doesn't exist, it's just a mix of malaria, para sites and other central African diseases" theories came from — an attempt to say that the lifestyle of rural Africans is substan tially identical to that of white homosexu als in San Francisco (San Francisco is my home town, by the way They're wrong)

You can lead any lifestyle you want. You can be a Catholic nursing sister jabbed with a hospital needle and spend the rest of your life in church. If that needle had Aids- tainted blood on it, you're infected

The woman who said that AZT is a poi son is absolutely right It is a dangerous toxic drug. An overdose can definitely kill you. But it is a poison that seems to pre- vent the virus from replicating In combi nation with other extremely expensive drugs, it may keep it at such low levels that it can't be detected

This is exactly how chemotherapy works. Cancer tumours aren't "bad" —they're nor mal cells that just grow way too fast. In a ba by, fast growing cells are normal, it s called "growth" In adults, when one lump of cells grows super fast — a tumour — it gets so big that it chokes off a blood vessel or crush es your brain or your lung. Chemotherapy is giving your body poisonous drugs that kill fast growing cells better than they kill mature ones. The poisons have to be inject ed in carefully measured doses so they don't kill all the cells. Unfortunately, they also kill other fast growing cells — your hair cells, your new blood cells.

It's not the cancer that makes a chemotherapy patient's hair fall out — you can die from lung cancer with a nice thick head of hair It's the poisonous chemother apy If the chemo works, the patient lives, the cancer is killed, and the hair eventu ally grows back.

AZT is poisonous, but it works against HIV All the other anti Aids drugs — DDI, 3TC, Crixavan, and so forth — are poiso- nous too That's not a reason not to use them It's a reason to be careful with doses.

The deputy minister of health who ap- peared on your programme was more right than most of your callers thank God But she was wrong about a couple of things For example

● There is not a lot of vagueness about the causes of Aids Not among legitimate sclentists and doctors, anyway It's a mu tation of a virus that has existed in mon keys and apes, probably for decades, if not centuries. It is not a disease in itself it at tacks the T-cells, which are the triggers for the immune system — white blood cells, antibodies and such When the immune system fails to function, any disease can overwhelm it that is the "immune defi ciency syndrome"

The virus jumped from apes and mon keys into humans in the jungles of Cen tral Africa, probably several times It has been spreading in Central Africa since the 1950s but very slowly in the first decades because there wasn't a lot of population mobility and not a lot of doctors

Somehow, it got out — probably via Kin shasa or another Central African capital Maybe with the many Haitians working as bureaucrats in Mobutu Sese Seko's gov ernment, maybe with Cuban soldiers in Angola, maybe even with American Peace Corps volunteers — no one knows

It wasn t diagnosed until the early 1980s because somehow it got into a very differ ent population. white American homosex uals Those gay men were, by their own ad mission, extremely promiscuous The minute tissue-tearing involved in anal sex increases the chances of sperm to-blood con- tact. They were also well-educated, politi cally active and served very well by doctors.

When they started to die in alarming numbers of a disease no one could identify, they raised an enormous ruckus. Millions of dollars in federal aid became available; dozens of medical detectives went to work Eventually, the causative virus was isolat ed, both in France and in the US Eventual ly, drugs that suppressed it, even if they didn't cure it, were found The disease is now at bay in the US

● There is not a lot of controversy around the world over whether AZT is cost effective at preventing transmission AZT is only one drug in the anti Aids arsenal It is the oldest and therefore the cheapest It costs $80 or less to give a pregnant woman or a rape victim a short course of AZT, it isn't foolproof, but it's somewhere between 50% and 80% effective. It costs infinitely more than that to hospitalise a dying child or a dying rape victim for days or months

When the deputy minister says the de- partment is "taking decisions in a broader context ' and has to balance this against other expenditures, she clearly does not understand the meaning of a false econo- my If this were polio, no one would be so obtuse about this, it obviously costs far less to give children a few drops of pink vac cine than to buy them crutches and wheel chairs or watch them die slowly

Please invite on to your show people who really understand Aids Don't repeat the mistakes it took the US decades to straighten out.

WHO backks cheap prices

(92)

JUDITH SOAL
HEALTH WRITER

CT 28/5/99

A RESOLUTION passed by the World Health Organisation's executive board paves the way for South Africa to get expensive Aids drugs at cheaper prices, the government said yesterday

After 10 years of hard lobbying, the Revised Drug Strategy was adopted in Geneva last weekend, marking the organisation's first venture into the field of international trade relations

The adoption of the resolution by the world's most powerful health group will add weight to the South African government's campaign to get pharmaceutical companies to reduce the prices of life-saving medication like the anti-Aids drug AZT

"This strategy is very important to all developing countries, including South Africa," said Health Minister Nkosazana Zuma's special adviser Ian Roberts "Just over a third of people in the world and 50% in Africa have no access to medications. Now the WHO has to directly aid countries to change this "

The two main strategies for getting cheaper drugs are compulsory licensing — whereby a government grants licences to local companies to manufacture drugs under patent — and parallel importation, whereby governments import the original products from other countries where they are available more cheaply.

"The resolution makes provision for both of these strategies, providing they do not violate international Trips (Trade Related Aspects of Intellectual Property Rights) agreements," said Roberts.

This is of particular interest for South Africa, which has been named on the United States' "Special 301" watch list because of Zuma's Medicines and Related Substances Act, which legalises both compulsory licensing and parallel importation.

The US has threatened South Africa with trade sanctions if it is enforced, but faces internal opposition from health workers and non-government organisations who feel developing countries should be allowed to obtain medication at reduced prices.

The legislation is on hold because of a Constitutional Court challenge by the pharmaceutical industry. Roberts said he expects the country to feel the benefits of the resolution within a year

PROMISING BUT UNPROVEN ANTI-HIV DRUG

Free AZT an unjustified use of the healthcare budget

(92) CT 28/5/99

THE GOVERNMENT cannot afford to give all citizens the healthcare they want, so it must use the money it has effectively and equitably It can't spend money on every drug that comes onto the market promising great, but unproven, results, writes **NKOSAZANA DLAMINI-ZUMA.**

DESPITE important initiatives since 1994, South Africa still suffers from unacceptable and tragically high levels of HIV/Aids. The government has recommitted itself to combating this illness as a central part of its fight to create a better life for all South Africans

The crime of rape has also reached extraordinary proportions and should be combated with equal determination To do so successfully will require the government and the people to work together to mobilise our limited resources most effectively to combat these internal enemies.

Unfortunately, in recent weeks the fight against HIV/Aids and rape has become clouded by emotive electioneering focusing on the government's decision not to give free AZT to victims of rape and pregnant mothers. For the ANC to refocus our collective energies rationally and appropriately on these battles, it is necessary to explain the facts behind the government's decision not to grant free AZT to victims of rape

Halting the unacceptably high levels of violence and abuse of women and children is a central government concern Laws to give effect to this were passed during the last session of Parliament.

In the short-term, the ANC has called for harsher sentences against violent criminals and those who abuse women and children and special courts to try these cases We also plan to improve cooperation between all elements of criminal justice and to train police officers

In the long term, the creation of a human rights culture in South Africa is the only way to ensure that people do not treat each other abusively or violently

Curbing the spread of HIV/ Aids is also crucial The continued spread of this incurable infection at current rates will undermine all other plans for improving the lives of South Africans

To reduce the spread of HIV/Aids, the government is conducting massive education drives for the nation as a whole, and in schools, clinics and hospitals in particular These campaigns, which stress personal responsibility in preventing the spread of HIV/Aids, must be taken up by all the people.

The government has made condoms widely available and encourages people to use them We have also campaigned to remove the stigma around HIV/Aids. These issues too must be taken up by all the people

Finally, the government will continue to pressure drug companies and the makers of milk formulae to provide their products to South Africans at affordable prices Success in this endeavour will give the government more options in dealing with public health problems and will ease our struggle to give South Africans the healthcare we deserve.

All compassionate people lament the terrible suffering Aids causes. We must join together to stop this suffering by preventing the spread of HIV Despite our hopes, however, we must accept that at, as yet, there is no cure for Aids.

Different drugs, taken in different combinations, can reduce the chance of transmissions of the virus, or help alleviate some of the symptoms of Aids. However, these drugs have harmful side effects Before we give any drug to any patient, we must test the drugs effectiveness and the possible harm it may cause.

There is no conclusive evidence that taking the drug Zidovudine (commonly known as AZT) would reduce the risk of contracting HIV/ Aids This applies to consensual sex as well as in instances of rape.

The government cannot lightly distribute an expensive drug when it has no assurance of its effectiveness Such an unjustified use of the healthcare budget would be widely censured.

Rape is an unacceptable violation of a persons dignity and rights. That rape may also lead to HIV infection makes the crime even more terrible But we should not let our outrage make us less rational We do not have enough money to give all South Africans the healthcare they want Therefore, we must use all the money we have effectively and equitably We cannot spend money on every drug that comes onto the market promising great, but unproven , results.

Considering the government's decision to spend our valuable healthcare funds on other projects, the news that Chris Hani Baragwanath Hospital is now giving AZT to pregnant mothers may lead to some confusion.

Chris Hani Baragwanath Hospital has begun a test of the effectiveness of AZT in preventing the transmission of HIV from pregnant mothers to their babies. This project, funded by the UNAids organisation, will help gather more evidence about the effectiveness of this drug The project will also provide HIV-positive women with the hope that their children may have a greater chance of being born HIV-negative

CAREFUL SPENDING Nkosazana Dlamini-Zuma

The government will consider the results of this study and weigh the cost of providing the treatment against the promised results. If AZT proves to be an appropriate prescription considering South Africa's unique situation, the government will certainly fight to provide it for all people who need it

We must remember though that as yet there is no cure for Aids, as much as we all hope that one will be found

The reprehensible attempts of the likes of Peter Marais, MEC for Health in the Western Cape, to make cheap party political capital of this tragedy is beneath contempt

Rather than letting ourselves be swayed by our yearning for easy solutions, let us recommit ourselves to engaging in the long, painful and hard battle against HIV/Aids and the crime of rape.

● *Nkosazana Dlamini-Zuma is a Member of the National Executive Committee of the ANC, convener of the ANC's Social Transformation sub-committee and Minister of Health*

'A decade of drugs needed to clear HIV'

BD 28/6/99 (92)

BOSTON — New tests on people harbouring HIV, the AIDS virus, suggest they may need to take powerful new anti-AIDS drugs for a decade or longer to eliminate the virus from their bodies

A team led by Linqi Zhang of Rockefeller University reported in yesterday's New England Journal of Medicine that the number of white blood cells that harbour HIV might decline over time

However, they estimated, it would take "roughly seven to 10 years of continuous, truly effective therapy to eliminate this reservoir" and actually cure a patient

Because it was difficult to maintain treatment for that long, they said, doctors had to find a better way to kill off the cells that harboured the virus

In a more pessimistic study, published in the same issue of the journal, a group led by Manohar Furtado of Northwestern University Medical School in Chicago concluded that HIV lingered in cells for so long, it appeared that the virus "cannot be eradicated (at all) with current treatments"

As older infected cells died off, they said, human immunodeficiency virus might be infecting new white blood cells The result would be a continuously replenished supply of cells capable of reactivating AIDS once a patient stopped taking his medicine

"Unless this quasi-steady state eventually disappears with longer periods of therapy or can be overcome by the use of more potent therapies or alternative approaches that block the potential spread of virus within tissues," they said, "HIV-1 may never be eradicated "

A study published earlier this year in Nature Medicine estimated that it would take 60 years of treatment to eliminate the virus

"These findings are not unexpected," Dr Anthony Fauci, director of the National institute of Allergies and Infectious Diseases, which helped fund both studies, said

"What all these studies underscore is the pressing need to develop more effective, less toxic medications that can be used over the long term to suppress HIV, as well as novel strategies to then purge residual virus from the body and boost the immune system "

In an editorial in the journal Dr Roger Pomerantz of Thomas Jefferson University in Philadelphia warned that the task of eradicating HIV might be even more complicated if it turned out that the virus could lurk in the eyes, the testicles and the central nervous system Most AIDS drugs might not be able to reach those areas, he said —Reuter

AIDS mum's anguish over baby

AZT project in Khayelitsha gives mother hope for her daughter's future

(92) ARG 28/5/99

DI CAELERS

HEALTH WRITER

ROY WIGLEY

Giving support: Beauty Wright, HIV counsellor at the Khayelitsha midwife obstetric unit, spends some time with an HIV-positive mother and her four-month-old baby girl The baby can only be tested for the virus when she is nine months old

The tiny girl smiles happily, kicking her legs at all the attention She is innocently unaware that her mother daily lives with the anguish of waiting to hear whether her baby will live or die

Thandi (not her real name), 25 is smartly dressed in red and grey her four-month-old daughter kitted out in a soft pink fluffy jacket and matching sleepsuit. They look like any other mother and daughter on a visit to the clinic

But the harsh reality is that every day since her baby was born four months ago, Thandi has lived with the heartache of waiting to hear whether or not she has infected her baby with the AIDS virus.

She will have to wait another agonising five months until the baby can be tested Under the age of nine months babies still have maternal antibodies which can affect the test results

But in the midst of the tragedy, Thandi at least has some hope for her child's future thanks to the controversial project to give the AZT anti-AIDS drug to HIV-positive pregnant women in Khayelitsha

Thandi is being treated at the Khayelitsha midwife obstetric unit one of two centres where the AZT project is going ahead with the blessing of the provincial health department in contravention of the national department's stand.

Health Minister Nkosazana Zuma has repeatedly refused to consider a national project to give AZT to HIV-positive pregnant women because she says it is too costly However she has okayed some projects which are funded by other sources

In the Western Cape provincial health minister Peter Marais has committed financial support to the Khayelitsha programmes for the next three years, though this may alter depending on the outcome of next week's election

For Thandi though, the battle at national and provincial government level around AZT means nothing For her the only thing that counts is that she has been offered the chance to save her daughter's life

Originally from Port Elizabeth, Thandi works as a domestic worker in Somerset West. Tears fill her eyes as she tries to explain the shock she felt on hearing she was HIV-positive

She was tested at a Somerset West clinic with no pre-counselling and without giving consent for an HIV test She was eight months pregnant with her second child when she got the devastating news

"I was so shocked, I nearly died."

Thandi s other child is a healthy nine-year-old. Her husband, aged 30, refuses to be tested saying that if she is HIV positive, then he must be too

Beauty Wright, HIV counsellor at the Khayelitsha midwife obstetric unit, says the AZT project is a lifeline for women like Thandi and that staff will "have a total crisis on our hands" if they try to stop it.

She counsels about five women a day before they are tested for HIV and counsels up to seven women a day after they have been tested.

"Every pregnant woman found to be HIV-positive gets AZT Many other women come to us after testing positive elsewhere and we start their treatment straight away All they want is to save their babies," says Ms Wright

HIV-positive pregnant women take nine AZT tablets three times a day for a month before delivery, and are medicated every three hours during labour

Ms Wright is one of five HIV counsellors across the two projects and says the response from women has been phenomenal.

Mothers given AZT may not breastfeed and it was during one of Thandi's weekly return visits to the midwife obstetric unit to get milk formula for her child that she spoke of what the project meant to her

"Babies are our future, they're everybody's future It is so important that we get the chance to prevent the transmission of HIV to our babies," she says

Although neither she nor her husband are ill at this stage, Ms Wright says Thandi has brought along her mother to counselling sessions and that the baby's grandmother has promised to care for her if anything happens to Thandi.

Ms Wright says the women she sees have heartbreaking stories Many, like Thandi, are in stable relationships and the news that they are HIV positive comes as a devastating blow Others find out later that their husbands or boyfriends knew they were HIV-positive but never told their partners

"But all they worry about is their babies. They just want a chance to save their babies," she says.

Saadiq Kariem, head of the Western Cape's AIDS programme, says the current two projects are assured to run for their 12 month duration as planned. However, plans to commit funding to AZT trials after that would depend on the outcome of next week's election.

"But the feedback we're getting has been that the programmes are something desperately needed in the area. Very few women refuse to take part once they have gone through the counselling process," he says

According to the National AIDS Convention of South Africa, the Western Cape has the lowest incidence of AIDS in the country at 5,2%, compared with other provinces where the infection rate is higher than 30% However, figures vary from area to area – in Guguletu,the infection rate is 11,5% compared with 15% in Khayelitsha.

Dr Kariem says the first three months of the AZT programme presented logistical difficulties, most of which have been ironed out. However, they are paying attention to increasing the number of counsellors to ease the current counsellors' enormous workload, and setting up a referral system for the babies involved in the programme.

"We have been talking to the staff at the local authority clinics and day hospitals to make sure they are prepared to treat any problems these babies may have at a later stage," says Dr Kariem.

The first babies will be tested in November to see if they have the virus Those who test negative will leave the programme Those who test positive will be re-tested at 18 months as there is a 20% chance they still have maternal blood circulating, which could affect the results

HIV/AIDS and rape must not defeat us

THE governments's policy not to provide the anti-AIDS drug AZT free of charge in state hospitals has become one of the hottest issues of the '99 election campaign. Now Health Minister ***Nkosazana Diamini-Zuma*** *writes that government will consider giving AZT to pregnant mothers if current tests at Chris Hani-Baragwanath Hospital conclusively prove that the drug indeed prevents the transmission of the HIV virus from pregnant mothers to their unborn babies*

DESPITE important initiatives since 1994, South Africa still suffers from unacceptable and tragically high levels of HIV/AIDS The government has recommitted itself to combatting this illness as a central part of its fight to create a better life for all.

Rape has also reached extraordinary proportions and should be combatted with equal determination To do so successfully will require government and the people to work together to mobilise our limited resources to combat these internal enemies

'Unfortunately, in recent weeks the fight against HIV/AIDS and rape has become clouded by emotive electioneering focussing on the government's decision not to give free AZT to rape victims and pregnant mothers

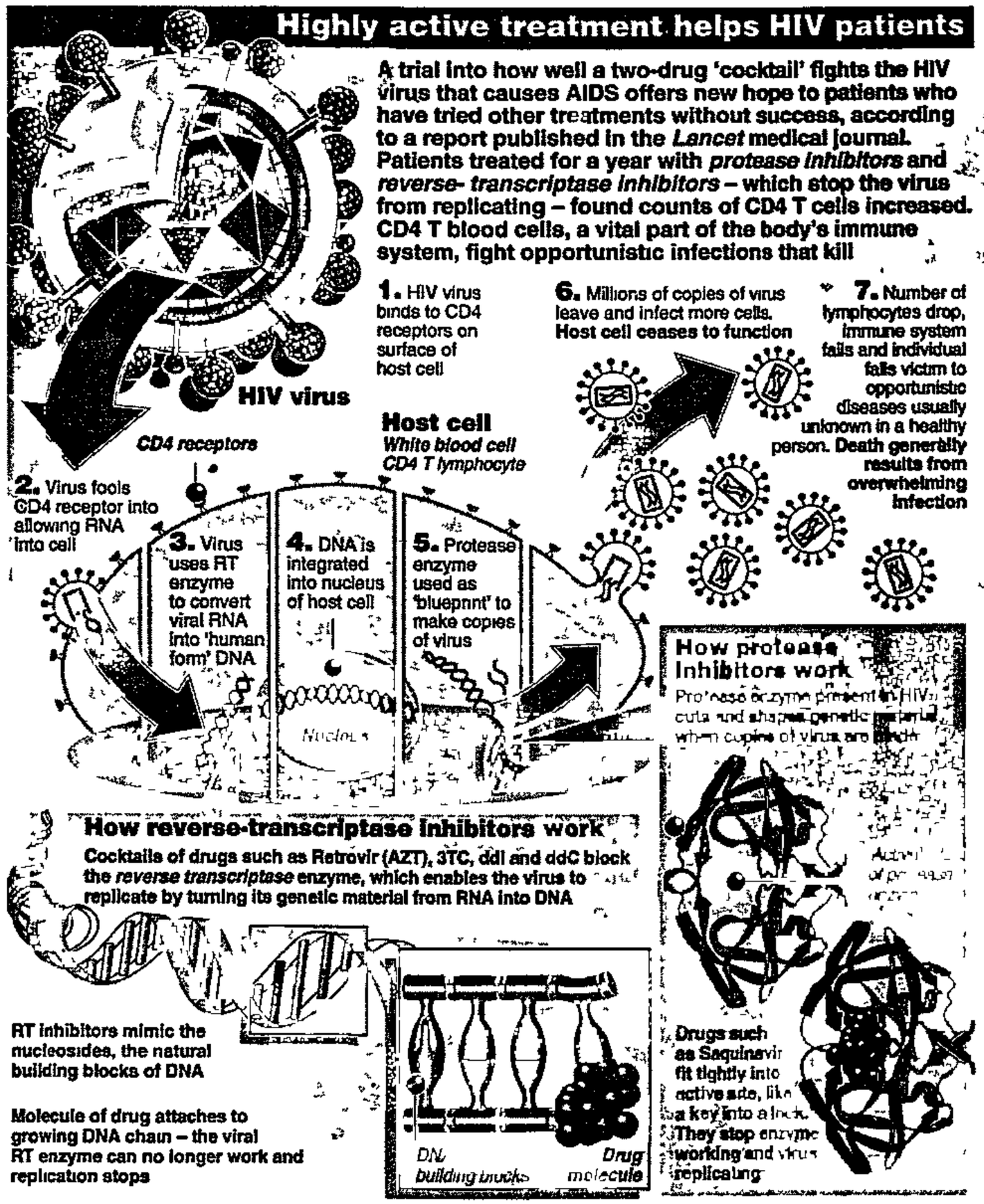
For the ANC to refocus our collective energies rationally and appropriately on these battles, it is necessary to explain the facts behind the government's decision not to grant free AZT to rape victims

Halting the unacceptably high levels of violence and abuse of women and children is a central concern. Laws to effect this were passed during the last session of Parliament. Ultimately, the creation of a human rights culture is the best way to ensure people don't treat each other abusively

Curbing the spread of HIV/AIDS is also crucial. Its continued spread at current rates will undermine all other plans for improving the lives of South Africans

To reduce the spread of HIV/AIDS, the government is conducting massive education drives for the nation as a whole, and in schools, clinics and hospitals in particular These campaigns, stressing personal responsibility in preventing the spread of HIV/AIDS, must be taken up by all the people

The government will also continue to pressurise drug companies and the makers of milk formula to provide their products to South Africans at affordable prices Success in this endeavour will give the government more options in dealing with public health problems and will ease our struggle to give South Africans the health care we deserve All compassionate people la



ment the terrible suffering AIDS causes. We must join together to stop this suffering by preventing the spread of HIV Despite our hopes, however, we must accept that at this point in time there is no cure for AIDS

Different drugs taken in different combinations can reduce the chance of transmission of the virus, or help alleviate some of the symptoms of AIDS. However, these drugs have harmful side-effects. Before we give any drug to patients, we must test its effectiveness and find out if it can cause harm.

There is no conclusive evidence that taking AZT will reduce the risk of contracting HIV/AIDS The government cannot lightly distribute an expensive drug when it has no assurance of its effectiveness. Such an unjustified use of the health care budget would be widely censured.

Rape is an unacceptable violation of a person's dignity and rights. That rape may also lead to HIV infection makes the crime even more terrible. But we should not let our outrage make us less rational. We do not have enough money to give all South Africans the health care they want. Therefore, we must use all the money we have effectively and equitably We cannot spend money on every drug that comes onto the market promising great, but unproven, results

Considering the government's decision to spend our valuable health care funds on other projects, the news that Chris Hani-Baragwanath Hospital is now giving AZT to pregnant mothers may lead to some confusion.

The hospital has begun a test of the effectiveness of AZT in preventing the transmission of HIV from pregnant mothers to their babies. This project will help gather more evidence about the effectiveness of this drug, and will also provide HIV positive women with the hope that their children may have a greater chance of being born HIV-negative.

The government will consider the results of this study and weigh the cost of providing the treatment against the promised results. If AZT proves to be an appropriate prescription considering South Africa's unique situation, the government will certainly fight to provide it for all people who need it.

The reprehensible attempts of the likes of Mr Peter Marais, health MEC in the Western Cape, to make cheap party political capital of this tragedy is beneath contempt. Rather than allowing ourselves to be swayed by our yearning for easy solutions, let us all recommit ourselves to fighting against HIV/AIDS and rape

ST 16/5/99 (92)

Cover-up of debacle over 40m faulty condoms

FAULTY condoms secretly recalled by the Department of Health in July were still being distributed in two provinces this week

About 40 million SABS-approved Kenzo condoms were recalled after tests showed that one in four were faulty

The recall netted only 4,7 million of the Indian-manufactured condoms, according to a former department consultant But this was kept from the public

The Deputy Director-General of Health, Dr Harm Pretorius, said "there is no policy" to inform the public "We simply remove the defective condoms from the system "

Jack Bloom, the DP's health spokesman in Gauteng, said "I believe there was a cover-up The old tender did not specify quality control Imported condoms went straight into distribution without any sample testing, with appalling implications for the spread of AIDS, " he said

But this week the condoms were still being given out in Gauteng and the Free State

The consultant said the tender system was seriously flawed as the department bought the cheapest condoms without assessing the manufacturers

Dr David Coetzee, Deputy Director of Sexually Transmitted Diseases, Barrier Methods and Surveillance, could not say how many Kenzos were bought or recalled He blamed high staff turnover for the lack of information

Dr Helen Rees, chairman of the SA Medicines and Medical Devices Regulatory Authority, said "New legislation means we can now regulate medical devices such as condoms "

● See page 8

JUNE
1999

Never a better time than now for Aids cover

If you put it off you may be uninsurable

(92)

ARLT 5/6/99

ESANN DE KOCK

Now is the time to take out life assurance cover if you believe you are at risk of contracting HIV or Aids

If you put it off or think you will never need it and are then diagnosed with the disease, there is a very good chance you will either be uninsurable or you will have to pay exorbitant monthly premiums which might not be worth your while

South African life assurance companies have been battling with the problem of insurance and HIV, and so far only a few companies, such as Old Mutual, Metropolitan Life and Fedsure, have come up with life policies for people who are already HIV positive

Premiums on these policies vary widely but due to the potentially shorter life expectancy of these policyholders, they are generally high.

In fact, some advisers say if you are HIV positive, you may be better off putting your money into a investment product like an endowment or a unit trust

The reason, they say, is because the costs and commissions related to assurance products claim so much of the investment during the first couple of years that, should you die within two or three years, the policy payout may be highly disappointing if it is worth anything at all

Metropolitan Life's Inclusive Life product is an exception – it has enhanced surrender and loan values which mean that even after one year, if you stop paying the premium, you will get some money back

If life cover is not enough of a problem, disability cover, too, is a headache if you are HIV positive

Dr Bruce Hodkinson,senior medical adviser at Sanlam Personal Finances, says assurance companies generally exclude disability payments for disability caused by HIV or Aids.

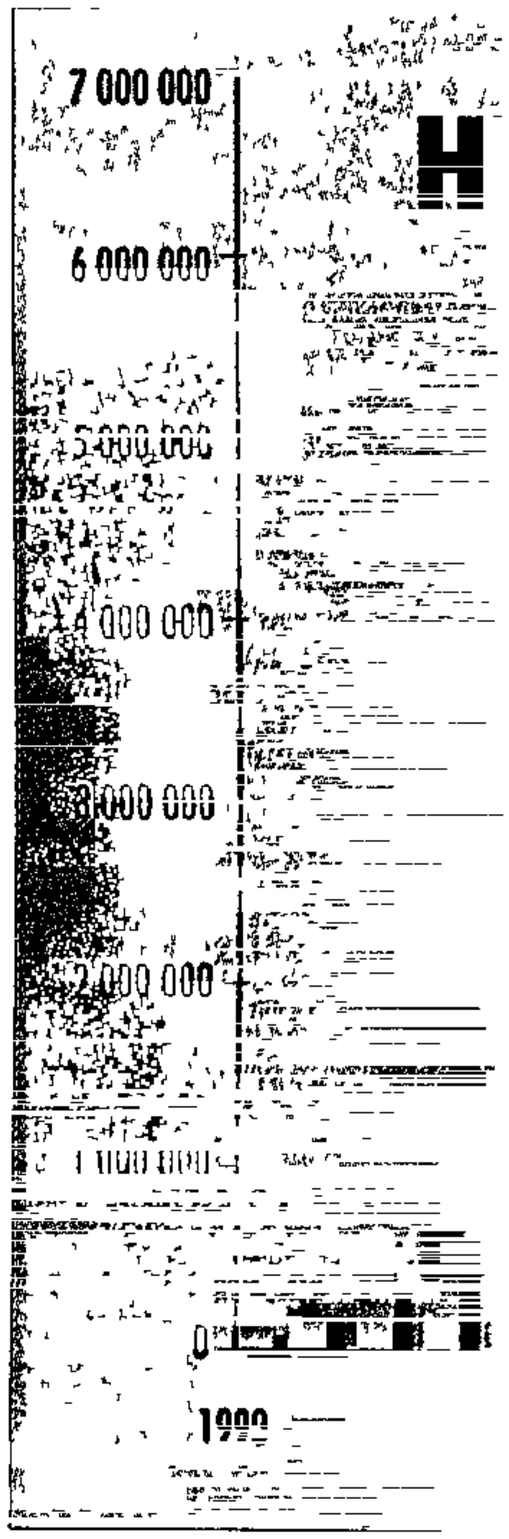
Some group benefit schemes may offer you cover without insisting that you go for an HIV test. In these instances, people with HIV may get disability cover by chance

If you fall in a high-risk category and are concerned about the cost of HIV treatment, don't think your life policy automatically includes a form of disability payment which you can use to cover your medical expenses Chances are you will not be covered

Your best bet is to get good financial advice and plan for the cost of treatment

With regard to costs, Dr Hodkinson says many medical schemes offer HIV benefits of some sort

Most do so on a managed care basis where you have to go into a specific care programme where there are usually strict confidentiality requirements.



Hodkinson says in Sanlam case the accounts of HIV positi patients are even pooled sep rately from other medical c to protect patients' anonymity.

He points out that in terms the Constitution, medical schem are not allowed to ask you if y are HIV positive when you jo

A reader writes...

I have had a Lifestyle Endowment policy with Liberty Life for six years which includes R80 000 cover for death occupational disability and dread disease.

I am HIV positive and although I am still pretty healthy my doctors are advising me to start medication as soon as possible as my blood counts are dropping.

I put in a claim with Liberty Life to pay out my dread disease cover so that I will be able to afford the necessary treatment They told me my policy did not have HIV cover as it was not included on any of their policies at the time I took mine out It is now included on new policies.

Anyway I managed to get an endorsement with the HIV cover included. but now I have to meet a ridiculous set of conditions before they pay me out. I will probably be dead before they are all met!

I don't feel Liberty Life is being fair. I have the dread disease cover and I am HIV positive and need the money for treatment. It seems they are only wanting to pay for "end care"

But I won t need "end care" for a long time if they pay me now!

Ian Maren, deputy general manager of Liberty Life's product development division, replies:

The Living Lifestyle Endowment policy pays a stated sum on the occurrence of one of a list of defined dread diseases.

Living Lifestyle was enhanced a number of years back to include end-stage Aids. The cover may not exceed R700 000

New policyholders automatically get the enhanced benefit when applying and all applications are subject to HIV tests.

The change did not automatically apply to existing policyholders, many of whom had obtained cover without HIV testing.

The policy now provides financial protection for the time when end-stage Aids is present, and it effectively pays an advance of the life cover once you are terminally ill.

The benefit amount is equal to that which the policy owner applied for and bears no direct relationship to any actual medical costs incurred.

Prospective and current policyholders should ensure that they do not have life cover that specifically excludes Aids or HIV-related death. Some policies are still sold with such exclusions. Medical aid should be the first line of benefit for containment of HIV.

◆ *The letter has been shortened and edited to protect the identity of the reader. The response from Liberty Life has also been edited.*

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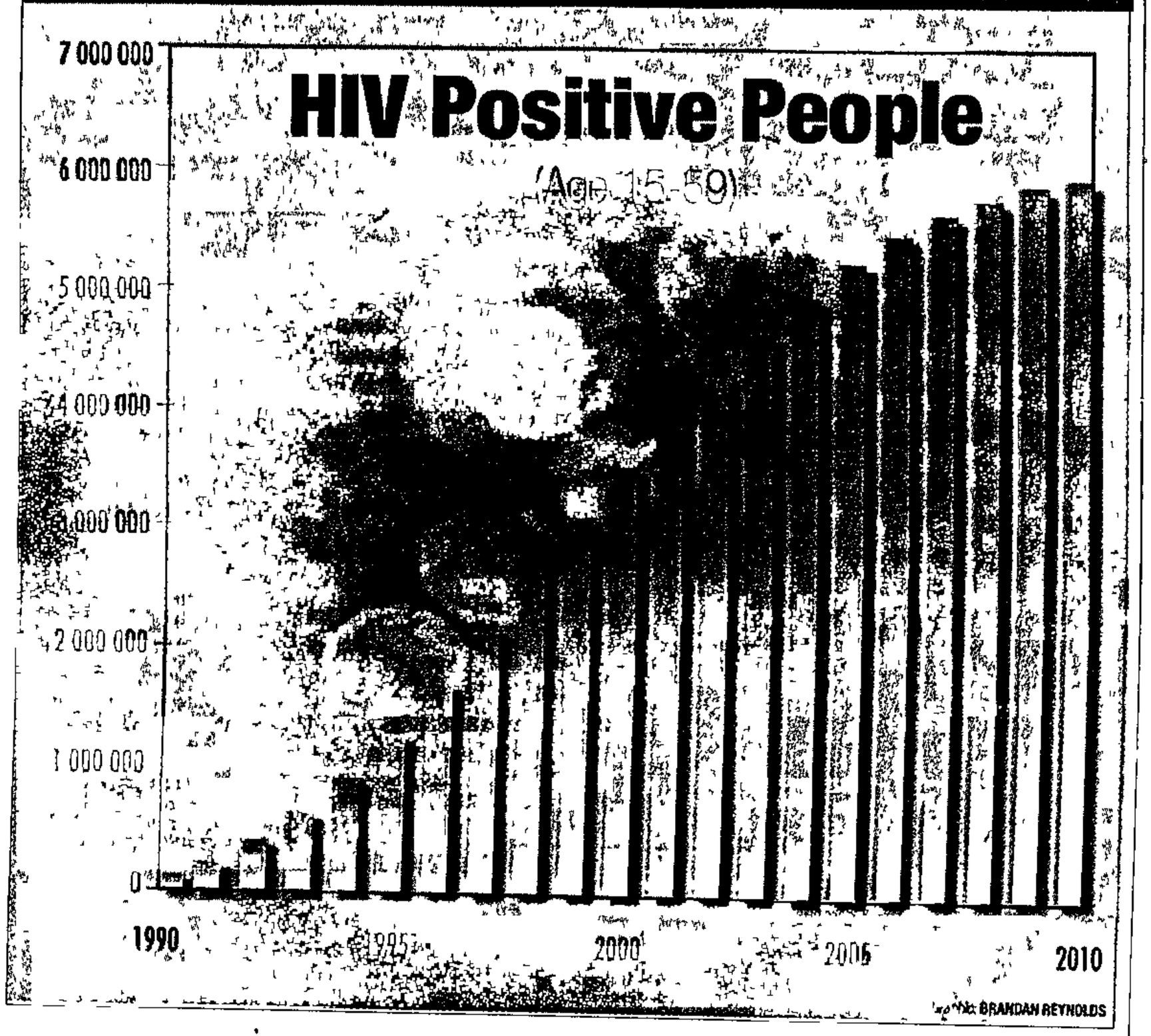


Hodkinson says in Sanlam's case the accounts of HIV positive patients are even pooled separately from other medical claims to protect patients' anonymity

He points out that in terms of the Constitution, medical schemes are not allowed to ask you if you are HIV positive when you join, neither may they load your premiums or exclude HIV from the list of diseases covered

Schemes are, however, allowed to put a cap (a maximum amount) on HIV cover, he says This generally ranges from R10 000 or R20 000 to R100 000 a year

On a more positive note, Dr Hodkinson says almost all life insurance companies now include full-blown Aids – though not HIV – on their lists of dread disease cover This cover generally pays out a portion of your life cover if you get one of the listed diseases, while the balance stays in the life policy and is paid out when you die

Dread disease cover will generally be paid out only when you have full-blown Aids

But, he says, companies will insist that you go for an HIV test to qualify for this cover – and the test must be negative at the time you take out the cover

"If you are HIV positive, there is no chance that you will get cover The actuarial risk to the company is just too high "

the occurrence of one of a list of diseases.

was enhanced a number of years ago to cover end-stage Aids. The cover may not

automatically get the enhanced and all applications are tests.

did not automatically apply to many of whom had obtained HIV testing.

provides financial protection for end-stage Aids is present, and it advance of the life cover once you ill.

The benefit amount is equal to that which the policy owner applied for and bears no direct relationship to any actual medical costs incurred.

Prospective and current policyholders should ensure that they do not have life cover that specifically excludes Aids or HIV-related death. Some policies are still sold with such exclusions. Medical aid should be the first line of benefit for containment of HIV

◆ *The letter has been shortened and edited to protect the identity of the reader The response from Liberty Life has also been edited.*

Garlic tests hold out hope for HIV kids

Salute to SA treatment pioneer

(92) ARG 10/6/99

DI CAELERS
HEALTH WRITER

Garlic, pioneered in South Africa for use as a natural antibiotic, is set to be tested on HIV-positive children in Cape Town in a clinical trial to monitor its possibilities for curtailing infections.

Although doctors planning the proposed trial say it might "not necessarily wipe out the virus", they believe it could improve the quality of life of HIV-positive people – by preventing recurring infections and subsequent hospitalisation

Daniel Sidler, Red Cross Children's Hospital paediatric surgeon in charge of the project, said he was currently awaiting approval of the trial by the University of Cape Town's ethics committee, which was expected any day.

About 200 HIV-positive children being treated at the AIDS clinic at Groote Schuur Hospital were expected to be involved.

The use of garlic as a natural antibiotic has been pioneered in South Africa by emeritus professor Sid Cywes.

He and a Red Cross Children's Hospital chief research technologist, Peter de Wet, tested garlic under laboratory conditions and found it could eradicate many infections.

On June 25, UCT will make Professor Cywes, one of the world's foremost paediatric surgeons, an honorary doctor of medicine in recognition of his work.

It was in 1993 that Professor Cywes first prescribed garlic extract to treat a seriously ill baby at Red Cross hospital. The child's condition improved within 24 hours.

The anti-microbial agent in garlic, allicin, is not present in raw garlic, but is formed when garlic is crushed.

It is soluble in water and sensitive to heat.

Dr Sidler said that once the garlic-HIV trial was approved, he would actively seek funding to ensure it was completed.

The trial would be expensive. The garlic tablets would cost about R100 a month per a child, and each child would be given a R350 test at the beginning and end of the trial.

The smell of success: Sid Cywes

The test was to measure the particular cells the virus attacked.

"The plan is to give HIV-positive children attending the Groote Schuur clinic garlic on top of everything else they are getting.

"Half the children on the trial will get garlic and half will not," he said.

In the laboratory setting, tests had shown that the use of garlic – and another substance called ajoene – on HIV-infected cells improved the cells' survival rates and decreased the viral load.

"But it is a big step from the lab to real life, and there are many other factors that could alter its effects," Dr Sidler said.

They were not necessarily expecting its use to "wipe out the virus", but believed it could improve quality of life by preventing children getting too many infections.

They also hoped it would keep patients out of hospital a lot longer.

The trial was expected to run for about two years before any firm findings would be made.

CAPE TIMES
WEDNESDAY, JUNE 16, 1999

CONCRETE ADVICE: Teenagers from the Masiyile High School in Khayelitsha paint a mural on a school wall to promote condom usage as part of a community education programme which included the learning of negotiation skills to combat behaviour spreading HIV and Aids

PICTURE: KRISANNE JOHNSON

Aids writing is on the wall

YAZEED KAMALDIEN

LEARNERS at Masiyile High School in Site B, Khayelitsha, added the final touches to their Aids awareness mural yesterday.

The mural, which includes a South African flag-coloured condom as well as an Aids helpline number, depicts messages of prevention and care. Forming part of a project by the Society for Family Health at Masiyile, and facilitated by artist Sipho Hlati, the mural took a week to paint.

"We are looking at various communication techniques and creative ways to change the behaviours of black youth," said Gail White, spokesperson from the Society for Family Health.

The SFH launched an Aids education project called *Abatsha Phezulu* — meaning "Youth On Top" — in February at Masiyile, predominantly to target young black people.

"The project offers life skills classes, as well as drama and painting, as innovative methods of education.

"The Aids epidemic is spreading rapidly among urban blacks nationally, especially in the black female group aged between 15 and 25," said White.

"We need to teach young people how to negotiate safe sex and encourage them to use condoms. Too often, we hear from females that their first sexual encounter was violent or forced."

Learners are encouraged to be assertive, self-confident and to practise safe sex.

Coming to terms with the AIDS pandemic

n/6/99 C92 BD

New programme will give employees access to a network of doctors

IMPROVED management of SA's burgeoning incidence of HIV calls for an innovative approach by the health-care industry and greater commitment by employers to provide adequate treatment

Since SA has one of the fastest-growing rates of HIV infection in the world, with about 20% of the total population already infected and about 1 600 new infections every day, employers will be forced to take action.

Paul Theron, medical manager for Old Mutual Healthcare, says that while progress is being made by some health-care services, much will depend on employers playing a more active role in educating and counselling employees on sexually transmitted diseases in general

The principle is to gain access to high-risk individuals in order to educate them about HIV/AIDS

In terms of HIV alone, employers will need to have a macro-remunerative structure in place covering health, disability and retirement benefits, and must implement a number of treatment protocols, if they are to

- Ensure that infected members receive adequate care;
- Ensure that medical schemes remain financially viable,
- Safeguard the employee benefit rights of all employees whether infected or not.

Theron says proposed regulation relating to the Medical Schemes Act will prevent the arbitrary exclusion of benefits for HIV/AIDS care

Henriette Potgieter, executive director of Access Health SA, says previously those with chronic conditions such as HIV/AIDS, and people with high-cost conditions like hypertension and cancer treatments, were often excluded altogether orseverely limited in their benefits

"The implementation of the changes in the act will enable people previously excluded from cover, including low-income earners and some suffering from poor health, to join a scheme," she says

"Previously they often had to fund expensive essential care themselves and neglected obtaining full care for their condition "

Old Mutual Healthcare has started an HIV/AIDS benefit management project that can take the HIV treatment pressure off medical schemes

Available to employers from August, it aims to manage the benefits that a medical aid fund provides for HIV/AIDS-infected members

Initiated in March with the assistance of a leading pharmaceutical company involved in researching and developing antiretroviral agents, the programme aims to improve the quality of life of HIV/AIDS infected members

Paul Theron **HIV-positive employees should tell their medical fund**

It consists of a risk analysis assessment, a reinsurance component, an HIV specialist to oversee care, a chronic medication provision service and a focus on HIV/AIDS education for employees

Theron says the programme, which is already being implemented and tested by Old Mutual's staff medical scheme, will focus on how a company's staff can receive appropriate care as cost-effectively as possible

"We believe the route to go is to implement programmes that encourage employees to inform their medical fund they are HIV positive This is with a view to managing the disease, monitoring those infected, providing treatment and preventing unnecessary hospitalisation "

Theron says the correct management within these protocols will ensure proper treatment is given within the budget of a healthcare scheme

"The benefits of managing HIV through programmes of this nature are impressive, as correct treatment can prevent recurrent and costly hospital admissions Receiving incorrect treatment could do patients more harm than good "

Theron says the programme will provide infected employees with access to a network of South African doctors who are educated in treating the virus effectively

It also allows continuing interaction among doctors and facilitates the sharing information

HIV is no longer seen as a terminal illness but as a chronic manageable disease that needs to be placed in the same context as diabetes, epilepsy, chronic asthma and similar conditions

Recent major breakthroughs in clinical development and the availability of new medication for HIV/AIDS patients has improved their health status and long-term survival, and offered opportunities for the prevention of mother-to-child transmission

AIDS

FM 18/6/99

AVOIDING THE ISSUE DOESN'T HELP ANYONE

Few schemes know how to manage Aids benefits

(92)

From January 2000, medical schemes will not be allowed to discriminate against members who are ill with HIV/Aids by charging them higher premiums, and all schemes will have to provide basic Aids benefits

Until recently, many schemes have refused to pay benefits for Aids treatment or placed strict financial limits on benefits

According to a survey by Alexander Forbes Healthcare Consultants, most of the country's medical schemes are unlikely to know the extent of HIV/Aids among their members It also found that one in 10 companies have taken no steps at all to deal with the subject and only 10% have set aside reserves within their medical scheme to cater for the potential liability posed by the virus

An informal survey by Oracle corporate investment consultant John Cranke found the spread of capped Aids benefits on offer ranges from a pathetic R4 200/year per family to a measly R25 000

An example of limited Aids cover on offer is a scheme that pays for one blood test and one sexually transmitted disease screening per adult/year, chronic medication up to a maximum of R17 500 per family/year if a member is HIV-positive, and half of all future hospital claims

Few offer comprehensive cover by way of Aids benefit management programmes that include benefits for antiretrovirals like AZT, hospitalisation, vaccinations, diagnostics, counselling and Aids education

But it has become clear that HIV/Aids will badly damage schemes unless they respond to the epidemic proactively and funders are beginning to devote considerable resources to determine the nature of Aids benefits they should be offering

Under the new Medical Schemes Act, schemes will have to pay for a member's first HIV/Aids-related hospitalisation where the treatment is for "medical and surgical treatment for opportunistic infections and localised malignancies" They also have to pay for subsequent Aids-related hospital visits provided the member is not near death as a result of the disease (his or her CD4 count must exceed 100)

This gives schemes a clinical and legal guideline as to the minimum benefits they must offer their members

Schemes have found that placing severe restrictions on Aids benefits has only served to drive infected members underground And since Aids-related ailments come in various guises, doctors have been able to collaborate with patients to hide the true nature of the treatment, saddling unwitting schemes with a mounting Aids bill

In a recent *SA Medical Journal (SAMJ* January 1999, Vol 89, No 1) Cape Town-based managed care company, Pharmaceutical Benefit Management (PBM), said medicine claims of HIV-positive patients were 300% higher than the scheme's average, and that antiretrovirals were being claimed for under the guise of other medication, mainly because patients feared disclosing their HIV-positive status

It proved that hospital treatment arising from unmanaged Aids-defining illnesses or Aids-related complications was more expensive than providing double or triple antiretroviral therapy for the rest of the HIV-positive member's life

PBM recorded the average annual claims of HIV/Aids members over two years and found that those treated with two antiretrovirals cost the scheme R60 000/year, those treated with triple therapy cost R70 000/year, while those who were left to their own devices and were not given antiretrovirals cost the scheme about R230 000

"There is no doubt that HIV/Aids should be approached using managed care principles," said PBM's former executive chairman Dr John Cowlin, writing in the *SAMJ* "Inexpensive prophylactic measures can be instituted which would dramatically reduce the cost of complications without even resorting to the expense of double or triple therapy If ever there was a case for managed care, this is it"

QualSA HealthCare MD Sally Velzeboer concurs "In the light of the results of the study and changes in legislation and health policies, medical aids may wish to revisit benefits for HIV/Aids Those funds disallowing antiretrovirals should consider the positive effects of inexpensive prophylactic measures against opportunistic diseases that plague HIV/Aids sufferers due to their lowered immunity"

Enlightened schemes realise they have to find ways to encourage infected members to disclose their HIV status early so that their treatment can be managed holistically and professionally from the outset, thus reducing opportunistic infections and prolonging their productive lifespan

Funders are beginning to realise that HIV/Aids can be managed in the same way as other chronic disease such as asthma or diabetes and are either working to design Aids benefit management products or have already put them in place

"We do not view HIV/Aids as a death sentence," says Fedsure Health's medical director Dr Derrick Burns "Our aim is to provide adequate medical care to HIV/Aids patients, improve their quality of life, and keep complications to a minimum by recommending the most cost-effective treatment for the specific individual"

John Cranke *Aids benefits on offer are mostly inadequate*

Southern Healthcare CEO Graham Anderson agrees that Aids can be managed favourably using managed care principles "A step in the right direction is the decision to make Aids a notifiable disease, though the individual's confidentiality should be maintained," he says "I also believe that various stages of the disease could be handled far more effectively and less expensively outside hospital"

As part of comprehensive disease management programmes for HIV/Aids, Velzeboer suggests that schemes consider a host of relatively inexpensive interventions that can reduce their HIV/Aids claims costs, such as telephonic toll-free counselling by a clinical psychologist, education on the disease and alternative treatments, and advice on things like stress relief, healthy eating habits and healthy lifestyle practices

Schemes should also put these members in contact with supportive groups such as the National Association of People living with Aids (NAPWA), she advises, and motivate them through trained health workers to remain positive and comply with treatment regimens

Cranke advises employers to ensure that they are matching their employees' expected exposure to Aids to the benefits offered by the medical aid scheme

For example, a company of professionals with a low expected exposure to Aids would effectively be cross-subsidising other high-risk companies, like mines, if it were to join an open scheme offering comprehensive Aids benefits

On the other hand, he says, a company with a high exposure to Aids would be short-sighted to join a scheme offering no Aids benefits

SUPPORT FOR CHEAPER SA DRUGS

Aids activists disrupt Gore's campaign (92)

CT 22/6/99

WASHINGTON: US Vice-President Al Gore's presidential campaign tour is plagued with protests from Aids activists who support SA's drug stance. **RICH MKHONDO** reports.

AIDS activists have targeted Vice-President Al Gore's presidential campaign tour across the US, protesting against his behind-the-scenes role in a trade dispute over the cost of drugs in South Africa

The chanting and placard-waving protesters, most of them members of a coalition called the Citizens Trade Campaign, have accused Gore of favouring drug-makers' profits over the lives of millions of South Africans infected with HIV, which causes Aids

The protesters said Gore, in talks with President Thabo Mbeki earlier this year, threatened trade sanctions if South Africa permits the widespread sale of cheaper, generic drugs that would cut into US companies' sales

In a campaign swing of New Hampshire, Gore had to raise his voice as the demonstrators chanted "Gore's greed kills"

"Vice-President Al Gore is doing drug companies' dirty work," the group Aids Drugs for Africa says in pamphlets distributed at Gore's appearances

In another campaign stop, Gore turned the protest into an opportunity to talk about Aids awareness

"This epidemic was ignored for too long in the United States of America and I'm proud our nation is taking the lead to try to do something about it," he said.

The protesters, all members of the Citizens Trade Campaign, said they support former health minister Nkosazana Zuma's Medicines and Related Substances Control Amendments Act, which would make generic medicines available to those who cannot afford high-priced medicines

Gore and Mbeki co-chair the US-South Africa Binational Commission, the centrepiece of the two countries' trade and development relations

Gore met with Mbeki last August here in Washington and again in February this year in Cape Town as part of commission's semi-annual summits

A State Department report released earlier this year called the patent dispute "a central focus" of the talks, part of "an assiduous, concerted campaign" by top US officials to persuade South Africa to change the law South Africa denies the law would violate international patent rule

Gore appears to be in a delicate position to balance the magnitude of the Aids crisis in SA and the needs of US companies

"Obviously the vice-president's got to stick up for the commercial interests of US companies," said one Gore adviser

But, he said, Gore realises the disease "is a major threat to the welfare and even the future stability" of South Africa

NO SILENT PROTEST: US Vice-President Al Gore competes with protesters to be heard during an address to community leaders in Manchester, New Hampshire, last week. *PICTURE AP*

CF 23/6/99 (92)

Aids deaths tax morgue facilities

HARARE: Hospital mortuaries in Zimbabwe will soon open round the clock in a bid to speed up the collection of corpses to cope with the increasing death toll from Aids, the *Herald* reported yesterday

Bodies have been piling up in mortuaries as they could only be cleared during office hours, resulting in congestion

"Zimbabwe's death rate stands at an average of 340 people a day, about 240 of them from Aids-related diseases," it said.

Government hospitals have been forced to review their schedules to allow relatives to collect bodies 24 hours a day

At times, bodies have reportedly been stacked on top of one another in overcrowded morgues at government hospitals as Aids kills an average 1 680 people a week, according to the latest figures released by the official daily

An estimated two million Zimbabweans, out of a population of 11 million, are infected with the HI virus, the precursor to Aids

The disease is expected to kill 80 000 Zimbabweans this year alone, bringing the cumulative toll to 400 000 since the start of the epidemic around 14 years ago.

At least 600 000 children have been orphaned by the disease — Sapa-AFP

AZT for pregnant moms 'a saving'

(92) ST 20/6/99

DECISION TIME: Dr Manto Tshabalala-Msimang carries the can Picture: KAREL PRINSLOO

LAURICE TAITZ

FOUR top South African medical researchers say the government is wrong in claiming that the use of anti-AIDS drugs to prevent mother-to-child transmission is unaffordable.

Their study, published in the prestigious British Medical Journal this week, shows it is more expensive to deal with children infected with the virus than it is to try to prevent infection.

Dr Glenda Gray, director of the perinatal HIV research unit at Chris Hani Baragwanath Hospital, Dr Karen Zwi from the paediatrics department and health economists Neil Söderlund and Anthony Kinghorn, estimated that setting up and running a national programme to provide the drug AZT to pregnant women would cost less than 0,5 percent of the total health budget of R26-billion.

This figure included the costs of training healthcare workers about HIV infection, infant feeding practices and equipping them with counselling skills

The authors argue that while HIV infection in children is being eliminated in the US, in sub-Saharan Africa it has become a common reason for hospital admissions and is responsible for a large number of deaths among children.

The most recent figures released by the Department of Health for 1998 show that one in five women attending ante-natal clinics nationally are HIV positive.

The figures are based on voluntary anonymous testing. There is no policy to encourage women to be tested.

The Department of Health has said this would be pointless as there are not enough counsellors available and there is no treatment to offer those who test positive.

Critics have raised the problem of the costs of looking after an increased number of orphans if children are protected from HIV infections. But the authors say that infected children, whether orphaned or not, incur substantial cost to the health system because of being repeatedly admitted to hospital, staying in hospital longer and dying before the age of five in many cases.

"Even if children are orphaned, they will incur less cost to the state and their relatives if they are not infected."

The authors concluded: "Combined with our assessment that the intervention is likely to be cost saving, and the enormous social, economic and health system burden imposed by having to care for sick children infected with HIV, such absolute cost levels tend to refute the claim that strategies to prevent transmission of HIV are unaffordable."

The authors said primary healthcare clinics and hospitals in urban and much of rural South Africa probably already had the capacity to test for and treat HIV.

The former Minister of Health, Dr Nkosazana Zuma, was to announce the price at which AZT would be affordable to the government The task now falls to the new minister, Dr Manto Tshabalala-Msimang.

Hospital's Aids unit on a brave mission

Sowetan 21/6/99 (9a)

By Bhungani Mzolo
Health Reporter

WHILE the debate about the cost of the anti-Aids drug AZT continues, a small Gauteng hospital has quietly been giving the medicine to pregnant mothers for nearly two years

Coronation Hospital in Johannesburg opened an HIV-Aids unit about 18 months ago after it realised that the number of HIV-positive patients was increasing

According to Dr Heather Brown, in charge of the unit, the money to buy AZT comes from the hospital's budget and they have been able to sustain the programme by cutting down costs in other areas

"We have stopped doing some of the unnecessary routine tests in order to reduce costs," she said

Brown said 140 women were currently on AZT, at a cost of about R600 a patient

Based on a study done in Thailand, the women are given two tablets of AZT twice a day in the last four weeks of pregnancy

"Babies that are born of mothers infected with HIV run a 30 percent risk of getting infected but with AZT this is reduced to 15 percent," she said

The drug stops the virus from replicating itself

However, Brown said that the unit had already been warned to stop the programme as it was becoming extremely expensive to sustain

"Any minute now we may be told to shut down the project."

She said ideally women should be given the combination of AZT and 3TC and, preferably, be advised to give birth through a caesarian section

"The reason for this is that there is evidence that most of the infection occurs during delivery"

Coronation is the only hospital in this country that pays from its own funds for the supply of AZT to infected mothers

CORPORATE DISCLOSURE

(93) FM 25/6/99

AIDS AND THE ANNUAL REPORT

Life assurer says companies must be compelled to reveal data on impact of Aids

Life assurer Metropolitan has startled the business community by suggesting that listed companies should be compelled by law to alert shareholders to the crippling effects the Aids epidemic is likely to have on their future earnings

Metropolitan employee benefits actuary Deane Moore argues that just as pressure was brought to bear on companies to reveal the extent of their Y2K compliance so they should be compelled to disclose in their financial statements what they are doing to combat Aids

Organised business is appalled by the notion saying business in SA is already over-regulated But the Shareholders' Association of SA thinks Metropolitan has a good idea

	1999	2005	2010
% of SA work force HIV+	11	18	21
% of SA work force Aids sick	0,6	1,8	2,9
New Aids cases pa ('000)	175	461	580
No of Aids orphans ('000)	153	955	2 000
SA life expectancy- Female	54	43	37
SA life expectancy- Male	50	43	38

SOURCE: METROPOLITAN

The association fears that Aids will severely harm the operation and profitability of virtually all SA companies in the next century

"Disclosure of information on the possible impact of Aids and companies response to it is vital for shareholders to make informed investment decisions says association chairman David Sylvester

Aids is more significant than the Y2K problem Y2K is a once-off issue but Aids could be around for a generation or two

Moore says that by 2005 direct Aids-related costs in the form of increased contributions for medical aid group life and disability cover could add 15% to the remuneration budget of a typical manufacturing company — where 80% of the staff are blue-collar workers and the employer is fully responsible for contribution increases

This figure could climb by another 10% if the indirect costs associated with mounting sick and compassionate leave recruiting and training replacement staff and protracted negotiations with workers on Aids-related issues are taken into account as well as the drop in sales turnover that will result from a higher mortality rate and fall in disposable incomes

Deane Moore *it's high time companies realised they can limit the impact of Aids"*

The fact that Aids will have a greater impact on SA than on its more developed competitors will also add to the strain on local companies battling to be globally competitive

"With earnings and dividends per share set to spiral downward as a result the outlook for shareholders is decidedly bleak says Moore He predicts that by 2005 SA will have experienced its first company failure due to the impact of Aids on workplace productivity

He proposes that listed companies be legally required to disclose all future anticipated Aids-related costs for periods of five years at a time the likely impact of Aids on their markets and turnover growth, and their plans for softening the impact of Aids on their businesses

"If health workers and close family members are entitled to information regarding the status of infected individuals, as per the proposed legislation regarding notification then surely stakeholders have a right to know whether the company with which they are associated as a shareholder a customer or a staff member is healthy or sick " says Moore

But the SA Chamber of Business's manager of labour affairs and social policy Janet Dickman rejects the idea of statutory corporate Aids disclosure

"Business in SA is already overburdened with numerous administrative and social equity obligations she says "Introducing statutory obligations relating to Aids reporting would just be an extension of the notion all too prevalent that every aspect of business behaviour should be regulated by some or other authority "

While conceding that business is generally not sufficiently concerned about the economic impact of Aids she says there is already a fiduciary duty on directors of companies to disclose any material facts that may affect the performance of the company

Alexander Forbes Health Care Consultants senior director Bernie Clark argues that there are too many variables for the future impact of the disease on earnings to be accurately forecast

Furthermore, he says there are various socio-economic factors that will have a far greater impact on Aids incidence than the education and benefits strategy adopted by a single employer

Clark and Aon Consulting MD Aubrey Sonnenberg argue that Aids is just another business risk and should be treated no differently from any other when it comes to disclosure

"Aids poses a real threat and all well-managed companies should be looking at it " says Sonnenberg, "but is it any greater than the price of gold going through the floor or a currency devaluation?"

Moore argues that it is because of the size and nature of the risk Besides he says a company can take out forward cover against a depreciation in the gold price or the currency but not against Aids

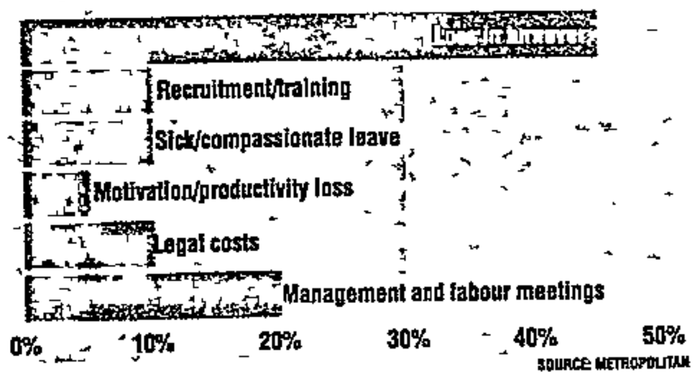
Metropolitan which is widely seen as having some of the best Aids data in SA estimates that 11% of the work force is HIV-positive and that this will grow to 18% by 2005

Moore accuses the business community of burying its head in the sand by insisting Aids is an uncontrollable factor It is high time he says, that companies realised they can limit the negative impact of the disease through effective Aids education campaigns restructuring employee benefits and careful human resources planning If they wait until Aids begins to hammer productivity it will be too late

Claire Bisseker

THE IMPACT OF AIDS ON BUSINESS

By 2005 Aids could increase an average manufacturer's costs by



SOURCE: METROPOLITAN

Assurers make poor pay more for Aids cover

ARG 26/6/99 (92)

JACKIE CAMERON

The less you earn the more you are likely to pay for your life assurance – because insurance companies have placed you in a higher risk category for contracting Aids than their wealthier customers

Faced with a staggering exponential growth rate in the number of South Africans developing Aids, life assurance companies have beefed up efforts to identify potential and existing customers who have the HIV/Aids virus or are at risk of contracting the disease

Liberty Life customers, for example, who earn less than R36 000 a year pay at least 300 percent more for the same cover taken out by someone earning over R200 000 a year – because people in this income group have been identified as more likely to contract HIV/Aids than high income earners

By August Old Mutual is to step up HIV-testing on prospective life assurance clients and existing clients who want to increase their cover

If you are under 46 years and want standard life insurance of R20 000 or more from Old Mutual, you will have to be tested

You will also have to pass an HIV test if you want to increase the cover on your existing policy by more than R20 000, if you are in this age category

Until now, clients under the age of 46 have not been asked to take an HIV test if they want life cover of less than R50 000, Old Mutual individual life actuary Doug Clothier told Personal Finance

Liberty Life chief actuary Dave Nohr said a 30-year-old male non-smoker who earned less than R36 000 a year would pay about R96 a month for R100 000 worth of cover, while a man with a similar profile but an annual salary of R200 000 would pay about R26 a month for the same life cover

He said. "Our new limits came in with the new policy in September last year Previously our strategy was to test everyone We're not discriminating We're distinguishing between different groups This is the way you have to run insurance.

"HIV is an increasing problem, and it goes one way every year Insurance companies have to protect themselves and their policyholders," Nohr said, adding that educational qualifications were also taken into consideration when assessing the likelihood of a client contracting the virus

Liberty Life statistics show that about 41 out of every 1 000 people in the lowest income category test positive for HIV Among high income earners,about one in four people test positive for the virus

Momentum Life chief actuary Nicolaas Kruger said. "Aids/HIV is very linked to income levels, but it's not such a big issue for us because we target middle and upper income groups

"Occupation is also a factor Truck drivers and pilots may be deemed to be higher risk than an accounting clerk earning R3 000 a month because of differing life styles

"People in the lower income groups have a higher mortality risk in general. Of course there is an indirect Aids risk The major differentiating factors are gender and whether you smoke or not"

Kruger said his company introduced two distinct policy classes aimed at giving discounts to Aids-free customers and reducing the risk from HIV-positive clients.

"With the exclusive policy, you have to be prepared to go for a test every five years If you go the inclusive route, there is no need for a regular test but we reserve the right to increase the premiums of the whole policy holder base," he said

Metropolitan Life Aids researcher Dr Thomas Muhr said clients were "increasingly turning to endowments", for which they do not need to take an HIV test

HEALTH WISE
PERSONAL FINANCE
Discovery Health

See the first report from this seminar on page 5

AIDS puts Zimbabwe morgues on overtime

(92)

HOSPITAL mortuaries in Zimbabwe will soon open around the clock in a bid to cope with the increasing death toll from AIDS, according to a report in the country's Herald newspaper this week

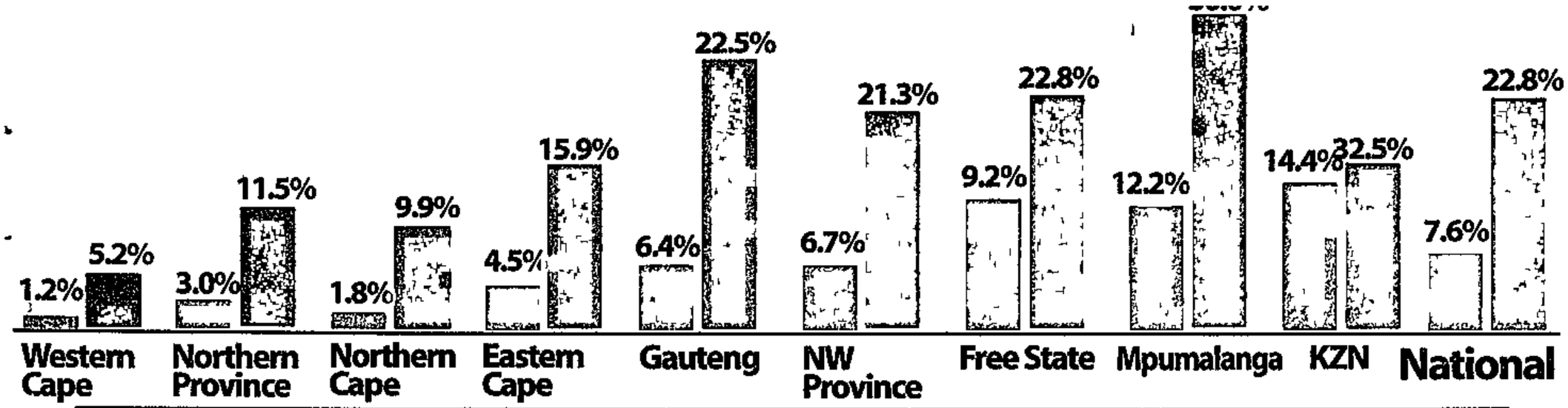
Bodies have reportedly been stacked on top of one another as morgues at government hospitals run out of space.

To cope with the problem, government hospitals have reviewed their schedules to allow relatives to collect bodies at any hour of the day or night

"Zimbabwe's death rate now stands at an average of 340 people a day, about 240 of them from AIDS-related diseases," the report said

About two million of Zimbabwe's 11 million people are infected with HIV — *Own Correspondent*

ST 27/6/99



HOW AIDS HAS PROGRESSED IN SOUTH AFRICA, 1994 – 1998

Aids rocks insurance

(92) (58) CP 27/6/99

BUSINESS REPORTER

THE alarming increase in the number of HIV-positive people in South Africa is negatively affecting the insurance industry and forcing companies to increase the premiums paid by policy-holders

The department of health's annual investigation into the prevalence of HIV in pregnant women attending pre-natal clinics has revealed startling information

An estimated 27 percent of women between 25 and 29 were found to be HIV positive

South Africa has one of the fastest growing incidences of HIV infection in the world with approximately 20 percent of the population already infected and about 1 600 new infections a day

Gauteng and KwaZulu-Natal top the list of provinces with the most infected populations and the figures for all provinces are rising sharply, as these graphs show

More alarming is that most of the infected people are in the economically active group – people who are still making a valuable contribution to the country's well-being A KwaZulu-Natal company which was paying two percent of its salary bill for death benefits two years ago now pays 2,3 percent and is expected to pay 3,3 percent in three years time

Old Mutual risk benefit actuary Trevor Pascoe said if the company was based in the Northern Cape it would have broken the three percent level in five years

The Northern Cape has the lowest figures of all the provinces

Pascoe said "Funds are already faced with the rising cost of death and disability benefits and with the worsening AIDS experience insurers have to put up their premiums to meet the increasing number of death claims they expect to pay out over the next year "

Employers' premiums however depend on the industry, the province, the socio-economic circumstances of employees and their ages

"The key implications are that where employers delay to engage in cost and other containment activities, it will negatively affect their financial positions," explained Pascoe

"Furthermore, higher risk benefit costs can result in less money being allocated for retirement or a reduction in the death and disability benefits".

A company or group risk benefits arrangements needs to be appropriate in the light of how Aids will affect it

Medical manager of Old Mutual Healthcare, Dr Paul Theron said companies should map out strategies of fighting the disease or preventing it.

Recent discoveries have been made to assist patients with the virus

"This has meant that HIV is no longer seen as a terminal illness, but as a chronic manageable disease which needs to be seen in the same context as diabetes, epilepsy, chronic asthma and similar conditions. Medical schemes will therefore be expected to cover HIV/AIDS treatment," reports Theron

Employers, Theron said, should encourage their employees to come out in the open about their HIV status

This will allow them to manage the disease, monitor those affected and provide the correct treatment for their employees.

"That way they will save money likely to be lost from unnecessary hospitalisation, ab-

Red lights flash over HIV disaster

IN 22 years time, in 2021, 113 000 people in East London could be dead of Aids according to a provisional report on the city's future released by Rhodes University's Professor Rob Shell on Saturday

Shell, head of the university's population research unit, said an urgent information campaign should be launched in the media before it was too late

The city council should also have more billboard and mural messages telling citizens of the danger

Shell's report, which has taken the academic several months to complete, predicts a frightening rise in the epidemic over the next 22 years

According to Shell, in just five years Aids deaths in the city will outnumber all other causes, and by 2019 the number of people dying of Aids in East London, excluding the high-risk Mdantsane area, will hit the 100 000 mark

Already there are more people tested positive in the city than in the whole of New Zealand and Australia combined

Shell estimates that there are currently 21 556 East Londoners infected with the HIV virus

He said an urgent information campaign needed be launched to encourage people to use protection such as condoms

Television and radio should help spread the message as many people, particularly those from rural areas, were illiterate.

"If people change their high risk sexual behaviour such as unprotected intercourse we could see some form of tapering off in the figures," he said "Ignorance is one of the breeding grounds of HIV, machismo is the other," he added

Already in KwaZulu-Natal, South Africa's hardest hit province, about 30 percent of the population is thought to be HIV-positive

According to the latest national figures for the whole country, one in five sexually-active members of the public were HIV-positive.

It was not only poor, illiterate people who were in danger High numbers of educated young people had also fallen victim to the virus.

A saliva test carried out on students at the University of Durban found 25 percent of them were carrying the killer virus

The socio-economic consequences of the epidemic would be enormous and were already being felt The collapse in health services throughout the province and country could be partly attributed to the rise in HIV/Aids.

A possible 40 percent of beds in some Eastern Cape hospitals were currently being occupied by HIV patients

Shell also said the cost of supplying AZT, the drug that can reduce the development of Aids to those infected with HIV, would be astronomical – *Sapa*

Detractors hound Gore over AIDS drugs

(92)

The 'unfounded' attacks have received widespread publicity, writes **Simon Barber**

WASHINGTON — At the start of his bid to succeed US President Bill Clinton, Vice-President Al Gore is being dogged by heckling AIDS activists who claim he is in cahoots with pharmaceutical industry fat cats to deny affordable AZT and other medicines to the millions of South Africans infected with HIV

His advisers are baffled, noting that Gore defied the industry earlier this year when he blocked their call for SA to face trade sanctions unless it stopped threatening patents of AIDS drugs and other medicines

As co-chairman of the US-SA Binational Commission, the activists say, Gore has led US efforts to "bully" Pretoria into scrapping or changing section 15(c) of the SA Medicines and Related Substances Act which is intended to allow government to buy drugs from the cheapest source

Conceived by James Love, director of the Ralph Nader's Washington-based Consumer Project on Technology who has been a consultant to SA's health ministry, the attacks on Gore have received widespread publicity — and, to his staff's horror, credence An article in the latest American Prospect, a respected journal founded by centrist "new" Democrats, specifically tied Gore's alleged support of the drug companies against SA to campaign contributions he is receiving from the industry

Because 15 (c) appears to give the health minister carte blanche to abrogate pharmaceutical patents in violation of the World Trade Organisation agreement on trade-related intellectual property (Trips), US Trade Representative Charlene Barshefsky last year placed SA on a "watch list" of countries where patent rights are deemed at risk, and withheld certain new trade preferences

This year, Pharmaceutical Research and Manufacturers of America (PhRMA), the principal US lobby for the industry, urged Barshefsky to declare SA a "priority foreign country", setting the clock ticking on trade retaliation if Pretoria did not satisfy US concerns

At Gore's insistence, his spokesman said, Barshefsky rejected the industry appeal and opted to keep SA on the list pending a review in September One factor was that the controversial law remains subject to a court challenge and has not been implemented

The activists, and the SA government, say that the purpose of 15 (c) is to reduce health care costs in SA by permitting government to purchase medicines outside the patent-holders own marketing channels (parallel imports) and to require that patent-holders license third parties to use their formulae for the local market (compulsory licensing)

PhRMA's Tom Bombelles acknowledges albeit ruefully, that neither resort is inconsistent with the Trips agreement, under which parallel imports are unchallengeable, "a harm without a remedy", and which specifically allows compulsory licensing in the public interest so long as patent holders are fairly compensated The trouble with 15 (c), the industry contends, is that it is vaguely worded and sets no Trips-consistent limit on the ways the minister might treat patent rights

Gore, in lengthy conversations with then-deputy president Thabo Mbeki, has "supported SA's efforts to provide lower cost AIDS and other drugs to its people, including through the use of parallel imports and compulsory licensing consistent with Trips", a spokesman for the vice-president said.

Exhibit A in the activist's case against Gore is a report the state department provided Congress in February describing the administration's efforts to get 15 (c) repealed or amended Designed to appease pro-industry legislators who wanted to cut aid to SA, the report emphasised the tough line administration was taking and underplayed Gore's desire for a compromise that would enable Pretoria to achieve its social goals while remaining true to Trips

Nader and Love, who recruited the AIDS activists to hound Gore, do not believe Trips in its present form can ever be fully consistent with affordable medicine for developing countries on the grounds it is biased towards patent holders That is why they have been working with SA health officials to build a case in the World Health Organisation for changing the agreement

Ideally they would like to see parallel imports positively endorsed and the conditions set on compulsory licensing eased By the same token the industry, though not monolithic, is strongly opposed to any movement in that direction

SA's Washington embassy, careful not to involve itself in US election politics, has guardedly come to Gore's defence without fully — on the record anyway — denouncing the protesters and their placards which read "Gore's greed kills"

"We have no knowledge of the vice-president putting pressure on SA in the context alleged," economic counsellor Sheldon Moulton said "A major aspect of the binational commission has been co-operation in the health sector, especially primary health care

"The US government shares the SA government's priority of improving the quality of health care and making it accessible to all citizens For us the issue is affordable health care generally, not just for AIDS We are keen not to allow what we regard as a separate issue to be used out of context"

US concerns may yet be rendered moot by the SA courts However, if section 15 (c) is upheld, Moulton said, "we will work closely with the US administration to find a solution" Government policy was to comply with Trips

"We are not about to set any dangerous precedent That would not be in SA's interest, since SA itself holds patents"

BD 30/6/99

MINISTER TO MEET WITH RESEARCHERS

HIV mothers may yet get AZT

CT 30/6/99 (9?)

THE NEW Health Minister's willingness to reconsider issuing AZT to pregnant women with HIV, has won praise from Aids activists. Health Writer **JUDITH SOAL** reports.

NEW Health Minister Manto Tshabalala-Msimang said yesterday she would review the government's decision not to provide the anti-Aids drug AZT to pregnant women and women and children who had been raped

Speaking at her ministry's parliamentary media briefing, Tshabalala-Msimang said she would meet scientists next week to discuss research into the effectiveness of the drug in reducing the transmission of HIV

"I can't say now what it will take to convince me that we should provide the treatment," she told the *Cape Times* after the briefing, "but I need to listen to all the arguments"

The call for the government to provide AZT has become a rallying cry in the fight against Aids, with public health researchers saying studies have shown that giving HIV-positive pregnant women a short course of the drug before and during labour, reduces by up to 50% the likelihood that they will pass the virus to their unborn child They say the intervention will save money in the long run because hospitals will not need to treat the children while they are dying of Aids,

Although no research has been done on the effectiveness of AZT after rape, public health officials around the world have recommended that it be provided.

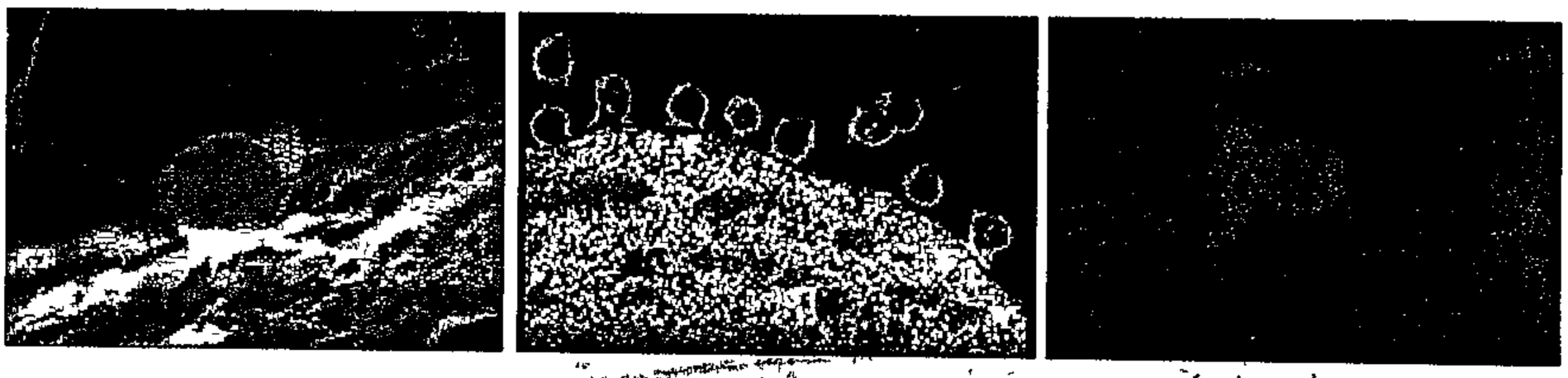
Former health minister Nkosazana Zuma, who repeatedly claimed the drug was too expensive, had come under increasing pressure from health workers and Aids activists during the last six months of her ministry.

Earlier this year there were indications that the government was bowing to this pressure when Zuma and (then deputy) President Thabo Mbeki said they would consider providing the drug if pharmaceutical company Glaxo Wellcome reduced the price to an "acceptable" level Tshabalala-Msimang's announcement of a meeting with researchers is seen as a further step towards this

Aids activists yesterday welcomed the new minister's move

"We are confident Minister Tshabalala-Msimang will follow Dr Zuma's path in developing a policy to provide AZT," said Zackie Achmat of the Aids group Treatment Action Campaign. "We believe it is affordable and we will continue to put pressure on Glaxo to reduce the price"

FLEXIBLE: Tshabalala-Msimang *PICTURE. PETER BAUERMEISTER*



Incarnations of HIV The virus accused of causing Aids, photographed in action by an electron microscope, may not be the culprit after all, some argue

Aids 'establishment' brooks no dissent

M+G 18/6 — 24/6/99

Marten du Plessis
CROSSFIRE (92)

In his open letter to SAfm talk show host Tim Modise (*Mail & Guardian*, May 28 to June 2) about the controversial issue of HIV and Aids, Donald G McNeil seems to be saying, "Don't you worry your woolly little head, I'll do the thinking I've looked at this issue and it's not worth debating "

McNeil's patronising letter is in response to a talk show discussion on some of the strange anomalies in the theory that HIV causes Aids The debate was prompted by the latest instalment of an ongoing series on the subject currently appearing in *noseWeek* While the suggestion that HIV is not the cause of Aids seems at first preposterous, investi gation has convinced us that the matter is cer tainly open to discussion

In his attempt to stifle any debate McNeil quickly resorts to the usual Aids showstop per— "people are dying"— implying that it is therefore irresponsible to insist on caution when it comes to answering the question "Why are they dying?" He also deploys other quick and dirty smokescreens that have re grettably become a feature of any discussion on the subject. HIV dissidents are, he implies, homophobic and are encouraging unsafe sex.

It's worth pointing out that people diag nosed HIV positive have committed suicide, avoided intimacy and avoided having chil dren Marriages and careers have been de stroyed People have resorted to deadly chemotherapies

Rape victims have been burdened with se vere additional trauma. In Africa, people have been ostracised and killed for testing HIV-positive, precious government health re sources have been diverted and investment decisions with significant economic impact have been negatively affected It is absurd to suggest that the theory giving rise to this incalculable amount of suffering should be beyond sincere question

Broadly speaking those questions would include Are people dying in unprecedented numbers? If so, is it because of a sexually transmitted virus? What is Aids — and does it have one cause worldwide? How is it possi ble to test positive for a virus that doesn't exist?

In the *noseWeek* series, we are sincerely at tempting to address these questions We will also examine the dangerous world of AZT

The debate does not lack for emotion, which McNeil seems willing to exploit while being unable to contribute a cool head. He ob scures rather than enlightens when he lumps together rapists who believe that sex with a five-year old virgin cures Aids, and United States academics like Dr Wal ter Gilbert — Nobel prize winning biologist — who says "I would not be surprised if there were another cause of Aids and that HIV is not in volved "

There are, in fact, hundreds of academics, physicians, researchers and activists who doubt that HIV is the cause of Aids They are organis ing in groups like the "The Group for the Scientific Reappraisal of the HIV/Aids Hypothesis" — sig natories to an open letter to the scientific community say ing, in part, "Many biochemi cal scientists now question this hypothesis [HIV] We propose that a thor ough reappraisal of the existing evidence for and against this hypothesis be conducted by a suitable inde pendent group "

Another impor tant group is Health Education Aids Liai son (Heal), originally conceived as a vehicle to help people living with Aids After 18 years of working with Aids, Heal's manifesto states in part "Heal is of the opin ion that the whole thrust of Aids 'testing', research and treatment ur gently needs to be reconsidered "

A notable characteristic of all the HIV sceptical groups is that they sup port the call for an open, indepen dently adjudicated debate on the is sue of HIV/Aids

In the developed world the predicted het erosexual Aids holocaust has totally failed to materialise This failure cannot be ascribed to safe sex since there has been no slowing in the incidence of sexually transmitted dis eases There are many scientific studies to support what this indicates — that Aids is not caused by a virus spread by sexual contact. But McNeil doesn't understand the dissident position that he so blithely dismisses. He con cludes that the cause of Aids in Africa must be sexual because he doesn't believe that the "lifestyle of rural Africans is substantially identical to that of white homosexuals in San Francisco", whose kamikaze-style approach to drugs and sex — HIV dissidents suggest — was the true cause of their exceptional vul nerability to disease

The point is that just as there are various possible causes, other than HIV, of Aids among homosexuals in San Francisco, so are there possible causes, unique to Africa, of what we know as Aids The HIV dissidents quite reasonably draw attention to some of the most obvious of these continuous and re peated exposure to dire tropical diseases, such as malaria, without recourse to health care, together with various other factors that place the body under severe stress such as malnu trition and prolonged anxiety both results of civil war and social disruption

One of the criticisms of HIV dissidents is that the announcement in 1984 of the alleged discovery of HIV prematurely put a halt to research into other possible causes of Aids

McNeil declares authoritatively "The virus exists People who don t have it in their blood don't get Aids" But the latest US Centers for Disease Control definition includes instances where Aids can be diagnosed "in the presence of negative results for HIV infection", and there are many cases of severe immune sup pression where the victims do not test HIV-positive

On the other hand, even Luc Montagnier, credited as the co discoverer of HIV, an nounced in 1990 that he no longer believed that HIV was a sufficient cause of Aids. One of his colleagues at the Pasteur Institute, Si mon Wain Hobson, said in an interview pub lished in *Nature* in 1995, " an intrinsic cyto pathic effect of HIV is no longer credible"

This is still a long way from the position of the Aids dissenters, but it is even further from the orthodox view so ardently parroted by McNeil

McNeil's tone of outraged hysteria is typ ical of the Aids establishment's response to any challenge As Kary Mullis — another No bel laureate Aids dissenting biologist — says, "If you ask for the scientific documents that demonstrate that HIV causes Aids, you don't get an answer, you get fury'

In a recent article, ABC News medical columnist Nicholas Regush poses the follow ing scenario "Let's say you are a medical sci entist who has wondered from time to time, whether HIV is really the cause of Aids or whether Aids is as simple as one virus It's a reasonable question But do you really want to express this opinion? Or merely raise the question? If you do, then the new Gestapo will likely pay you a visit Forget about that gov ernment grant

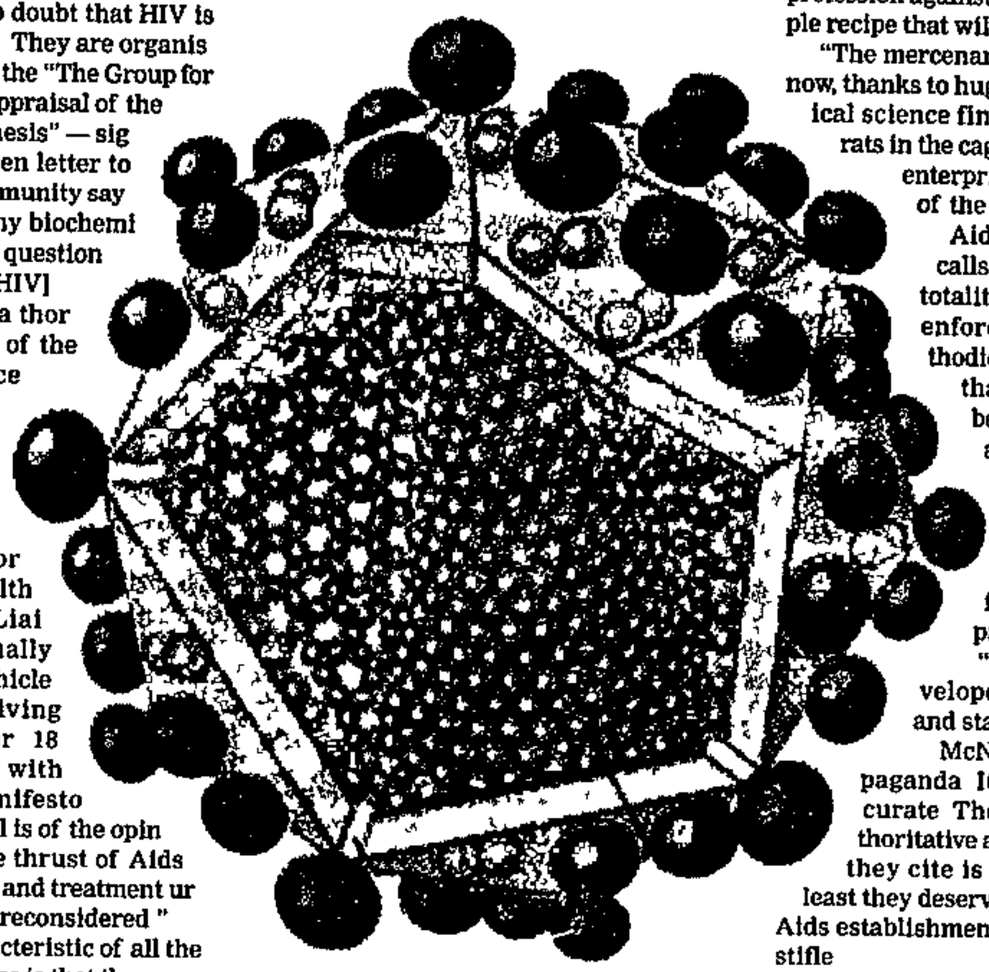
"Forget about the raise You will find your self marginalised, your reputation smeared and you'll probably be out on the street If you want a chance at big time success in medicine, then toe the line and protect the profession against all infidels That's the sim ple recipe that will buy you the dream house.

"The mercenary approach is so locked in now, thanks to huge industry control of med ical science financing, that the captured rats in the cage, the spokespeople for this enterprise appear to have lost sight of the maze's entry point "

Aids journalist Celia Farber calls the Aids establishment "a totalitarian system that seeks to enforce its domination by me thodically obstructing any ideas that run counter to it" Far ber relates how, at the annu al International Aids Con ferences, pharmaceuti cal company represen tatives lay out envelopes addressed to reporters from all the major news papers

"You see them open the en velopes, walk over to a laptop and start typing, ' she writes

McNeil's letter reads like pro paganda It is misleading and inac curate The Aids dissenters are au thoritative and credible The evidence they cite is compelling At the very least they deserve the open debate that the Aids establishment seems so determined to stifle



Structure of a retrovirus: This diagram shows the composition of HIV

Marten du Plessis is the managing editor of noseWeek

July

1999

Business builds defences against the onslaught

CT (MR) 1/7/99 (92)

MARGIE INGGS

KwaZulu Natal has one of the fastest growing incidences of HIV in the world, with 20 percent of its workforce now officially estimated to be HIV-positive.

"However, the actual figure is probably much higher because statistics indicate that 80 percent of bodies in hospital mortuaries are infected," says Julian Carter, an agent for the Aids Support Trust in Durban, which focuses on Aids education and prevention

"Aids is costing the country billions in extra sick leave, medical aid claims, time off for funerals and decreased productivity

"By the year 2001, South Africa's birth and death rates are expected to be identical. In KwaZulu Natal there is already a negative population growth rate."

It's difficult to gauge the exact extent of the problem because testing isn't compulsory But Don McAllister, the town clerk of Mooi River, says the number of funerals in the town has increased from three or four every weekend to about 14 While no one is saying that this is Aids related, no other reasonable explanation has been offered

However, Allan Smith, an Aids researcher and the head of the department of virology at the University of Natal's Medical School, cautions against putting too much faith in statistics for Aids in the workplace because they haven't yet been scientifically substantiated

Smith maintains that Aids isn't yet having a significant effect on absenteeism "HIV is a 'silent' virus that usually takes six to 10 years to develop into full-blown Aids," he says "So what we're seeing now is the result of infections which occurred a decade ago, when only 4 to 6 percent of the population was affected

"Unless drastic steps are taken to slow down the spread of the disease, we can expect to see a huge increase in its impact on the manufacturing sector in the next five to 10 years "

Ed Hall, the corporate relations manager of Unilever, the diversified consumer products manufacturer, says Aids hasn't yet impacted on the company's absenteeism or death rates "This isn't to say we haven't had HIV-positive employees We have, and the company has been actively involved in caring for them "

Like most other major manufacturers in the province, Unilever is trying to reduce the impact of the epidemic by conducting education and awareness campaigns and providing free condoms for its employees.

"Unilever has in place a specific, non-discriminatory policy on HIV/Aids It provides the same ill-health retirement benefits offered to employees because of a terminal condition "

Guy Harris, the commercial director for Bell Equipment, the agricultural equipment manufacturer based in Richards Bay, says there are no reliable statistics because of the secrecy on Aids The company, however, is getting more requests for time off for funerals and is working closely with unions on the management of regular ill health.

"Bell adopts a very sympathetic approach to its HIV-positive employees," he says "However, once they start having to take off more than two weeks a month and can no longer make a proper contribution to the company, we recommend that they be medically boarded.

"This means they're able to take advantage of their retirement benefits to help pay their medical bills and improve their quality of life."

Louis van Zyl, chief executive for the Zululand Chamber of Business Foundation, says the region's manufacturing industry is constantly monitoring the statistics on the impact of Aids. "As a result, it saw fit to establish a care and resource centre," he says.

The Ethembeni Care Centre, just outside Richards Bay, is funded by Billiton Aluminium, Mondi Craft, Mondi Forest, Richards Bay Coal Terminal and Richards Bay Minerals It was established 18 months ago to provide a service for employees.

"This is the first time industry has put money into establishing a facility for its HIV/Aids employees," says Jenny Rogers, the manager of health and welfare projects for the Zululand Chamber of Business Foundation and the chairman of Ethembeni's board of trustees.

The 10-bed centre has a drop-in counselling facility, a general healthcare facility and a terminal care unit. It also teaches families how to care for relatives suffering from Aids.

"We like to think of it as a wellness programme that gives people the necessary skills to enable them to live as healthily as possible for as long as possible," says Rogers. "This benefits everyone, including industry."

Illovo Sugar has adopted a different approach by mounting a proactive, three-year pilot project at its Umfolozi Mill.

The project aims to develop cost-effective prevention and intervention strategies to reduce the incidence of sexually transmitted diseases and HIV and their impact on workers and families Studies will include vaccine trials and other types of prevention and therapy, as well as detailed cost analyses Illovo plans to strengthen its existing clinical care packages, which will include a counselling and testing service for its employees.

"If there's a time to intervene, it's now," says Dr Chester Morris, co-ordinator of the project and a researcher at Columbia University in New York, which is funding his work at Umfolozi.

"The results will pay off . on every level within five years if something is done early"

HIV up 30-fold in SA's explosive epidemic

AEG 1/7/99 (92)

Pretoria – HIV has increased 30-fold in South Africa since 1990 and young women are becoming prey to infection rates previously found only in high risk prostitute groups.

The Medical Research Council today warned that researchers regarded the epidemic as "explosive"; and it was not stabilising.

About one in five young mothers attending ante-natal clinics were infected, and nearly 3,6-million South Africans were HIV-positive.

"Older men are seeking out younger women for relationships in the hope they will be free of infection," a council spokesman said.

"A woman's risk of infection is substantially higher if her partner is a migrant worker, and migrant labour is a major factor in the spread of HIV and other sexually transmitted diseases."

The spokesman said a study found that women whose partners spent only 10 nights a month at home had HIV rates of nearly 14%.

"Another study of mobility and migration in rural KwaZulu Natal found that there was about 2.5 times more infection among mobile adults than among adults living in the area continuously for more than a year," the spokesman said.

There was also a very high incidence of sexually transmitted infections such as gonorrhea and syphilis, which were key factors in the spread of HIV. – Sapa

'THE ... RIGHTS OF LARGE COMPANIES'

Call for cheap Aids drugs

(92) CT 2/7/99

AIDS ACTIVISTS criticised Health Minister Manto Tshabalala-Msimang for dragging her feet in providing cheap Aids drugs Health Writer **JUDITH SOAL** reports

HEALTH MINISTER Manto Tshabalala-Msimang received her first censure from Aids activists yesterday It was a gentle rebuke — nothing like the criticism her predecessor sometimes invoked, but the point was critical.

Tshabalala-Msimang was to have spoken at an inter-faith service on HIV-Aids treatment at St George's Cathedral yesterday On Saturday she sent her apology and asked local ANC MPL Lynne Brown to read her speech instead.

In the speech the minister pledged to continue working for affordable Aids drugs for all South Africans, but she went on to say that the only cure for Aids lay in preventing the spread of the virus.

"I don't like to do this, but I have to disagree with something the minister said," said Zackie Achmat of the National Coalition for Gay and Lesbian Equality

"That is an old myth. Aids can be treated like sugar diabetes and asthma The only reason we are dying is because we are too poor to afford the treatment."

Achmat, who is HIV-positive, also criticised the minister for her recent trip to Uganda to investigate the anti-Aids drug nevirapine Recent studies have shown nevirapine to be more effective than AZT in preventing the transmission of the virus from mother to child. It is also about 10 times cheaper

"We shouldn't have to go to Uganda to find out whether nevirapine works, we have more scientists in South Africa than the rest of Africa combined," Achmat said.

Yesterday's service was organised by the Treatment Action Campaign, a group formed to campaign for treatment for all people with HIV Its supporters include religious leaders, Cosatu, the Black Sash, the Union of Jewish Women and the New Women's Movement.

"We can no longer silently witness the hardships and deaths caused by Aids," a resolution read

"We say the government has a duty to provide moral and political leadership as well as financial support to end the HIV-Aids pandemic."

The South African government wasn't the only one up for criticism. "There has been a strong critique of (US Vice-President) Al Gore with regard to his lack of compassion for people with Aids," said Rabbi David Hoffman of the Wynberg Synagogue.

Gore has threatened to censure South Africa if a bill, that allows the country to manufacture and import cheaper Aids drugs, comes into effect. The bill is on hold after a Constitutional Court challenge by pharmaceutical companies who fear their profits are at risk.

"We have to separate the intellectual property rights of large pharmaceutical companies when it comes to dispensing healing drugs for people with Aids in Africa," Hoffman said.

Imam Muhammad Moerat of Muir Street Mosque in District Six agreed "We cannot allow foreign policy requirements to get in the way of treatment," he said.

The Rev Daniel Uys of the Bellville South United Reform Church said the enormity of the HIV problem called for united action "There will be three million Aids orphans in South Africa by 2 000 all South Africans (must) have access to treatment."

diversification had made a major

HIV testing to be considered

THE SA Law Commission is to consider a proposal to endorse a statutory amendment which would oblige rape suspects to undergo tests for HIV and other sexually transmitted diseases should the victim demand it.

Current interpretation of the law and the constitution protects a rape suspect from having to undergo HIV testing on the grounds that the suspect has not yet been found guilty and the test is not material to whether or not he committed the offence.

The commission's executive is to consider the proposal by its project committee on HIV/AIDS on August 12.

Judge Edwin Cameron, acting Constitutional Court judge and the law commission's project leader on HIV/AIDS, described the proposed amendments as a "constitutional innovation"

"The proposed amendment would infringe on the presumption of innocence," Cameron said.

A rape suspect would be tested at a point where he had been arrested but not charged

The project committee believed the "high HIV prevalence and the increasing incidence of rape had created peculiar circumstances which made it in our view justifiable to infringe on suspects' rights"

Rape victims, who were forced to wait months to discover if they were infected with the virus, underwent a great deal of stress

Apart from this, the project also considered that timing was crucial if rape victims were to be given the opportunity to request tests on the person who raped them.

Cameron said the statutory amendment should "enable swift victim-instigated testing of rape suspects for HIV or other sexually transmitted diseases"

Medical studies have revealed that rape victims should receive the necessary anti-HIV drugs — AZT, 3TC and Crixivan — within 48 hours to reduce the possibility of infection.

There are provisions in Section 37 of the Criminal Procedure Act which allow for the testing of rape suspects with a view to or after conviction, but by then it would be too late for the victims to receive treatment.

Cameron said it was hoped the commission would "fast-track" the proposal if accepted "to enable Parliament to deal with the proposal as soon as possible" — Sapa

(92) BD 2/8/99

'Onus of pr[oof]

Lesotho re- tics or security affairs

Boffins call for tests on AZT for new mums

(92) ARG 2/7/99

EALTH WRITER

outh African HIV/AIDS pecialists want their theoretical esearch into ways to prevent nother-to-child transmission of ie HIV virus tested in the real 'orld.

In a paper published in the ritish Medical Journal on June 19, pecialists reported they had tested revention strategies using a mathe-latical simulation model.

In terms of 20 000 pregnancies, ey checked the cost-effectiveness four formula feeding strategies, iree anti retroviral interventions, id combined formula feeding and iti retroviral interventions

The analysis used a model of the orking class, urban South African opulation.

The authors, who included Glen-a Gray, director of the Perinatal IV Research Unit at the University the Witwatersrand, said in their aper the results of recent studies owing the effectiveness of short urses of AZT to prevent mother-to-ild HIV transmission in breastfed id formula fed babies, had led to 'bate around their more wide-read introduction internationally

In developing countries inter ntions like AZT for HIV-positive egnant women were not offered utinely, mainly because of the per-ived high cost rather than lack of idence of effectiveness, they said.

In South Africa, where one in five omen attending antenatal clinics tionally tested positive for HIV in 98, the authors said the benefits of fection avoided were likely to be gh However, costs of intervention ould also be considerable, "and nce the penalty for wrong deci-ns substantial'

It would be "inadvisable" for uth Africa, which has a high HIV fection rate, infant mortality low 50/1 000, a high level of spend-g on HIV-infected children and a atively sophisticated infrastruc re, to delay introducing pilot ategies to prevent transmission of virus

ANDREW INGRAM

Be prepared new provincial health minister Nick Koornhof during a visit to GF Jooste Hospital in Manenberg this week

Health chief makes AIDS top priority

It's a timebomb, says W Cape's Koornhof

(92) ARG 2/7/99

AIDS is a top priority for the Western Cape's new health minister Nick Koornhof, who says in three years the province will be in serious trouble if it does not seize the opportunity to tackle the problem immediately

Mr Koornhof talks readily about HIV/AIDS, in spite of a reticence to go into detail on other health issues before he has investigated thoroughly and formulated firm plans.

"Five percent incidence is still low although in reality it is probably much higher in the province We shouldn't be fooled by the fact that we are marginally better off than the rest of South Africa in terms of HIV/AIDS infection," he says

Mr Koornhof takes to task communities "who think AIDS is not their problem and won't affect them"

If the province as a whole does not tackle the threat, "we will be in serious trouble here not in 10 years in but three years'

On the controversial issue of providing AZT to HIV-positive pregnant women to reduce the chances of their babies getting the virus, Mr Koornhof says the programme is sustainable in the Western Cape, is affordable and is saving lives

He intends formulating a new plan to tackle AIDS, and says he will consult with education MEC Helen Zille on the issue of AIDS education programmes for local schools.

Schools are Mr Koornhof's traditional turf. As a member of the New National Party he became provincial education minister at the beginning of 1998 but lost the portfolio when he joined the Democratic Party in March this year

His view is that good schools are easy to pick out from the bad ones, and that he will apply the same principle to assessing hospitals and health care centres "We will go to the success stories to ascertain their recipes for success and see if we can begin to learn from each other"

DI CAELERS

HEALTH WRITER

Mr Koornhof is a firm believer in good management and this is where he first begins to touch on his hopes for public-private partnerships in health.

"Training of health managers is an integral part of my plan and I will be looking to the private sector, to big business, to invest in the training of these managers The basic principles of management are the same, whichever business you're in, and I believe this is an important area for co-operation."

He also plans to court the private health care sector which he believes can play an important role in primary health care for the very poor

"I don't want to regulate them but it is a challenge for them and us, in the interests of the whole province, to provide good health care to the poorest of the poor"

Mr Koornhof is a lawyer by profession – "and as a good lawyer should, I listen before I make decisions" – but his family is full of medical people which, he quips, generates "healthy debate when we get together"

His father was the medical officer of health in Bloemfontein, his brother is an ear, nose and throat specialist, his twin sister is a nurse who is married to a doctor, and another sister is also married to a doctor Not to mention that his wife Elizabeth is a dietician and president of the Dietetics Association of South Africa.

Other advice will of course come from the people in the profession in the Western Cape who Mr Koornhof says do work "beyond the call of duty", and who stand as a fine examples to many public servants

He is impressed, too, by the provincial health department officials with whom he has spent many hours since his appointment, brushing up on policy and starting to visit Peninsula hospitals.

Of the provincial health plan, initiated by ANC provincial leader Ebrahim Rasool when he was health MEC and which survived Peter Marais's term as head of health, Mr Koornhof says it has saved the Western Cape from "total embarrassment" in terms of its health service.

But the plan is four years old now and, he says, it is necessary to review and revise it.

A major challenge is to motivate staff and improve morale He says he is a hands-on minister who intends interacting not only with officials but also with workers on the ground.

"Our health service is on the edge and the reason we're coping is the personal, special effort from individuals I will repay that with an open door policy; I will discuss problems with everyone from doctors to clerks, either here or at their clinics," he says.

On the issue of viewpoints at odds with national health policy, Mr Koornhof points to the good relationship he had with the national education minister when he headed education in the Western Cape.

"I will do my best to keep good relations with the new national health minister Manto Tshabalala-Msimang, but if we have to act in the specific interests of the people in the Western Cape, we will do so"

Mr Koornhof wants everyone with a hand in health to know he is interested in trust and synergy, and not division.

"I want everyone to take initiatives, I don't want the department to be seen as the controller Everyone must become part of the planning partnership at the end of the day – the department, the private health sector, the unions and the academic hospitals"

(92)

Aids spreading like wildfire in SA

Boffins warn of explosive epidemic

ARG 2|7|99

ARGUS CORRESPONDENT

Johannesburg – South Africa is in the midst of an explosive Aids epidemic which has increased 30-fold since 1990, with no signs of stabilising, local researchers have warned.

HIV rates have soared from 0,76% in 1990 to 22,8% last year, with an estimated 3,6-million South Africans now infected

Findings by Quarraisha Abdool Karim and Professor Salim Abdool Karim, both of the Medical Research Council's (MRC) Centre for Epidemiological Research in Southern Africa, were published in this week's edition of the UK-based Journal of Sexually Transmitted Infections

They said that while the seriousness of the HIV epidemic was widely acknowledged, what was now becoming apparent was the unprecedented escalation of the disease

They confirmed earlier research that the disease was being fuelled by migration, new infections in young women and high levels of other sexually transmitted diseases

"The epidemic is spreading most rapidly in young South African women who had HIV infection rates previously seen only in high-risk sex worker populations," said Mrs Karim

In just three years, HIV prevalence leapt from about 7% in 1992 to 21% in 1995 in the 20-to-24 year-old age group, with about one in five young mothers attending ante-natal clinics now infected with HIV

The researchers contributed this to the fact that older men were seeking out younger women for relationships in the hope that this would free them of infection, and the fact that a woman's risk of infection was substantially higher if her partner was a migrant worker

"Compounding these factors is the very high incidence of sexually transmitted infections (STI) like gonorrhoea and syphilis, which are a key factor in the spread of HIV," Mrs Karim said.

On any given day, about one in four of a study population of about 60 000 women aged 15 to 49 in rural KwaZulu Natal was infected with at least one STI While 50% of these cases actually had symptoms, only 2% of those affected sought medical care

Spreading the gospel about Aids

M+G 2-8/87/99 (92)

Wonder Hlongwa

The recent spate of deaths among young people in High flats KwaZulu Natal, believed to be caused by Aids, has prompted the formation of a youth self help group whose aim is to spearhead an Aids awareness campaign in the area

Situated between the South Coast and Natal Midlands, Highflats is one of the poorest and most margin alised rural areas in KwaZulu Na tal It was once one of the apartheid regime's labour reservoirs The people of this rural hinterland are still dependent on big cities like Pieter maritzburg and Durban for employ ment

And with HIV infection spread ing like wildfire in these cities, it has become dangerous for people who come from rural areas with ab solutely no clue about what exactly Aids is

It is this ignorance that motivat ed Nhlanhla Ngubo (22), the founder of Highflats's Ntuthuko Youth Club (NYC) to organise his peers to try and do something about the disease that took at least four of his friends' lives in January this year Accord ing to Ngubo almost half of NYC's 1 500 members are HIV positive

The National Association of People Living with Aids said between 58% and 62% of young people in the Port Shepstone area, in which Highflats falls are testing positive

The group wants to open a help centre in Highflats and train its own counsellors to spread the Aids awareness gospel. However, because of lack of resources and relevant training the group has failed to get its project off the ground

Ngubo said the group's efforts to get training from health institutions in their area has been fruitless 'The group claims that despite several vis its to Durban's department of health, no one has been willing to help.

"They told me that they only train people from North and South Central Local Councils and advised me to go to my own councillors But our councillors said they have got nothing to do with Aids training," said Ngubo

After the four deaths in January, "we didn't know what to do Initial ly, we went to each and every house that had lost a person, to console them by singing, and praying with them," said Ngubo

"We started with Operation Vul ingqondo [enlighten the brain], where we were teaching ourselves how to behave sexually We wanted to spread our ideas to the nearby schools, but the teachers would not allow us," said Ngubo

The group approached Impiya mandla Secondary School's govern ing body, which allowed them to re hearse their plays and teach others about the dangers of Aids

"But now the problem is that sometimes we are asked difficult questions that we can't answer that's why we need some training our selves," said Ngubo "People confuse Aids with all kinds of sexually trans mitted diseases '

HIV programmes in SA have 'little effect'

(9a) CT 2/7/99

HEALTH WRITER

IF any of the HIV programmes in South Africa are having an effect, it isn't evident, researchers said yesterday.

Scientists at the Medical Research Council have gathered all of the available information about HIV/Aids in South Africa and put together an overview of the epidemic in the country They say it isn't pretty

"There is no evidence that anything we have done has been effective," said the MRC's Salim Abdool Karim "We are finding infection rates among young women, for example, that have only been found among sex workers in other parts of the world That is how serious it is "

The epidemic has increased 30-fold in South Africa since 1990 and shows no signs of stabilising

"About five years ago we were talking about this window of opportunity to do something about HIV and we know that this window has been steadily closing over the years Our evaluation shows that there is still an opportunity to intervene because there is no evidence that the number of infections is reaching a plateau "

Abdool Karim said the role of young women was crucial to the spread of the disease

"We always knew young women were important, but we've only just realised how much They are so central that even if the government left everyone else alone and focused only on young women we could impact upon the spread of the disease," he said.

There are two reasons why young women are so badly affected

"Firstly older men are seeking out younger women for relationships in the hope that they will be free of infection and secondly young women often have migrant worker partners — dramatically increasing their risk of infection "

Another factor is the incidence of sexually transmitted infections "On any given day about one in four of a study population of about 60 000 women in rural KwaZulu-Natal are infected with at least one sexually transmitted infection About 50% of them have symptoms but only two or three percent is properly treated "

Abdool Karim and fellow researcher Quarraisha Abdool Karim (husband and wife) gathered the information from numerous studies around South Africa after a request by the UK-based *Journal of Sexually Transmitted Infection* to provide an editorial on the state of HIV in South Africa

"We haven't really got any new information but when you put it all together it is really worrying," he said

Inquiry over defective condoms

(92)

Sowetan 5/7/99

By Bhungani Mzolo
Health Reporter

PUBLIC protector Mr Selby Baqwa is to investigate the distribution of defective condoms by the Health Department

About 40 million Kenzo brand condoms, imported from India in 1996-97, were distributed by the Health Department throughout the country before they were found to be defective They were apparently damaged when stapled together with leaflets containing information on how to use them

Although the department tried to recall the stock, it is believed that less than 5 million were actually retrieved

"We have received a report from the nationals Health Department concerning the distribution of the condoms, and have requested further information from the health authorities," said Mr Ray Zungu of Baqwa's office

Dr Liz Floyd, HIV-Aids director of the Gauteng health department, said about 400 damaged condoms had been distributed by mistake by the staff at one clinic

Floyd said when the department discovered the damage to the condoms last year, it immediately withdrew them

The news of damaged condoms led to a widespread panic throughout the country, as speculation became rife that it would lead to increased HIV infections At present about 1 500 people are infected with the Aids virus daily, with the figure for those who are already infected estimated at 3,5 million

Floyd said there were 40 depots in the province which supplied condoms to 300 clinics

She confirmed that claims had been made against the department by some people, including commercial sex workers, who said they had been infected after allegedly using the damaged condoms

Floyd said the new supply of condoms was safe as the standard had been set "very high"

In the absence of a vaccine against Aids infection, condoms remain the only available means to stop an infection The health department still refuses to supply the anti-Aids drug AZT to pregnant HIV-positive mothers The drug reduces the chances of mother-to-baby infection

Floyd said people must report instances where they come across packaged condoms that are damaged

BD 6/7/99

AIDS multiplied 30 times in nine years (92)

Scourge is spreading fastest among young women, study says

Stephané Bothma

PRETORIA — The AIDS epidemic in SA has increased 30-fold since 1990 and, with an estimated 3,6-million people infected, researchers say the situation shows no sign of stabilising

According to the Medical Research Council, the epidemic is spreading most rapidly among young women, who have HIV infection rates previously seen only in high-risk prostitute populations

"In just three years HIV prevalence leapt from about 7% in 1992 to 21% in 1995 in the 20- to 24-year-old age group, now one in five young mothers attending ante-natal clinics are infected with HIV," said Quarraisha Abdool Karim and Salim Abdool Karim of the centre for epidemiological research in SA Their findings, published last week in the UK-based Journal of Sexually Transmitted Infections, followed shortly on the heels of health minister Manto Tshabalala-Msimang's statement that one of her priorities was to step up the war against HIV-AIDS Tshabalala-Msimang said she planned to establish a "particularly robust" AIDS awareness programme for youth — including an effective life skills programme in all the country's schools

The researchers said while the seriousness of the epidemic was widely acknowledged, what had now come to light was the unprecedented escalation and explosive nature of the disease, which was being fuelled by new infections in young women, migration and high levels of other sexually transmitted diseases

They said there were two primary factors contributing to infection rates among young women

"Firstly, older men are seeking out younger women for relationships in the hope that they will be free of infection and, secondly, a woman's risk of infection is substantially higher if her partner is a migrant worker "

Compounding these factors was the very high incidence of sexually transmitted infections like gonorrhoea and syphilis, which were key factors in the spread of HIV epidemic

According to the researchers, on any given day about one in four of a study population of about 60 000 women aged between 15 and 49 in rural KwaZulu-Natal is infected with at least one sexually transmitted disease

"Despite the commitment of the government by allocating substantial human and financial resources, the scale and magnitude of these efforts have not been sufficient to turn this epidemic around", Quarraisha Abdool Karim said

"There is huge potential for prevention despite the fact that nearly 3,6-million South Africans are already infected We must implement programmes we know have worked elsewhere such as promoting behaviour change and condom use," the study said

Aids protesters lash US

(92) ET 6/7/99

YAZEED KAMALDIEN

ABOUT 35 protesters, including trade unionists, church representatives and Aids victims, gathered outside the US consulate in Hertzog Boulevard yesterday

Although the group was small their message was strong

"Health before profit. US government stop bullying," their posters read The demonstration, organised by the Treatment Action Campaign (TAC), was to show the United States "that they had their Independence Day, so they should respect South Africa's independence".

TAC was formed on December 10, 1998, when members fasted at a gathering outside St George's Cathedral. A petition, which has gathered 100 000 signatures in support of their plight so far, was also launched

TAC has since opened branches in KwaZulu-Natal and Gauteng.

"We want the government to give free AZT treatment to pregnant women," said Anneke Meerkotter, a TAC spokesperson.

The main demand for AZT is from rape victims, some of whom are currently being treated free at Groote Schuur Hospital.

Pregnant women though, are unable to get the free treatment, which costs R400 a time, but the South African government has launched a pilot project offering free AZT treatment to Aids victims in Khayelitsha.

"(Former Health Minister Nkosazana) Zuma agreed last year that it's a basic human right to get treatment, but the South African government and drug companies need to consider an affordable price of the treatment for patients," commented Meerkotter

There are currently 3,5 million people who are HIV positive in the country and more than 100 000 people die of Aids-related illnesses annually

In 1997, Parliament passed the Medicines and Related Substances Amendment Act, and clause 15(c) of this act permits the government to authorise the manufacture of low-cost generic versions of high-priced essential medicines patented by major Western drug companies.

In a capitalistic move, the US association for pharmaceutical companies, PhARMA, joined forces with the US government to place trade sanctions on South Africa should the country produce the generic drugs.

"Health should be for people and not for profits," said Meerkotter.

TAC's plight was further highlighted by members of the organisation who protested outside the US consulate in Johannesburg at the same time yesterday.

FLEXIBILITY PROMISED

ET 8/7/99

Govt to rethink its Aids policies

(92)

RELATIONS between Aids activists and the government have not always been cordial, but things seem to be improving since the new health minister took over. Health Writer **JUDITH SOAL** reports.

THE government is rethinking its decision to make Aids a notifiable disease and promises to be "flexible" about all its other contentious HIV policies, a high-powered meeting of NGOs and Aids workers was told this week.

Yesterday Health Minister Manto Tshabalala-Msimang and the head of the health department's HIV/Aids directorate Nono Simelela convened a meeting of everyone who's anyone in the non-governmental Aids arena

Given the acrimony that has existed between these two worlds in the past, Simelela confessed that she had been "having nightmares" about the encounter. "But actually it turned out to be stunning," she said afterwards.

The reason the meeting went so well, according to Morna Cornell, the director of the Aids Consortium and one of the government's most consistent critics in the past, was that the new minister was open to discussing "just about everything".

"There was a real openness and flexibility that just hasn't been there in the past," Cornell said yesterday

"There was a clear message from the government that they know they haven't been successful (in fighting the HIV/Aids epidemic) so far and that we need to work together in the future They admitted they have tried to do too much and said in future they will narrow the focus and do things properly"

She said the NGOs were particularly pleased by the government's declaration that no decisions were cast in stone Simelela repeated this to the *Cape Times* later

"There have been problems with some decisions in the past and it is only a focused person who is prepared to step back and re-evaluate these decisions," she said

One of the decisions to be re-evaluated is the classification of Aids as a notifiable disease. In April the government announced that doctors would soon be required to tell family members and care-givers when a patient was diagnosed with Aids and to provide the government with information (but not names) about people with Aids

HIV/Aids organisations slated the move, saying it would stop people with Aids seeking treatment.

"Not only will making Aids notifiable expose people to discrimination and put them at risk of being kicked out of their homes, for example, it will also not provide the kind of information that the government says it needs," the National Association of People with Aids said at the time

The organisation argued that knowing how many people had been diagnosed with Aids this year would only provide information about the HIV-epidemic as it was about five years ago, given the time it takes to develop signs of the disease after becoming infected with the virus The government seems to have accepted this argument.

"We need to decide whether this is indeed the best way to get the information that we need," said Simelela. "We called for comment on the issue and we received a lot Now we need to set aside three days and listen to all the arguments."

No decisions were made at this week's meeting, but a set of priorities and issues to be debated were agreed on, including notification, the provision of the anti-Aids drug AZT to pregnant women, the need to make Aids treatments more accessible to all people with HIV, setting a time-frame for eliminating new HIV infections and the creation of a national Aids commission

"We feel there is a renewed seriousness on the part of senior officials and the minister both to engage with others and to pursue sensible strategies around HIV/Aids," said Mark Heywood of the Aids Legal Project "Let's see what happens next, but so far it really is good news"

Attempts to help poor 'threatened by AIDS'

(92) BD 9/7/99

Pule Molebeledi

DURBAN — Programmes to alleviate poverty in KwaZulu-Natal are facing a deteriorating situation with HIV/AIDS out of control in rural areas, Liz Clarke, provincial deputy-director in the premier's office, said yesterday

Clarke told the media during the announcement of details for hosting a provincial poverty eradication workshop later this month that the province had to ensure that all poverty alleviation programmes were spread throughout the province

Provincial director-general Otty Nxumalo said 20% of SA's poor lived in KwaZulu-Natal and nearly 52% of the population in the province live in poverty Statistics show that 32% of KwaZulu-Natal's population has HIV/AIDS

Clarke said various initiatives to eradicate poverty such as the agricultural department's Xosh'indlela food programme — allocated a R31m budget — were started to ensure that there were food gardens in the rural areas She said the welfare department would soon be starting a flagship programme targeted at single mothers "One of our concerns is that all these things are happening but occur in an unco-ordinated way," she said

Clarke said all the service delivery departments should have a poverty eradication dimension and make a contribution to the fight against HIV/AIDS "We are too fragmented at the moment but things are happening," she said

Sipho Shabalala, the provincial director-general's adviser, said the workshop was aimed at ensuring all the responsible government departments engaged in introspection and evaluation concerning poverty reaction activities

"One of the workshop's objectives is to have a reasonable understanding as to where we are, given the discreet, separate information each department is having," Shabalala said

"In general terms within the SA context we are not as yet winning the war against poverty Poverty is embedded in the social, political and economic situation in the country," he said

Shabalala said unemployment, lack of access to income, retrenchments and orphans of people dying of AIDS, were increasingly adding more numbers to the existing data about poor people

"This battle has to be fought much more vigorously," he said

Clarke complained that many people enjoyed quoting statistics about poverty alleviation programmes in the rural areas which were not affordable and sustainable

She said it was "no good boasting" that a million taps had been installed in rural areas if poverty stricken people still had to go to dongas to collect water

She alleged that many people in the rural areas were paying astronomical amounts of money for the same services "we were getting in urban areas at much lesser price" The problem, she said, was not with local government councils but with schemes selling water to desperate communities

Dismay greets Aids plan

CT 12/7/99 (92)

AS THE DEADLINE for public input on the move to make Aids notifiable draws near, health workers say there are no benefits. Health Writer **JUDITH SOAL** reports.

THE Western Cape health services will not be able to follow government instructions to make Aids a notifiable disease, according to the provincial head of the HIV/Aids directorate

Saadiq Kariem said the provincial administration does not have the resources to visit the families of people diagnosed with Aids, fill in all the necessary forms and bear the extra counselling burden

Aids groups have until Thursday to comment on the regulations, published in the *Government Gazette* in April According to the gazette, medical practitioners who diagnose someone as having Aids will be required to

● Tell the person's "immediate family members and the persons who are giving care to the person" that she or he has Aids, and in the case of an Aids-related death, the "persons responsible for the preparation of the body"

● Report the diagnosis to the appropriate local authority, without naming the person with Aids

At a National Aids Convention of South Africa (Nacosa) meeting to discuss the regulations on Saturday, Kariem said almost everyone he had spoken to did not support the proposals

"I have consulted academics, activists, health workers, lawyers and community workers and everyone agrees that it will not work The strategy has been poorly planned There has been no costing analysis There is no sense of what resources are required or the enormous expense of this sort of strategy " Kariem will present his findings to the national department this week

Although former health minister Nkosazana Zuma was adamant that Aids should become notifiable, there are already signs that her successor Manto Tshabalala-Msimang will rethink the decision At a meeting with Aids organisations last week she assured them that all the arguments against notification would be considered

These arguments were convincingly outlined by University of Cape Town community health associate professor Leslie London at the meeting

"Basically the government says there are three reasons why they want notification," he said "The first is to collect information, the second to protect other people from getting the disease, and the third to raise awareness and stop the secrecy " Making the disease notifiable would not achieve any of these objectives

"Notification is a notoriously inaccurate way of gathering information We know with TB it doesn't work properly," he said

Because the person's name isn't recorded, there is no way to avoid double- or triple-recording Moreover, only people who have access to health facilities are recorded, so many other diagnoses are missed "Whether or not a diagnosis is recorded also depends on how motivated the staff are at a clinic," he said

The most convincing argument against collecting information this way, London said, is that recording the number of Aids diagnoses made today will provide information only about the HIV epidemic as it was five to 10 years ago, given the time it takes to develop Aids after being infected with HIV

"There are many other, better ways to collect information that need to be investigated "

Notification is also not necessary to protect the family

"The scientific evidence shows that looking after someone with Aids carries a very, very low risk of infection," said London

Editors vow to focus on rape and its impact on AIDS crisis

ARG 12/7/99 (92)

STAFF REPORTERS

South Africa's editors have recognised violence against women and children and the impact this has had on AIDS and HIV, and vowed to give the issues priority coverage.

The South African National Editors Forum (Sanef), this weekend also elected its first woman chairperson – Evening Post editor Lakela Kaunda – at its annual general meeting in Durban

The forum's pledge to highlight these issues was backed by Deputy President Jacob Zuma at a banquet during the meeting

Mr Zuma's wife, Sizakele, was assaulted in her Tugela Valley home last week, allegedly by a member of her family

The forum heard that every six days a South African woman was murdered by her partner Research suggested that 17 000 women were killed every year after rape, 7 000 more than all the deaths recorded in the Kosovo crisis, according to Jane Raphaely, an elected member of the forum's council

The forum also found that South Africa was the only country where children were raped and infected with HIV in the belief that this was a cure for the disease

The editors pledged to guard against stereotyping, including racism and sexism, which perpetuated this problem, and to encourage debate around these issues

Also at the meeting, the forum expressed its concern over the expulsion of Peninsula Technikon journalism student Max Hamata "for exercising his rights to freedom of expression" when he wrote a story on campus prostitution published in a national newspaper

Mr Hamata was expelled from the technikon

The forum also noted with concern an instruction by the KwaZulu Natal police not to speak to the media unless through official spokesmen, describing this as "an alarming return to old-style authoritarian practices"

The forum committed itself to a media freedom campaign to change laws restricting expression in line with the Bill of Rights

More than 100 delegates attended Sanef's second AGM, at which Cape Times editor Ryland Fisher was voted Ms Kaunda's deputy Judy Sandison, acting editor of the SABC's special news services was re-elected secretary general

SA skids down UN index

AIDS knocks place on human development scale to 101 — behind Libya

BD 13/7/99 (297) (241) (92)

Reneé Grawitzky

THE sharp reduction in life expectancy caused by HIV and AIDS has knocked SA 12 slots down the United Nations (UN) human development index ranking to 101st out of 174 countries

The UN development programme (UNDP), which released its 1999 human development report yesterday, found that although SA's overall ranking declined, performance improved in almost all areas bar life expectancy It estimated that 51% of South Africans were not expected to live to 60, compared with 11% of those living in industrialised countries and an average of 28% for all developing countries

The report analyses changes in the human development index, which ranks 174 countries in terms of life expectancy, education and income

The UNDP cautioned that due to changes in methodology, it was difficult to compare this year's and last year's rankings However, changes emphasised the effect on "SA, as on Botswana, Namibia, Zimbabwe and other countries in southern Africa of rapidly declining life expectancy resulting from the impact of HIV and AIDS".

Among African nations, only Libya is ranked ahead of SA, which falls immediately behind Albania, but ahead of Indonesia, India, Azerbaijan and most African countries, including Zimbabwe, Tunisia, Egypt, Morocco and Nigeria

This year's report focuses on the negative effects of globalisation and proposed mechanisms to bring "globalisation back on track" and "to make globalisation work for people"

It shows widening disparities between developing and developed countries as well as the growing gap between rich and poor A fifth of the world's people living in the highest-income countries have 86% of the world's gross domestic product

The report calls for measures to restructure and ensure greater accountability of international institutions such as the International Monetary Fund (IMF) and World Trade Organisation (WTO), and to ensure developing countries have a more effective voice in the WTO. It also proposes that developing countries adopt regional frameworks covering minimum labour and environmental standards to help ensure protection "against the undermining influence of global competition"

It also calls for a "global forum" to bring together multinational corporations, trade unions, nongovernmental organisations and governments which will give "rich and poor people a louder voice in global decision-making".

The report says the WTO's mandate must be expanded to give it anti-monopoly functions over the activities of multinational corporations, as they dominate world trade.

The UNDP insisted yesterday that the report — which backed IMF moves to sell gold reserves to finance debt relief for poor countries — was not an attempt to oppose globalisation or Bretton Woods policies Its focus was to ensure that the benefits derived from globalisation were shared equitably

SA Reserve Bank deputy governor Tim Thahane said the report was crucial in focusing attention not only on the cost of HIV and AIDS but also on how the country could harness technology to ensure the majority benefited

The report placed Canada, for the sixth consecutive year, top of the index and Sierra Leone last

Picture: Page 3
Seeds of inequality: Page 9

Aids sends SA plummeting in world living standards survey

CT(BR)17/7/99(297)(92)

LUKANYO MNYANDA
ECONOMICS EDITOR

Johannesburg – The rapid spread of HIV/Aids and the resultant drop in life expectancy had led to South Africa slipping 13 positions to 101 in the latest United Nations Development Programme's (UNDP) survey of living standards in 174 countries, the UNDP said yesterday.

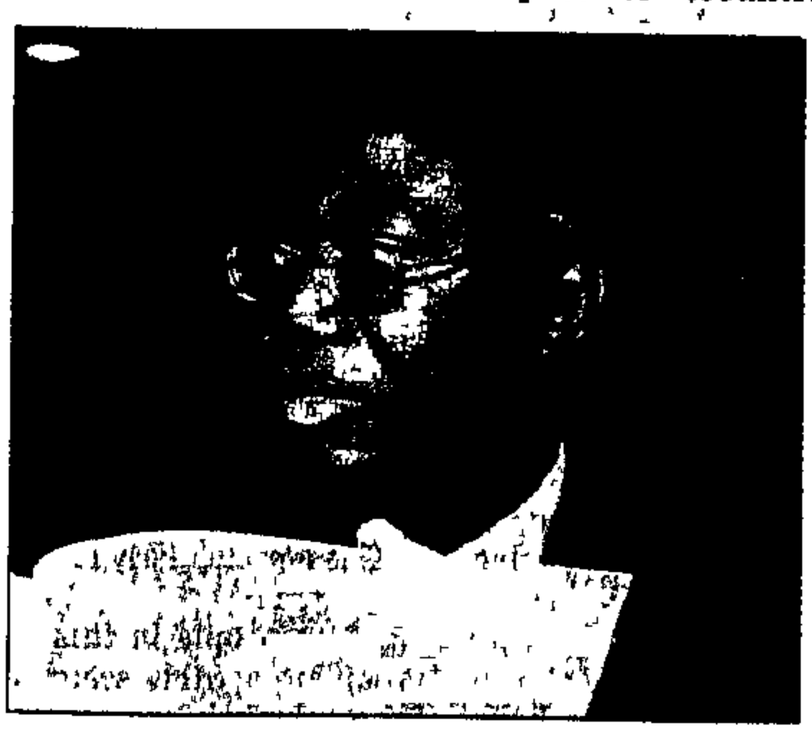
Zavareh Rustomjee, the director-general of trade and industry, said the decline in life expectancy rates showed the Aids epidemic was "something that has come to roost in this economy"

He said at current infection rates, assuming there was no cure or vaccination, South Africa could lose about 20 percent of its workforce to the disease within six or seven years

The UNDP human development index (HDI) ranks living standards in 174 countries, factoring issues such as adult literacy, life expectancy and income levels South Africa slipped to 101 this year from 89 last year, dragged by a 13-place drop in the key ratio of life expectancy at birth.

According to the report, life expectancy fell in 18 countries between 1975 and 1997, with four African countries – Zimbabwe, Uganda, Ghana and Botswana – recording declines of more than 10 percent owing to HIV/Aids.

The UNDP report, which focused on the impact of globalisation on living standards, showed the benefits were spread unevenly, with developing countries continuing to be marginalised.



LESSONS *Bonaventure Sodonon, the UNDP's acting representative in South Africa* PHOTO JOHN WOODROOF

It warned that "failed growth" of the last decades would continue unless global opportunities were spread better

It said inequality was reflected in the distribution of foreign direct investment, with industrial countries receiving 58 percent of $400 billion invested in 1997

Over 80 percent of foreign direct investment in developing countries during the 1990s went to 20 countries, with China accounting for the bulk, while 100 countries attracted under $100 million annually

Bonaventure Sodonon, the UNDP's acting resident representative in South Africa, said the expansion of the global marketplace had outpaced measures to govern it and cope with the impact on people, which led to the neglect of human concerns.

He said the report sought to demonstrate that globalisation could be controlled and that countries could make policy choices in regard to their economies, technology, culture and governance. It appealed for globalisation with ethics, equity, human security and sustainable development

Asghar Adelzadeh, the director of the National Institute for Economic Policy, said the report showed the global village was characterised by the gap between the poor southern and wealthy northern "suburbs"

It underlined the need for South Africa to pursue macroeconomic policies in line with its development needs and away from the "excessive fiscal restraint" in economic policies

World's fraying fabric

The arrival of global communications and the rise of Aids in the Third World is leading to a gap in skills and quality of life expectations, writes **Sharon Chetty**

THE latest United Nations report on human development paints a gloomy picture of growing inequalities in the world in the wake of globalisation

And despite advances made by the Government in service delivery and providing access to basics like running water and healthcare, South Africa fares worse in this year's survey (101 out of 175), as opposed to 89 last year

This is largely due to the high rate of HIV-Aids which is resulting in a rapid decrease in the average life expectancy of South Africans

However, the change in position could also be explained by the improved availability of data, such as information from the 1996 census which means that the calculations were done more scientifically for the first time and is likely to be more accurate

Whatever the interpretation, the report is a stark reminder of the impact of HIV-Aids in South Africa, Botswana, Namibia, Zimbabwe and other Southern African countries

Unsurprisingly, African countries rank among the lowest, with Burundi, Burkina Faso, Ethiopia, Niger and Sierra Leone declared worse off countries when it comes to longevity, education and poverty

Women in the developing world in rural areas remain the most marginalised

The only African countries that ranked above South Africa and deemed to be of "medium" human development were Mauritius (59), Libya (65) and Seychelles (66)

Canada is again number one, followed by Norway, United States, Japan and Belgium

This year the report is called "Globalisation with a human face" and, in addition to cataloguing the inequities of the world, it also suggests ways of narrowing the development gap

The internet has become the "fastest-growing tool of communication ever", with the number of users expected to increase from 150 million today to more than 700 million in 2001

But the computers are concentrated in certain parts of the world only, the US has more computers than the rest of the world combined, Bulgaria has more internet hosts than the whole of sub-Saharan Africa, excluding South Africa, and South Asia, with 23 percent of the world's population, has less than one percent of the world's internet users

The typical internet user is male, under 35 with a university education and high income, urban-based and English-speaking, says the report He is a member of a minority since fewer than one in 10 people in the world speak English

The well-connected have an overpowering advantage over the unconnected poor, whose voices and concerns are being left out of the global conversation, emphasises the report

Despite making great advances in information technology and related industries, human development in Africa lags behind that in Europe and the United States.

PIC CLEMENT LEKANYANE

But to rectify this imbalance and make the communications revolution truly global, funding is needed and the report suggests that a "bit tax" be put on data sent through the internet

For example, if a tax of one US cent (about six SA cents) is levied on every 100 e-mails more than $70 billion (about R420 billion) a year can be raised , says the report

Another area of contention is the fact that biotechnological research is dictated by those with money and does not necessarily contribute to the global good

Cosmetic drugs and slow-ripening tomatoes come higher on the list than a vaccine against malaria or drought-resistant crops for marginal land

And since most research has been privatised and a large part of it rests in the hands of multinationals, the needs of the starving millions are not taken into account and technological progress remains out of the reach of most of the world's population

The figures speak for themselves the top 10 telecommunications corporations last year held 86 percent of the market In pesticides, the top 10's share was 85 percent, computers almost 70 percent, veterinary medicine 60 percent, pharmaceuticals 35 percent, and commercial seed 32 percent.

Industrialised countries hold 97 percent of all patents worldwide

The report calls for the setting up of a group of independent scientists to identify technological problems that, if solved, would contribute to human development and security

Every five years the group would offer money and recognition to researchers in areas such as robust new crops, malaria and HIV vaccines, solar-powered or wind-up computers, and renewable energy sources

Funding could be provided by a levy on patents or from a reallocation of research subsidies, grants and tax breaks currently given to industry, the report suggests

It also calls for a review of the intellectual property rights agreement under the World Trade Organisation (WTO)

The agreement was first raised in trade talks in 1986 to crack down on counterfeit goods, "but now involved the ownership of life itself"

The intellectual property rights agreement was negotiated with little input from many of the developing countries and before most governments and people understood the social and economic implication of patents, says the report

To make trade talks more fair, an independent legal aid centre and ombudsman was needed to assist poorer countries in their negotiations at the WTO It should also have anti-trust provisions and a code of conduct for multinationals, the report suggests

A forum that included multinational corporations, trade unions and non-governmental organisations to "broaden global governance" was also proposed

There also had to be increased cooperation in fighting crime (organised crime syndicates are estimated to gross about R9 trillion a year) and for developing country governments to have high level units to manage and coordinate their policies in a globalised world

In short, the report cautions against globalisation being seen only in terms of markets, and warns that the human dimension has to be understood and addressed urgently

CAPE ARGUS ISSUES

AIDS, unemployment, crime are the issues that count most

ARGT 14/7/99 (92) (335) (34)

ONE IN YOUR EYE

AK

Difficult to swallow as the number of unemployed grows by the day, even the Government is being forced to look at the retrenchment route – a route many people find difficult to accept

Among the many problems facing South Africa today, by far the most serious must certainly be the terrible scourge of AIDS which is totally out of control.

AIDS is followed by unemployment, which is soaring by the day, and the crime problem which is fast turning our fledgling democracy into an international leper

So serious is the problem posed to the country by each of these three that, if unchecked, they have the potential to reduce our beautiful country to a pale shadow of its present self

It would certainly be in the interests of not only the Government (after all, the African National Congress did promise "jobs for all" in the founding democratic elections five years ago), but for all South Africans to get the unemployment problem addressed, for instance, but at the moment there does not appear to be a solution on the horizon. Indeed, the problem is worsening by the day, with more and more people joining the ever-growing army of the unemployed.

Why, even the Government and its various parastatals, which together have provided life-long job security to many, have now entered into negotiations with public service trade unions on the thorny issue of retrenchments

The first warning, of course, was given about two years ago by former president Nelson Mandela, who, when he opened the 1997 session of Parliament in Cape Town, warned that the Government was "not an employment agency"

While it is easy to understand why a Government that first came to power promising jobs now finds itself forced by circumstances almost beyond its control to go the retrenchment route, for many black South Africans this is nevertheless very difficult to accept.

After all, for years Afrikaners enjoyed sheltered employment in the public service, as did many Africans in the former homelands, and, for as long as they turned up in the morning and spent the required minimum number of hours at work, they were assured of both their salaries at the end of the month, as well as their jobs for as long as they wanted those jobs

Now however the Government simply cannot afford to be "an employment agency", especially when there are so many worthy causes competing for the slender resources at its command.

Dealing with the colossal AIDS problem is one of those responsibilities, just as is ensuring that our public health system is equal to the enormous challenges it faces, and that our public education system remains sound and healthy

The money for these things must come from somewhere, and spending as much as 80% or more of a department's budget on salaries alone will make it that much more difficult for the ANC Government to make good on its many pre-election promises

The one thing about which much more can be done, however, is crime, which is not unrelated to the unemployment problem. That, the Government can do something about, for one of the primary responsibilities of any government is to protect its citizens.

Although it is still early days, it would appear that new Safety and Security Minister Steve Tshwete might just be the man who will take the fight to the criminals.

In his first few public statements since being appointed into what is without doubt one of the toughest Cabinet portfolios, Mr Tshwete has made all the right noises, in the process creating the very welcome impression that there might now be a tougher attitude in the all important fight against crime.

As was pointed out in this column in August, 1996, this is not a Government lacking in legitimacy, and it can legitimately embark on a ruthless, but legally above-board, campaign to combat crime

As it was argued then, many citizens may even welcome the declaration of a state of emergency if that would mean that they would no longer be prisoners in their own homes and would be safer on the streets of their towns and cities.

Mr Tshwete's predecessor, the soft spoken and likeable Sydney Mufamadi, certainly tried his best to strike a blow against crime, but perhaps in the end he was too nice a man for the job And he, too, became a crime victim, when his home was visited by criminals.

Mr Tshwete, on the other hand, has a much tougher exterior and is given to talking tough.

That may just be the kind of person needed for the job, especially if he makes sure that his words are matched by his actions

His words during an address to police at the Jabulani Amphitheatre in Soweto on Monday will have struck a chord with most South Africans. "We are going to deal with criminals as bulldogs deal with a bull. We are going to give them hell because they have been giving our people hell.

"Those who raise dust must not complain that they cannot see We will unleash the police on them."

Well, to that I say give the criminals hell, Mr Tshwete And good luck.

■ *Kaizer Nyatsumba is the editor of the Daily News in Durban.*

GAY DONORS NOT WANTED

Presenter's blood rejected

(92) CT 15/7/99

RADIO personality Andrew Barnes is an angry man after he was barred from donating blood yesterday — because of his sexual orientation. **JUDY DAMON** reports

POPULAR KFM presenter Andrew Barnes believed he was just doing his civic duty when he responded to the urgent call for blood.

The shortage of blood in the Western Cape is the worst in more than six years, largely because of the present flu epidemic.

Because there is also a shortage of blood in the other provinces, blood transfusion services there have been unable to help out in the emergency.

Yesterday morning, Barnes went to his nearest blood transfusion centre at the Picbel Arcade in Strand Street and filled out the routine questionnaire.

One of the questions was whether he had ever had sex with a man. He ticked the "yes" box, as he has been having a homosexual relationship for the past year.

"When the nurse went through my form, she fell silent and asked me to explain. I told her that I am gay, I am healthy and I have been in a stable relationship with the same partner for the past year.

"She then told me they didn't want my blood," Barnes said.

Both Barnes and his partner had tested negative for HIV.

He recently received a life assurance policy and has a healthy lifestyle. But this all appeared to be irrelevant to the medical staff on duty.

Angrily Barnes insisted on seeing the superintendent, who told him they were only following the rules laid down by the World Health Organisation, which state that blood donations should not be accepted from gay men. The rule is based on the supposed link between homosexuality and Aids.

"They did not tell me this beforehand when I asked what was required of me. All they said was that I should be over 16, healthy and not on medication. Why didn't they just ask only for straight people over 16? This is discrimination," he said.

When Barnes returned to work at the KFM studio, he vented his frustrations live on air. He also contacted the National Coalition for Gay and Lesbian Equity for their opinion.

Head of the coalition, Zackie Achmat, said they had known of this form of discrimination and had repeatedly asked the Blood Transfusion Centre to give scientific reasons for not accepting blood from gay men.

After yesterday's incident, the coalition will approach the Human Rights Commission to take the matter further. If the situation remains unresolved, it intends taking Barnes' case to court.

"It is irrational for them to believe that homosexuals are a bigger risk than heterosexuals," Achmat said.

Despite yesterday's incident, the emergency call of the Western Province Blood Transfusion Service seems to have worked. Over the last three days more than 500 people responded to the call to give blood.

Sheryl Gelderbloem of the Blood Transfusion Service said she was thrilled with the response.

"We thank them for responding to our call to give blood, but it is still not enough. At the moment we only have 55% of our normal blood supply; that is not enough to provide the several blood banks and hospitals in this area," she said.

"With the 500 new available units, we can just supply the most urgent demands for blood by the hospitals."

Radio newsman raps blood bank over gay 'snub'

ARG 15/7/99 (92)

MURRAY WILLIAMS
STAFF REPORTER

A gay Cape Town radio personality is protesting against discrimination after his blood was refused by the Western Province Blood Transfusion Service.

The blood service later confirmed that gay and bi-sexual men are excluded from blood donation.

Andrew Barnes, 28, of Harfield Village, is news editor at local radio station KFM.

Mr Barnes has also laid a complaint of discrimination with the National Coalition for Gay and Lesbian Equality.

He told the Cape Argus he had not given blood since his university days, but decided to "do my bit" after reading about the widely reported critical blood shortage in the Western Cape.

"Everyone is being urged to give – so I went to Picbel Arcade in Strand Street. I was asked to fill in a form, asking for medical history, any recent operations or current medication. Then there was a section on HIV and AIDS, asking about sexual history.

"One of the questions asked was whether, as a male applicant, you have ever had sex with another male. I circled 'yes' on the form."

Mr Barnes said a nurse checking his application, and seeing the circled answer, told him his blood was not acceptable.

"I told her I was gay and was engaged to my partner. I was shocked and asked her why my blood was not good enough.

"She replied that, according to the World Health Organisation, gay men were a high risk group with regard to the spreading of HIV."

He said the medical superintendent at the blood donor centre [illegible] the same [illegible].

Mr Barnes said he [illegible] "extremely angry" and [illegible] to take the matter further.

"I've spoken to the [illegible] Coalition for Gay and Lesbian Equality and my complaint [illegible] the [illegible] to the [illegible] in The Hague. I [illegible]

"All people [illegible] should [illegible] the call to donate [illegible] rules have changed. [illegible]

"Homosexual men are not the highest risk group. [illegible] have a [illegible] gay men giving blood," he said.

The blood service's medical director [illegible] Bird, said: "I accept totally that these types of questions [illegible] and safety [illegible]

"We accept that [illegible] keep unsafe donors unnecessarily but that's the nature of the beast."

Dr Bird said the questionnaires were designed to prevent the donor being put at risk – like detecting heart or lung diseases that might make donation hazardous – and to protect the recipient from risk.

"We test every single unit of blood for HIV and hepatitis, but there's still a small risk of a window period – that the person could be infected – which the tests do not pick up. We try to exclude anybody who might be at a greater risk of HIV. This has been in donor questionnaires since the mid-1980s.

"I'm not trying to stigmatise any groups in any way, but we have to conform to national and international norms and standards."

Out of Africa — a viable vaccine against Aids?

(92) CT 16/7/99

THE rural village of Hlabisa in KwaZulu Natal is likely to be the site of the first AIDS vaccine trials in South Africa The residents are keen to participate in such ground-breaking work, but the community will be watching carefully to ensure they are not taken advantage of Yesterday an unusual protocol was observed in the village as a friendly celebration marked the beginning of a unique partnership Health Writer **JUDITH SOAL** was there

ONE of the more contentious issues in vaccine research is the question of clades The HIV found in different parts of the world does not have the same genetic composition, but can be divided into more than 10 sub-types, or clades
The US, Europe and Australia have a type of HIV known as clade B, in South Africa 95% of our infections are clade C HIV Scientists aren't yet sure whether a vaccine based on one clade will be effective in preventing the spread of another
"Whether a vaccine needs to reflect the local circulating variants of HIV 1 remains to be determined," wrote UCT virologist Carolyn Williamson in a recent article in the Aids Bulletin
She suggests the answer will depend on which type of vaccine you are trying to develop If your vaccine is trying to prompt the immune system to produce T-cells (CTLs or cytotoxic T lymphocytes) — which kill cells already infected with HIV — then clades probably do count.
"Until we know the relevance of genetic diversity, it holds to

What is a clade, and are they important?

reason that a vaccine that is close to the virus strain you are trying to protect against has a better chance of working," she said
But if the vaccine is trying to generate antibodies, which unlike T-cells target free-floating viruses in the blood, clades might not matter so much
Since an "ideal" vaccine would use both approaches some scientists argue that countries should not test vaccines that are based on clades found in other parts of the world
"I am not sure that cross-clade responses are large enough," said Des Martin of the National Institute for Virology at a recent vaccine workshop
He said these trials would absorb money and human resources, as well as creating a negative impression of vaccine research Although almost 50% of the world's HIV is expected to be clade C by 2000, almost all the vaccine research has been based on the clade B virus so far

Where we are now

In May 1997 President Bill Clinton set a 10-year target for the development of an HIV vaccine
Just two years later scientists admit this target is unlikely to be met. Despite 15 years of effort, the vaccine pipeline (as it is called) is very narrow
"There are only two phase III trials, one phase II trial and less than 10 phase I trials at the moment," the International Aids Vaccine Initiative's (Iavi) Kay Marshall told the Cape Times this week
The phase III trials are both based on the same vaccine concept and scientists say initial results are not encouraging.
"Earlier trials hinted at its lack of ability to prevent or control infection, although this can only be answered definitively by phase III trials, "wrote UCT virologist Carolyn Williamson in an Aids Bulletin article
Despite this disappointing start, vaccine development is gaining momentum
"There have been some advances that seem to indicate we are entering a new era in HIV vaccine research, " wrote Williamson
She said these included
● Increasing funding that has encouraged some top Aids researchers into the field
● A better understanding of what immune responses researchers should try to elicit
● Promising new vaccine approaches being developed and tested
● The start of vaccine trials in Africa
● The development of the lobby group Iavi, which was formed to speed up vaccine development and ensure that, unlike expensive Aids treatments, vaccines will be affordable to developing countries A South African branch of Iavi was formed this year Williamson and her colleagues have received funding from Iavi to use a vaccine technology developed at the University of North Carolina to produce a candidate vaccine that will be based on the type of HIV found in South Africa
The North Carolina candidate is based on clade B HIV, Williamson and her colleagues have selected a clade C isolate from someone living in KwaZulu-Natal
"This is the first major initiative directed towards making a South African-based vaccine and is expected to produce a candidate that will enter phase I clinical trials by the end of 2001," she said
Assuming it is safe and produces the desired response during the early trials, three years after this the candidate vaccine will be ready for large-scale trials in humans (phase III)
In all likelihood this will be the vaccine tested in Hlabisa
"This is the most advanced candidate we have so far," said the MRC's Salim Abdul Karim "Yes, there's still a long road to go, but it is a road we have to go down "

Phases of vaccine research

BEFORE a large-scale clinical trial can begin in Hlabisa, an HIV candidate vaccine needs to pass several earlier tests
● During the first test, known as a phase I trial, the candidate vaccine will be used on healthy humans to check that it is safe This is a closely monitored trial which assesses the side-effects associated with increasing doses of vaccine
● The second test, a phase II trial, uses a larger sample of participants — sometimes up to a few hundred There can be different arms of the trial so that their responses can be compared This phase checks whether the vaccine brings about the expected response in the human body and also tests for safety and side effects
● Phase III trials are the real thing. This is what all the planning at Hlabisa is about. These trials run for six to eight years, cost an enormous amount of money and are the only way to prove that a vaccine works This sort of research must be done in an environment as close as possible to the one that the vaccine is intended for, and involves thousands of people By dividing these people into different groups and giving each group different vaccines or a placebo, scientists can compare the number of people who become HIV-positive in each group at the end of the period Crudely put, only if significantly fewer people who receive the vaccination become infected can the vaccine be considered effective.

THE Medical Research Council (MRC) doesn't normally present its research partners with a gift of live sheep But then the residents of Hlabisa are normally seen as subjects of research, not as partners.

Yesterday MRC researchers, Hlabisa residents, health workers and, of course, the media, gathered in the small village for an imbizo — a local celebration of research yet to come

It was a celebration that involved tiny drum majorettes in torn stockings, praise singers, kwaito music, traditional Zulu dancers, the consumption of a wildebeest and fried chicken, as well as the customary speeches.

It was a celebration in anticipation of a vaccine that everyone hopes will, one day, help to protect people around the world from Aids

The candidate vaccine likely to be tested at Hlabisa will be based on the work of UCT virologist Carolyn Williamson.

Williamson herself had said that the formula wouldn't be ready for early human trials until 2001 The MRC hopes it will be more like the end of 2000

Despite this time frame, work to prepare for these trials in Hlabisa has begun

The area was chosen partly because of its high rate of HIV infection — four out of 10 women attending antenatal clinics in the area are HIV positive — and partly because of the long history of research in Hlabisa

But this research, according to Sean Drysdale, superintendent of Hlabisa hospital, hasn't always been welcomed by residents

"There have been difficulties and resentments," said Drysdale

"Because of all the research, Hlabisa has been stigmatised and associated around the country with high rates of both HIV and tuberculosis.

"The community could not feel part of the research. It had more to do with the press, and that press wasn't always flattering "

The MRC's Salim Abdul Karim says the vaccine trials will be different.

"We have never done research this way before," he said. "For these trials the community will have a say in everything — from the questions we ask to the type of testing we do "

To facilitate this, the residents of Hlabisa have elected a community advisory board, which will work with researchers

The board, consisting of respected local residents, received a R100 000 grant from the MRC earlier this year

Part of that money has been used to employ and train eight community educators to go from home to home to educate people about HIV, and about the upcoming research

"We need to make sure that the participants in the research understand how scientific trials work" said Abdul Karim.

Once the trial begins, residents who agree to participate will be randomly allocated into one of two (or more) groups.

One group will receive a placebo and the other the candidate vaccine Neither the researchers nor the participants will know which is which

"One of the dangers of vaccine research is that people may think because they get an injection they are protected from HIV" said Janet Frolich, the MRC community liaison officer for the area.

"Because of this they may not protect themselves against HIV, and take more risks than they perhaps would have," she said

"Ethical research, therefore, has to include a component to educate people to prevent this."

Frolich will work with the community advisory board to make sure this happens

Instead of commuting from the safe confines of the city Frolich has moved to Hlabisa.

It is a measure of her acceptance in the area that the local inkosi (chief) has offered her a piece of land so that she can build her own home

"This isn't short term research," she said "These trials can take eight years The MRC is here for the distance "

The research council has bought land in Hlabisa and invested R2 million in research facilities For a village this size, that's a lot of money

"There are no real addresses here," said Abdul Karim "People say 'you go to where the old tree was and turn left'

"For research purposes we need to be more precise, so we mapped the co-ordinates of the area using satellites. This also allows us understand the progress of the disease spatially "

So far so good, but does the community advisory board have teeth, or is this just another way of persuading people to participate in the study?

"They aren't just a rubber stamp" says Frolich, "Already they have had a say in the questions for the preparatory survey There has also been a high level of debate about the best way to proceed with HIV testing

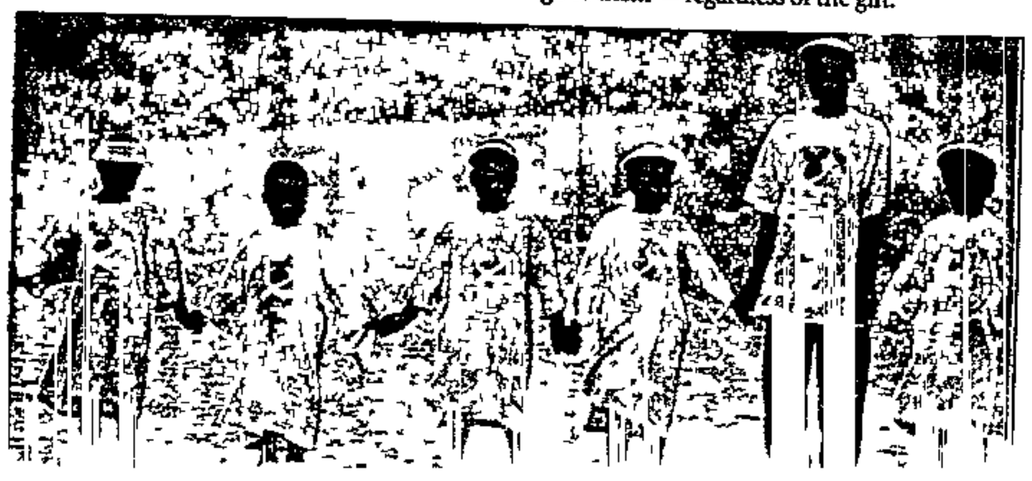
"Of course, there will always be compromises, but they really appreciate the different way of working When we asked permission to do HIV tests the board was amazed. They said no-one had ever asked permission at community level before "

Yet for all the MRC's efforts of partnership, there can never be an equal exchange when one partner provides the money and know-how, and the other simply comprises the research material.

The people of Hlabisa are aware of this

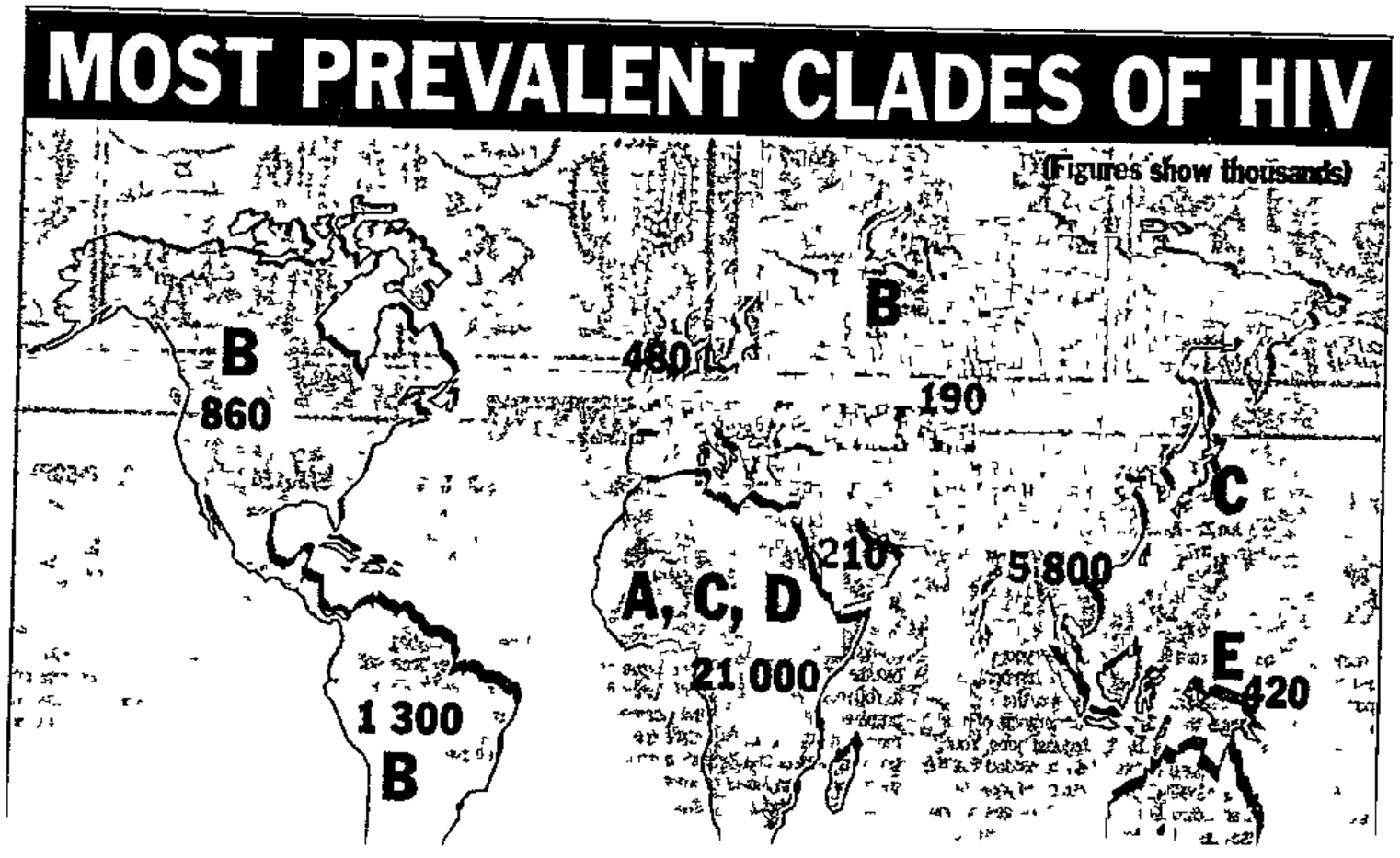
In accepting the gift of four sheep from Abdul Karim yesterday, inkosi Daniel Hlabisa issued a warning to the researchers "This is not bribery This is a gift." he said.

"As I look at the list of members of the community advisory board, I see they are members of amakhosi. If we have any problems, we shall go to them — regardless of the gift."



LOUD AND CLEAR A billboard put up in Hlabisa earlier this year to create awareness of HIV (above) Now, Hlabisa children orphaned by HIV/Aids (below left) could have a vaccine against the disease by the time they are ready to be sexually active *PICTURES: BENNY GOOL*

WORLDWIDE PROBLEM The map below indicates how the major clades of HIV are spread internationally, and how many thousands of people are infected with the virus



'MOTHER-TO-CHILD TRANSMISSION REDUCED'

Cheaper drug to curb spread of HIV

MEDICAL EXPERTS in South Africa insist that the new Aids drug, Nevirapine, should be officially endorsed by the government as a cheap alternative to AZT and other known drugs to reduce mother-to-child HIV transmission Their reaction follows a report that the drug can reduce this kind of HIV transmission by at least 50% **GUSTAV THIEL** reports

ALTHOUGH Nevirapine has been used since 1996 in combination with other therapies to prevent the spread of HIV from mothers to children, it is the revelation by a group of US and Ugandan researchers that the drug can be highly effective which is raising awareness of its existence in South Africa.

The drug is manufactured by a German company, Boehringer Ingelheim Pharmaceuticals and has been used in trials by South African doctors in private practice Uganda's Health Minister, Dr Chrispus Kiyonga, told reporters this week that a study now being conducted in his country suggests the drug can reduce mother to-child HIV transmission by at least 50%

The study was jointly led by Dr Laura Guay of the John Hopkins University School of Medicine and Dr Francis Miro of Makerere University in Uganda

Although the researchers say a further 15 months are needed to complete their study South African experts have argued that the country cannot afford to wait any longer to approve the use of Nevirapine

Dr Helen Rees of the South African Medicines and Medical Devices Regulatory Authority has confirmed that the drug has been used in trials at the Chris Hani Baragwanath Hospital in Johannesburg and King Edward VII Hospital in Durban.

Dr Ashraf Grimwood, chairperson of the National Aids Convention of South Africa, said yesterday "South Africa cannot afford to wait until we find the absolutely best way to prevent the spread of HIV from mothers to children.

"At the moment we know that every year between 40 000 and 60 000 babies are born every year with Aids If we don't act now we will certainly sit with a problem that is too difficult to control If we act now, I would say that we can still conquer the problem " Grimwood said.

He criticised the previous health ministry for its stance on known treatments for mother-to-child HIV infection, but said "It looks like the new minister is taking a more cautious approach to the subject which might yield better results."

The previous minister, Dr Nkosazana Zuma, initially created a furore over her refusal to endorse the drug AZT She later changed her stance and said the drug would be endorsed if it were made cheaper

AZT treatment costs about R500 a month, which is not within the range affordable by most South African households The cost of the drug led to protests outside the offices of the manufacturers of the drug, Glaxo Wellcome, in Midrand

The new Health Ministry headed by Dr Manto Tshabalala-Msimang has taken no official stand on drugs used in the treatment of people infected by HIV A spokesperson for the minister, Khangelani Hlongwane, told the *Cape Times* that although the department is aware of reports on Nevirapine, the minister would need more information before taking an official position

"We will gather all the necessary information and then make our position known," he said, adding that Tshabalala Msimang would want to discuss the matter with pharmaceutical manufacturers.

Anthony Fauci of the National Institute of Allergies and Infectious Diseases in the US says Nevirapine costs only about R30 for one dose, which makes it significantly cheaper than any other anti-HIV drug

AZT, for instance, has to be administered for six months during pregnancy, whereas Nevirapine involves only one dose for the mother during labour and one for the baby when it is born There is a short complementary course of AZT available, which begins in the final two weeks of pregnancy Some clinics give mothers and babies a combination of AZT and Glaxo-Wellcome's 3TC, which has proven to be more effective than AZT on its own

Grimwood referred to two other drugs, namely 076, which is administered from

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Aids experts call on govt to back Nevirapine treatment

❑ From Page 1

the 36th week of pregnancy onwards and during labour it is given to both mother and child Using a more costly treatment regimen designed in Thailand, 076 can be given only to the mother

Grimwood says it is clear that Nevirapine "presents the cheapest alternative thus far" He is supported in his view that the government should take a serious look at the drug by several other experts, including Dr Mark Beale of the Infectious Diseases Clinic at Tygerberg Hospital

The Uganda US study, which began four months ago, found that Nevirapine is 20 times cheaper than AZT

Although local Aids experts are sceptical about this large reduction in cost, they have little doubt about its potential.

Said Grimwood "I am not even sure whether it is necessary for mothers to be given any drug, but we do not have enough information to make this decision

"It might be necessary to give the drugs only to babies But when it comes to this issue we need to prevent the disease before it happens."

He emphasised that the Western Cape was the only province to initiate a mother-child intervention programme last year after it was deemed too expensive to be established on a national level by Zuma's ministry

"It is now crucial that we try Nevirapine," said Grimwood "But it is even more crucial to realise that the whole issue of Aids being spread from mother to child is a very complex one

"There is still a stigma amongst men about the disease — and if we can get a cheap drug working it might go a long way towards preventing the stigma from being perpetuated "

He added that Nevirapine could be "the logical solution to problems of the spread of Aids from mothers to children in all developing countries"

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GAY COMMUNITY OUTRAGED

Transfusion regulations 'stupid, old-fashioned'

THE REFUSAL of the Western Province Blood Transfusion Service to allow a gay city radio presenter to donate blood has caused wide controversy. **JASPER MULDER** reports

ASHRAF GRIMWOOD, chairperson of the National Aids Convention of South Africa, yesterday attacked blood transfusion procedures in this country "It is rather stupid and out of date that gay men are still not allowed to donate blood," he said.

Dr Grimwood was responding to the refusal by the Western Province Blood Transfusion Service to allow city radio presenter Andrew Barnes to donate blood — because he is gay

"The incident has caused a storm of controversy, especially in the city's influential gay community I find it really old-fashioned, these regulations for gay people. It's out of date because in South Africa, despite what a lot of people think, HIV is mainly a heterosexual, not a homosexual problem these days.

"The gay community has become more aware of the risks of unsafe sex, much more than most heterosexual South Africans."

He said "straight" people aged between 17 and 25 have a much higher risk rate "I think it's time to challenge the regulations of all these blood transfusion services."

The director of the Western Province Blood Transfusion Service, Dr Arthur Bird, concurs, saying a debate about the standard regulations for people to donate blood would be helpful.

OUTDATED: Dr Ashraf Grimwood blasts 'old-fashioned' regulations

Bird said his service just followed the normal procedure in the case of Barnes.

Anyone who wants to donate blood is given a four-page questionnaire On this form, the man or woman has to answer whether they belong to any "at risk behaviour" categories.

The categories which are considered high risk include:

- Men who have had sex with another man.
- People who have had sex with more than one partner in the past six months.
- People who know that their sexual partner has had sex with someone other than themselves in the past six months.

"These questions", explains Bird, are just a part of the standard procedures we follow when people come to our service to donate blood. We also ask them about their lifestyle and do some tests for hepatitis and other diseases like HIV."

With the new techniques used today it is possible to see in only two weeks if someone is infected with the HIV virus or not.

Zackie Achmat, head of the National Coalition for Gay and Lesbian Equity, finds it unbelievable that healthy gay men are prevented from donating their blood.

"Of course it is really necessary that every country has to save blood," Achmat said.

"And with the recent shortage of blood in the country, I find it strange that they don't allow the blood of a healthy man.

"The blood services should definitely consider changing the current regulations."

Achmat's coalition will soon try to get in contact with the Human Rights Commission to take the matter further and ask them what evidence these regulations were built on.

All Western countries, from Europe to the United States, have similar regulations to South Africa's and gay people cannot donate blood.

M+G 16-22/7/99

Aids policy disaster

(92)

From PAGE 7

feels that criticism leveled at Zuma because of her decision to withhold AZT treatment from mothers was grossly unfair. 'You can fault minister Zuma about many things, but you cannot fault her on her policy towards women and children.

Although government officials including Mbeki have reiterated their commitment to fighting Aids, that commitment has yet to translate into proper care and services for the people who need it most. the poor.

The government continues to categorise Aids a health care problem, not a social problem to be tackled with equal zeal by all departments. The result has been a fragmented piecemeal strategy that has failed either to stem the tide of infection or care for the people who are HIV positive.

The Reverend Barry Gibbs Hughes, who runs a private Aids clinic at Kalafong hospital in Pretoria, tells this sad story "A man came to me after going to the hospital for treatment. He said, 'Father, I'm thankful that I have this medicine. But I don t have a job, I don t have any food How am I going to survive?'"

The government has particularly failed those who need its support most: the people who are already infected.

In 1994 the new African National Congress government placed an emphasis on primary health care clinics, to bring health care directly to more people and reduce the load on hospitals. This impacts negatively on Aids patients in two ways: clinic staff, many of whom work without adequate doctor backup or even enough nurses, are not properly trained in how to deal with Aids patients.

A doctor at Baragwanath says "Many of the nurses at clinics hear a person has Aids and figure They re going to die anyway, I won t waste medicine on them. They give them two aspirins and send them home.' Worse still, the medicines Aids patients need are often not available at some clinics.

That sends Aids patients flooding to major hospitals. But according to the government's strategy on health care delivery, hospitals should be downsized and the role of local clinics enhanced. So one of the ways hospitals cut costs is to close their Aids clinics, believing Aids patients can get proper care at clinics Meanwhile, clinics specifically for Aids patients like the one at the University of Pretoria Academic Hospital, are closed.

Esther, who lives in Alexandra, has had HIV for the past three years. She was infected by her husband, who later died of the disease. She tells of waiting six hours to see a doctor, of three- and four hour waits for her medicine. Yet she remains upbeat about her care at the clinic. "I come sick this week, sometimes, and I then I feel very much better,' she says.

But government policy on Aids, the 'silent killer', is disastrous

M+G 16-22/7/99 (92)

Twenty three year old 'Malock" has a two-year-old child and is HIV positive. Since receiving her test results in December she has sought counselling and told her boyfriends, all of whom denied being positive.

She worries about her daughter's future. "I want to see her grandchildren but I know that won't be possible," she says. "I live for every day, and I feel well."

Malock is one of the newly infected She looks healthy; she is gaining weight. She has a positive outlook, has kept her job and one of her boyfriends is sticking by her.

She can t tell her family though. "I must be very sick before I'd tell my family" she says Malock has joined the more than 3 6-million people in the country who are infected with HIV, with 1 500 new cases every day.

Aids did not sneak up on South Africa. Experts and researchers have been sounding the alarm since the early 1980s, when central and eastern African countries like the Democratic Republic of Congo and Uganda were hit with the first stages of the epidemic.

Sub Saharan Africa, with Zimbabwe and Zambia at the core, is now the world's Aids epi centre. The region has suffered more Aids-related deaths than anywhere else, and almost two-thirds of the world's current Aids cases are located in this region

Fate handed South Africa fair warning about Aids, sophisticated medical tools to fight the epidemic, as well as the brains and the media power to formulate a message and deliver it. Yet the result has been dismal failure. Aids is set to engulf South Africa in exactly the same way it devastated the rest of the continent

"What's really depressing is that countries seem to have a very hard time learning from each other. They all seem to have to learn the same lessons," says Dr Alan Whiteside, an Aids researcher at the University of Natal in Durban "We ve reached the panic stage, and now everyone is looking for a quick fix. In reality, there is no quick fix.

A risk scenario conducted by the Metropolitan Life insurance company predicts that more than six million people in South Africa will be infected by 2005 and by then more than 2,5-million people will have died. Even if there are 'significant changes in sexual behavior occurring 12 years into the epidemic", the scenario still predicts that almost five million people will be infected by 2005 and 2,3-million will die The death toll won't change much because it is those 3,6-million people already infected with Aids who will be dying.

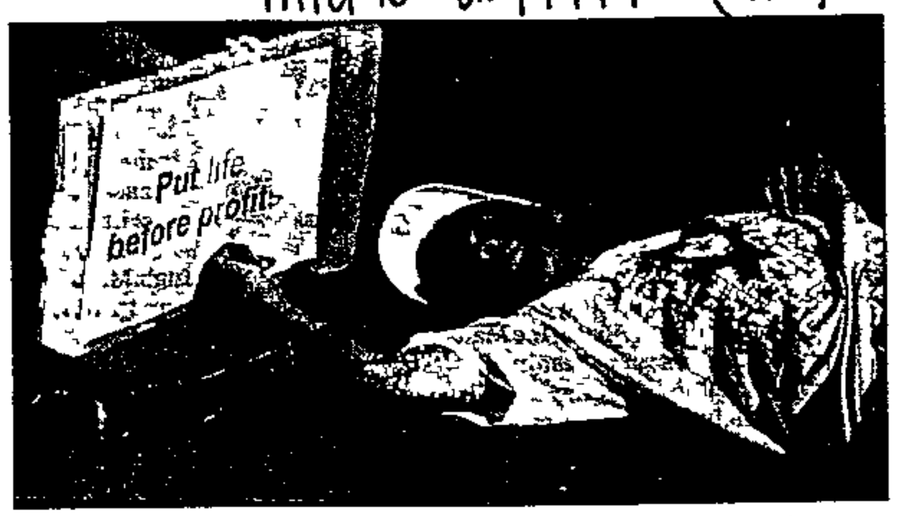
Based on these warning signs, the flames of panic should have already consumed the country. Although initially dangerous, this panic eventually would have galvanised the leaders of South Africa — government, business, non governmental organisations and the masses — to jumpstart a national effort to control the disease and care for those already sick.

Instead South Africa s chance to stem the tide of Aids has been lost. "Despite the commitment of the democratically elected government of 1994 to the HIV epidemic by allocating substantial human and financial resources, the scale and magnitude of these efforts have not been sufficient to turn the epidemic around," says Aids researcher Quarraisha Abdool Karim of the Medical Research Council She calls South Africa's HIV epidemic "explosive' , and notes that it has increased 30-fold since 1990

The "silent killer" is projected to infect between 25% and 33% of all South Africans by 2010 Most will be poor and black. Many will be the primary breadwinners in their household. And most of them will die within five to eight years of contracting the disease. As parents die, an estimated 700 000 Aids orphans will be left behind by 2010 according to UNAids.

The government's response to the Aids crisis has been disastrous. The Cabinet adopted a national aids plan in 1994, which stressed the need to formulate a strong, shared vision of mobilisation to focus all of the country's resources on fighting the disease.

There was high hope among Aids activists, NGOs and people living with Aids that South Africa would show the rest of the continent how to combat the disease effectively Instead the country s Aids vision has become clouded, its organisation disjointed, its policies largely ineffective.



Aids activists: Protesters outside the US consulate demand that the US explain why it is keeping Aids medication out of the financial reach of most Africans

Dr Robert Shell, director of population research at Rhodes University, calls the health department's record on HIV/Aids "atrocious" He places the bulk of the blame on former health minister Nkosazana Zuma.

"She's up there in my mind as a war criminal," he fumes. "While she was persuading the country to give up smoking the country sank into a deadly epidemic that will wipe out every single development gain we've made. This is going to take 25 years to work itself out, and if there was a cure tomorrow, it wouldn't help.

The 1996 *Sarafina II* scandal, in which Zuma's department spent R14-million on an Aids play, "threw the national Aids directorate into disarray, and with it came the demise of a shared vision for Aids in this country" argues Gary Adler, executive director of the Aids Foundation.

Adler says the national directorate cut funding to NGOs from R19-million in 1996 to R2-million in 1998, as a punishment for those who dared to question accountability of the department. Adler argues that the Virodene scandal of 1998 where Zuma backed expensive funding of an Aids cure with an active ingredient of dry cleaning solvent, led to the disbanding of her national Aids advisory council.

"The malaise in the national Aids directorate has meant that provinces have not been able to identify with a national vision of what needs to be done," Adler says. "It also means that provincial MEC's for health have been let off the hook and not been pressured into taking bold steps to do something about Aids in their provinces."

Not everyone is convinced that government has failed. Dr Nono Simelela, a young obstetrician, has been heading the country's R50-million National Aids Directorate for the past six months, its third director in three years. She says the Interministerial Committee on HIV/Aids in 1997, formerly chaired by President Thabo Mbeki and containing all Cabinet ministers, is bringing government action together on Aids.

"The political commitment goes beyond just lip service," she says. She notes that the transportation industry has responded to government prodding by educating truck drivers about their susceptibility to Aids, and that information sessions with commercial sex workers has increased prostitutes' condom use.

Legislation and policy on HIV/Aids has been a mixed bag. Aids activists have aggressively supported the government's attempt to strip patents from foreign Aids drugs, which would allow local pharmaceutical companies to manufacture the drugs' generic equivalents.

But United States and European drug companies cried foul. They rushed to Congress and the US trade representative for help, and to court in South Africa to try to block the law. Industry executives won an injunction. The issue has sparked loud protests from Aids activist groups in the US and in South Africa, even becoming a campaign issue in Vice-President Al Gore s campaign for the presidency. The law is currently mired in its legal challenges.

Last week Aids activists protested in front of the US consulate in Johannesburg. Singing, dancing and brandishing signs that said "Cheap HIV/Aids drugs NOW", they demanded that the US explain why it is keeping Aids medications out of the financial reach of most Africans. The activists pledged to continue protesting until the US withdraws its legal challenges to the South African law.

Other legal initiatives on Aids have also faltered. Aids activists have expressed outrage at the government's attempt to make Aids a notifiable disease, saying that it "would offer no positive benefits to people living with HIV/Aids, and that it could prevent openness about HIV/Aids" according to Morna Cornell, director of the Aids Consortium.

But the government believes that making Aids notifiable will help eliminate stigmas surrounding the disease, improve data collection and therefore improve public health planning The legislation is currently open for public comment until July 31, before it heads back to Parliament for debate.

Activist groups also mocked Zuma s balking at a US company's offer of a drastically reduced price for the anti-viral AZT drug, which has been shown to reduce mother-to-child transmission of HIV by between 50% and 80% Zuma first claimed the drug was too expensive, then said its efficacy has not been proved. An initial trial use of the drug at Chris Hani Baragwanath hospital has been threatened with closure.

Health Director General Ayanda Ntsaluba

HIV men rape virgins in search for cure

New type of rapist is targeting young girls

ARG 17/7/99 (92)

MIKE EARL-TAYLOR
Grahamstown

A campaign has started in Grahamstown primary schools to warn children about HIV-infected men who are raping virgins in the mistaken belief that it will cure them of the disease

Instead, the young victims run a serious risk of being infected by the virus that causes AIDS

The AIDS rape syndrome has spread as far as Cape Town where health workers have reported an increase in the number of girls raped by men who believe their actions will cure them or prevent them getting AIDS

The awareness campaign was introduced after two girls, aged seven and eight, were raped by AIDS sufferers seeking the "virgin cure"

A survey conducted with the help of community anti-crime forums has linked the sudden increase in the number of girls raped in Grahamstown to the "virgin cure" phenomenon.

The survey found that 11 of the 30 reported rape victims in the Grahamstown area between April and June were aged between three and 11.

East London demographer Rob Shell said the number of girls between five and 14 testing positive for the HIV virus had increased in the Port Elizabeth area.

Dr Shell, director of the population research unit at Rhodes University's East London campus, said the "virgin cure" phenomenon was first seen in the Eastern Cape in 1947, when an epidemic of sexually transmitted diseases broke out after soldiers returned from World War 2.

Mark Welman, director of the Rhodes University Centre for the Study of the Prevention of Crime, said. "I think it is an alarming possibility that needs to be researched.

"It suggests the emergence of a new type of rapist who is willing to put the life of an innocent child at risk to serve his own interests.

"Clearly what must be combated is the misinformation handed out to HIV sufferers There must be a public awareness campaign directed, in particular, at people with HIV related diseases as well as the public at-large to address the myth and superstition."

But Dr Welman cautioned against public overreaction against most HIV sufferers, who seek traditional or Western methods of treatment for the disease.

"This category of child rapist would constitute a very small minority and one has to guard against the possibility of public anger being directed against HIV sufferers in general," he said.

Dr Shell has been tracking "virgin cohort HIV-positives" in the five to 15 age group since 1988 The number of infections was growing, he said.

"Since 1988 we have tracked them as a growing percentage of all HIV-positive cases.

"They are still a relatively small group, but the significant thing is that they are growing as a percentage.

'This virgin cure is an old one dating back to the 19th century.'

"These HIV-positive girls fall outside the national HIV surveillance system of antenatal clinics, which test only pregnant women.

"This virgin cure is actually an old one, and we have evidence from Europe in the early 19th century that men infected with venereal diseases like gonorrhea and syphilis sought cures by having sex with virgins

"In the Eastern Cape, the virgin cure can be dated back to 1947 when there was an STD epidemic."

Dr Shell said the problem had been exacerabated during the HIV epidemic because HIV counsellors told people with AIDS no cure was available

"Some of these HIV positives go to traditional healers, who in some cases give them this old advice (the virgin cure)"

Grahamstown station commander Ronald Koll said young girls between three and 11 were being raped, and their attackers believed they would be cleansed of HIV related diseases if they had sex with virgins.

He said police suspicion that the rapes were linked to the virgin cure myth was confirmed when two men were arrested and charged with raping two girls, aged seven and eight.

"They confirmed this suspicion They told investigating officers the reason for having sex with young children was that they knew the girls were virgins

"HIV infected suspects would target only these young age groups as older girls were less likely to be sexually inactive"

He said police were looking for "a person or people" spreading the bizarre lie.

"When we address children in the schools we emphasise that they are not supposed to be alone with strange men or women," Sergeant Coetzer said.

"With girls and boys, we use a swimming costume as a guide to areas of their bodies covered by the costume that are wrong for someone to touch or fondle," he said – ECN

Coalition to challenge ban on blood from gay donors

TASUMA VILJOEN ARG 17/7/99 (92)

The Coalition for Gay and Lesbian Equality is to take the Western Cape Blood Transfusion Service to the Human Rights Commission after it refused to accept blood from a gay man.

The transfusion service insists that male homosexuals are a high risk group for HIV, the virus that causes AIDS, and that screening out gays as donors is the international norm.

Andrew Barnes, news editor at KFM radio was told his blood was unacceptable because of his sexual orientation.

Rhoda Kadalie, a former human rights commissioner, said the transfusion service's refusal to take Barnes's blood was a clear case of infringement of an individual's human rights and in direct conflict with the Constitution. She said a complaint should be laid with the Human Rights Commission.

Mr Barnes said he was drawing up an affidavit to hand to the coalition, which would take the matter to the commission.

Mr Barnes said he visiting the blood bank this week in response to its plea to people to donate blood because supplies were running low

Sheryl Gelderbloem, of the Blood Transfusion Service, said the bank was experiencing an acute shortage of blood, especially 0 positive and 0 negative groups The service was running a campaign to encourage people older than 17 to donate blood.

Ms Gelderbloem said even with the shortage, the service could not accept blood from homosexuals because they were in a high risk group for HIV as stipulated in regulations issued by the World Health Organisation.

Arthur Bird, the service's medical director, said the policy on homosexuals was developed in the 1980s when AIDS was discovered. At the time the disease was spreading like wildfire in the gay community, and the policy excluded gay people from donating blood.

The policy was not intended to stigmatise anybody, but to act as a safety net. He said people who were promiscuous were also excluded from donating blood. The measures were taken to provide a safety margin. From time to time the service might deter safe donors unnecessarily

Every unit of blood was tested for HIV and hepatitis, but there was still a small risk of the window period during which a donor could be infected but not test positive.

Dr Bird said that while AIDS was now mostly a heterosexual disease in South Africa, the homosexual community was much smaller While it was true that HIV/AIDS had decreased among homosexuals, the service still had to adhere to international regulations.

Dr Bird said if the gay community felt strongly that gay people should be allowed to donate blood the matter could be taken up at national level where the policy could be reviewed.

The regulations regarding homosexuals were supported by the Department of Health, he said.

Natural medicines can fight AIDS - doc

JANET HEARD ST (cm) 18/7/99 (92)

HIV carriers will continue to spread the virus until doctors can offer a feasible treatment, a leading AIDS expert has predicted

People rejected an HIV test because, if it was positive, they regarded it as a death sentence, said Dr Keith Scott, who will visit Cape Town next month to participate in a complementary health congress on the ailing immune system

"If a doctor recommends a test, patients often respond 'What is the point, what are you going to do about it?' " said Botswana-based Scott, a doctor specialising in HIV who has also branched into homeopathy and acupuncture

In the wealthier countries, such as the United Kingdom, 90 percent of patients accepted having an HIV test "This is because they know that if they are HIV positive, treatment, although costly, is available "

Although there is no cure for AIDS, conventional anti-retro-viral drugs — which include AZT — were an effective treatment to manage the disease However, they were costly and out of the reach of most African countries, he said

For the past few years, Scott has dispensed a popular plant-based treatment — known as a sterol and sterolin formula — for HIV patients Treatment costs R100 a month, a fraction of the cost of the anti-retroviral drugs

"About three years ago I got desperate, I had nothing to offer HIV patients People in the area I work in generally have no medical aid and are from a low socio-economic group," said Scott

It was then that he heard about an alternative product, originally extracted from the African potato After researching the product at length, he decided to dispense it at his clinic

It works as a micro-nutrient, a vitamin-immuno-modulator, which strengthens the immune system and fights the virus

"It is so effective that people stop taking it prematurely because they feel so much better In fact, they need to take it indefinitely "

Scott said the ideal would be to treat an HIV patient with both anti-retro-virals and the sterol-sterolin, which acts as an immune booster

Dr Peter Smith, convenor of next month's congress, said while there was no cure for AIDS, "complementary medicine can offer a lot of immune support in terms of extending lifestyle and controlling symptoms"

The SA Complementary Medical Association — a sub-group of the Medical Association of SA — will host the congress at the Goudini Spa outside Cape Town next month

"The congress will look at ways in which complementary and alternative medicine can assist the ailing immune system," said Smith

"Disorders of the immune system — HIV, the chronic childhood allergies and tuberculosis — are the illnesses of the present day We have tried to marry Western scientific research into immune disorders with complementary models to see how they can help together, as there is no single answer," said Smith

Experts from around the world — including India, Australia, Britain, Spain and Switzerland — will address the congress.

Topics include

- AIDS and the challenge to homeopaths,
- The chronically ill child,
- The roles of Chinese medicine and Ayurvedic medicine in the immune system, and
- The benefits of colon therapy

The association — which started in 1991 with a handful of members — now has more than 350 members countrywide

LAURICE TAITZ

The small town leading SA's war on AIDS

(92)

ST 18/7/99

DANCE OF LIFE: Dr Ruth Bland of Britain dances in celebration with local health workers from Hlabisa, site of an AIDS vaccine initiative, as the day's festivities get into full swing

GRIM STATISTICS: The superintendent of Hlabisa Hospital, Dr Sean Drysdale, says 50 percent of adults and 25 percent of children admitted are infected with the virus

Pictures. RICHARD SHOREY

Sleepy rural settlement revels in being the site of vaccine research initiative

THE people of Hlabisa gathered early Arriving in dribs and drabs on foot from the far corners of the rural district they had come to celebrate the arrival of science

Hlabisa which is about 300km north of Durban in the rolling hills of KwaZulu-Natal, is the site of the Medical Research Council's AIDS vaccine research initiative

Outside the town stands a billboard marking the area s involvement in the project A foreign journalist remarked that it was only the second AIDS billboard he had seen since arriving in South Africa a year ago

A striped marquee dominates the empty field in the town s centre From an open truck, kwaito music blares A buffalo has been slaughtered early in preparation for the feast and four sheep roam the council s research site blissfully unaware that they are to be an offering to the chief

The council's vaccine development programme is going full steam ahead and its president, Dr Malegapuru William Makgoba, believes it should be a source of national pride. Cabinet has approved R50-million over two years for the project — a quarter of the funds needed to see it through

The council is co-ordinating research around the country in an attempt to understand the molecular biology of the virus and the human immune response to it

The difficulty of producing a vaccine lies in HIV's ability to outsmart the body's defences A successful candidate vaccine will have to be able to neutralise the invading virus before it infects the body's cells and kills already infected cells — preventing the virus from replicating

Scientists say another problem is the variability of the virus The subtype most common in Europe and the US is clade B — the focus of most international research — while in Southern Africa the most prevalent subtype is clade C

While many may consider the vaccine project too ambitious for South Africa, Makgoba points out "If we don't develop our own expertise and capacity when the rest of the world has a vaccine all that we will be able to do is buy it That is a much more costly effort "

It is in Hlabisa that South Africa's vaccine will be tested Professor Salim Abdool Karim, director of the council s Centre for Epidemiological Research in Southern Africa, anticipates a test within 18 months

The vaccine initiative came to the area in January — the culmination of years of research in Hlabisa. Janet Frolich, the project's field site co-ordinator says "Here, you go with the people — it takes time to get things done."

Time is of little consequence in Hlabisa. The festivities get off to a late start but the crowd is patient. People throng the field trying to find shade where there is none. The drum majorettes are assembled batons and flags held aloft as they march proudly onto the field The wind comes up and the dust settles wherever it can — in eyes on skin and clothing

Isolated from major cities Hlabisa s main source of income is from migrant labour — most of the men work in the mines in Carletonville Unemployment is rife and possibilities are limited However, while the older generation is mostly unskilled, this a telling fact that, when the project needed field workers to train, they found that most of the young people had degrees

The slow pace of life in Hlabisa belies the speed at which the deadly virus is spreading Dr Sean Drysdale, superintendent of Hlabisa Hospital compares the weight of AIDS to a man whose legs have been cut off in an accident and who is being left to die

"Hlabisa is bleeding to death," he tells the assembled crowd "Four out of every 10 women attending antenatal clinics in the area are HIV-positive. Half of the adults and one in four children admitted to the hospital are infected."

Drysdale says he hopes the vaccine initiative will signal the beginning of the end of the epidemic "I hope it also ends the practice where researchers descend on a community get answers and then leave to write their papers, never to return."

Dean William Khumalo speaks on behalf of the community's advisory board, which was created after an extensive process that started as far back as 1987 He tells the people that they will be called upon to give blood to be tested But that too may take time — this being the land where Gugu Dlamini was killed for revealing her HIV-positive status on World AIDS Day last year

Khumalo says "Every creature has a defence mechanism The buffalo gather to defend themselves so the lion cannot come into their midst "

The speeches continue into the afternoon The speakers hold the crowd s attention, reminding them of the feast to come From the distance comes the sound of battle song and a small Zulu impi makes its way up the hill They drown out the speaker They are dressed for battle holding spears and shields, and make their way to the side of the stage — causing children to scatter — where they sit quietly

Speakers that follow try to dispel pervasive myths — such as the one that HIV-positive men who sleep with young girls will become HIV-negative. They tell them there will soon be an injection to prevent this disease

It is a long day and the people are hungry The chief is called to the front to accept a gift of four sheep

They look petrified as they huddle together bleating and shaking uncontrollably The chief intimates through his interpreter that the area's economic situation is grave and the four sheep may be looked upon as bribery by the people of his district He is reassured that the sheep are a gesture of thanks

The drum majorettes reappear for the closing, marching to the sound of Sipho "Hotstix" Mabuse singing "You re gonna burn out all my love "

As the crowd makes its way to the community hall for lunch Drysdale remarks: "It's 10 years down the line and South Africa doesn't have clinical guidelines for treating people with AIDS There's no model for the role of hospices in rural communities But we'll just take the lead here and the rest of the country can follow "

Page Two

KwaZulu anti-AIDS drive extended to hotel industry

(92)

Pule Molebeledi

DURBAN — KwaZulu-Natal health MEC Zweli Mkhize is consolidating his drive to ensure there is a partnership between the public and private sectors to fight the HIV/AIDS epidemic, which is beginning to bring SA's most populous province "to its knees"

Mkhize said the epidemic was already very evident in some townships, which were now having between three to five AIDS-related burials every week

The provincial health department estimates 1,1-million people out of the 9-million people living in the province are infected with the HIV/AIDS virus

"The epidemic is escalating in the whole country KwaZulu-Natal is, however, the worst affected province," Mkhize said "No industry can say it has not been affected by the epidemic "

Mkhize met with hospitality industry representatives at the weekend where initiatives were sought to encourage the hotel industry to play a more active role in promoting HIV/AIDS awareness

He called on the hospitality sector to ensure condoms were made available in hotel rooms and bathrooms HIV/AIDS booklets and staff training about the disease should also be provided

Tina Cattania, provincial operations director of Protea Hotels, said the sector was generally concerned about the epidemic, especially relating to staff

She said the sector had not done enough to instil awareness among its workers but the meeting with Mkhize had served as a "wake up call"

Royal Hotel GM Philip O' Ehley said the hotel supported the initiatives proposed by Mkhize but they would hold further meetings on the matter "Surely, this is a major socioeconomic problem for us," said O' Ehley

Mkhize said there was a need for openness on HIV/AIDS, warning it would be impossible to conquer "something we are scared to talk about" He cautioned the health system would not be able to handle the effect of HIV/AIDS as affected patients tended to clog the system, particularly the intensive care unit

30/7/99

US pledges $100-m more on AIDS fight

Gore calls on G7 nations to help funding, but shuns questions on SA making drugs

RICH MKHONDO
FOREIGN SERVICE

Washington – United States Vice President Al Gore says an extra $100-million (about R615-m) will be spent next year on the prevention and treatment of AIDS in South Africa and 47 other sub-Saharan African nations

"The AIDS crisis is growing, and so is our commitment," said Mr Gore, flanked by Archbishop Desmond Tutu, at a press briefing at the White House yesterday

And he called on G7 nations – the US, Germany, Japan, France, Britain, Italy and Canada – to match US spending on AIDS.

Archbishop Tutu said "God is looking down at all of us and is saying 'Ha, ha, didn't I tell you that there are people who can do good, people who transcend evil' "

Mr Gore made the announcement a month after protesters began picketing his presidential campaign, accusing him of favouring drug-makers' profits over the lives of millions of South Africans infected with HIV, which causes AIDS

The protesters have said that Mr Gore threatened President Thabo Mbeki with sanctions against South Africa if Pretoria proceeded with its aim to manufacture low-cost generic versions of patented drugs used to treat AIDS. The protesters pledged to disrupt Mr Gore's campaign events until they won a shift in the US administration's trade policy

Without mentioning the protests, or taking questions from reporters about the issue, Mr Gore said the US administration would double funding for global AIDS prevention and treatment to $200-million next year. Almost two-thirds of that funding would be spent in sub-Saharan Africa, said administration officials.

Mr Gore said First Lady Hillary Clinton would convene a meeting next month of officials from the World Bank, the United Nations, foundations and corporations to fortify and co-ordinate efforts to stem the epidemic.

The White House would also host a meeting of religious and African leaders by the end of the year.

"AIDS in Africa is the worst infectious disease catastrophe in the history of modern medicine. More than 20-million people are now infected, and nearly 500 more become infected each hour. We hope this initiative will not only provide much-needed relief, but will inspire decisive action by other countries and institutions and bring hope to the millions trapped in this horror," he said.

Congress must approve the new funding, 70% of which was earmarked for Africa and 30% for Asia and the former Soviet republics.

The ultimate challenge, page 18

Cheap drug gives hope for raped women

CT 21/7/99 (92)

JUDITH SOAL
HEALTH WRITER

THE anti-Aids drug nevirapine, found to be a cheap yet effective way of reducing mother-to-child HIV transmission, may also protect raped women from the virus

Last week researchers announced the results of clinical trials that showed nevirapine was more effective in protecting unborn children from Aids than its more famous cousin AZT — at less than a 10th of the price A short course of AZT costs about R400 while a comparable treatment using nevirapine costs about R30

Nevirapine has been on sale in South Africa as a treatment for HIV-positive adults for more than a year The latest research has prompted calls for it to be licensed for use in pregnant women as soon as possible Inevitably, the next question is whether it will be useful after sexual exposure to HIV

"There haven't been any trials to test nevirapine for use after rape," said Groote Schuur professor Gary Maartens, "but then there haven't been any trials on AZT for this purpose either"

The chances of contracting HIV from rape are slim, although there have been several cases documented International health authorities recommend that raped women are given AZT, based on trials showing that the drug has been effective in reducing the transmission of the virus to health workers who come into contact with HIV-infected blood

Maartens said he is "pretty sure" nevirapine would be similarly effective

INSIGHT
See Page 13

"It targets the same enzyme that AZT targets, although it targets it in a different way. It is quite powerful and it works quickly. It attacks the virus before it can put its genetic information into your cell — which is what you need"

Groote Schuur is one of the few state health facilities in the country that provides AZT to women who have been raped Buying AZT privately can cost about R1 000 a month.

"If I had a patient who could not afford AZT and there were no other options, I would use nevirapine," said Maartens. "But I can't recommend it broadly until there is more information or some reputable international authority recommends it"

Deciding on a dose to prescribe would be difficult, he said. "The problem with nevirapine in adults is that repeated use can cause a nasty skin rash. This doesn't happen with pregnant women who only get two doses We don't know what dose would be needed after rape or how soon it would need to be administered"

The manufacturer of nevirapine, Boehringer Ingelheim, said it has no plans to investigate the drug's use after rape

Africa under threat

(92)

The rate of HIV infection in Africa is the highest in the world. It is an epidemic that is threatening to engulf the entire continent, writes **Lewis Machipisa**

Saweton 22/7/99

According to the World Health Organisation, Africa has 70 percent of the people living with Aids in the world, 83 percent of the Aids deaths and 95 percent of the world's Aids orphans.

PIC PAT SEBOKO

HARARE – Of the nine countries to suffer a 17-year loss in life expectancy as a result of HIV-Aids, seven are in Southern Africa

The life expectancy of Botswana, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe will be back down to the life expectancy of the 1960s, according to the 1999 United Nations Development Programme report The other two are Kenya and Rwanda

The life expectancy in Zambia has dropped from 56 to 37 years

According to World Health Organisation (WHO) regional director for Africa, Dr Ibrahim Samba, Africa has 70 percent of the people living with Aids in the world, 83 percent of the Aids deaths and 95 percent of the world's Aids orphans

More than half the children in Zambia have lost at least one parent to HIV-Aids, giving the country of 9,5 million the world's highest concentration of Aids orphans

Ranked among the world's poorest nations Zambia has a 20 percent HIV-Aids infection rate If this rate of infection continues, international aid groups say the number of orphans will increase in the next 20 years

According to the Southern Africa Information Dissemination Services, between 35 and 40 percent of all children under 15 years old in Botswana, Malawi, Zambia and Zimbabwe will have lost one or both parents in 20 years

The vast majority of these children, between 85 and 95 percent, will have been orphaned through Aids

While Aids in Southern Africa has become a critical factor for development, few serious attempts have been made to either deal with the socio-economic structures feeding into the epidemic to understand and minimise its socio-economic impact, according to the service, a non-government organisation working to promote effective development responses to the Aids epidemic in Southern Africa

Budgets for health

The introduction of structural adjustments programmes reduced real budget allocations for health In Zimbabwe, government's real recurrent per capita expenditure on health peaked in 1990-1991 at R19,20 and declined to R12,60 in 1993-1994, just barely above its 1980 level It has since worsened

Training costs to replace skilled workers in Zimbabwe were estimated at R15 000 per worker in 1993 Applying this average to the number of people with Aids in the formal sector indicated that training costs would increase from R6 million in 1991 to R30 million in 2000

More than 33 million people were living with HIV-Aids at the end of 1998, and 11 people are infected each minute around the world, according to the WHO

Aids causes 2,5 million deaths a year worldwide In Namibia, there is a prevalence of 20 percent among sexually active adults or one in five Namibians aged 15 to 49 years old

In 1997 Aids was the number one killer of Namibians But silence still surrounds the disease in the Southern African nation

Besides, the health system in most of the Southern African countries has collapsed

Even AZT, the most basic of Aids drugs, is unaffordable in most African countries, where R360 a month is considered good pay The latest therapies for Aids being used in industrialised countries cost R60 000 annually This is many times more than the gross domestic product per capita of most African countries

Most of the poor African countries spend next to nothing on Aids and most rely on international support, which is on a downward trend

The problem has further been compounded by the stigma and discrimination against those suffering from Aids or are HIV positive

In the volatile KwaZulu-Natal, a woman was stoned to death when she publicly admitted that she was HIV positive in December 1998

"She was killed because she openly disclosed her status hoping that she could educate others But the community stigmatised and discriminated against her and that resulted in her death," says Aulora Stally of the service

When hotel management in KwaZulu-Natal found out that some of the 27 Aids activists attending a workshop at the hotel were HIV positive, they attempted to evict them

Hotel dining-room staff at the hotel were instructed not to serve the activists together with other guests The hotel denies this

Despite having paid R27 000 to hold the workshop there, the Aids activists had their cutlery and cooking utensils separated and meals served in separate dining rooms in total obscurity from other hotel guests

Mosquito bites

"There has to be more openness in communication regarding the disease," stresses Stally "A lot of the time it's the messages that we come across and the perception that people have of HIV-Aids, for example the myth that you can get it from mosquito bites, sharing the same toilet seat or cup

"People should come up with ideas of how to accept Aids openly Journalists should not so much put the negative stuff in the press, but also the positive or balance out the reporting We have cases of some people who have lived for 15 years with HIV"

WHO has urged Africa to declare the Aids epidemic an emergency in the hope that the formal declaration will focus attention on the problem and help bring in additional international resources – *Sapa-IPS*

Ban on AZT to pregnant women under review

M+G 23-29/7/99 (92)

Howard Barrell

New Minister of Health Dr Manto Tshabalala-Msimang is reviewing the ban on the use of the antiretroviral drug AZT by HIV-positive pregnant women to prevent infection of their unborn children

She is also leading a group of South African HIV/Aids experts to Uganda early next month to investigate the Central African country's remarkable success in curbing the rate of new infections While there, the group will be assessing the claims made on behalf of another antiretroviral drug, nevirapine

The United States National Institute of Health has reported that test results in Uganda show that the new drug, which is considerably cheaper than AZT and easier to administer to patients, halved the spread of HIV from infected mothers to their infants

In Uganda, the group will also be studying community-based HIV-awareness programmes, which are credited with helping to reduce the rate of new infections

Tshabalala-Msimang said HIV/Aids was her major concern Curbing the rate of new HIV infections was her "number one priority for this year". In taking forward this effort, she said she believed "the time has arrived to review the decision" not to supply AZT to HIV-positive pregnant women

The decision was taken by her predecessor, Dr Nkosazana Dlamini-Zuma, on the grounds that AZT was too expensive and its benefits to the unborn children of HIV-positive women were not clear enough

There are 3,6-million HIV-positive South Africans and current estimates are that there are 1 500 new infections each day

One of Tshabalala-Msimang's first acts after her appointment as health minister was to call a meeting of people and groups working to curb the HIV/Aids pandemic Activists spoke of a new sense of purpose after the meeting

One HIV/Aids worker praised the "sense of urgency she brought to the meeting, the questions she asked and her willingness to listen" "It was a breath of fresh air," he said

Next week, said Tshabalala-Msimang, the Ministry of Health is hosting a three-day workshop for various youth and student bodies aimed at developing a programme to address the issue of young people's sexual behaviour The meeting is designed to "produce output, not merely to be a talking shop", she said

The workshop ties in with revived plans, first mooted by her predecessor, to introduce "life skills" courses at all schools The courses will include discussion on responsible sexual behaviour, HIV/Aids and other sexually transmitted diseases

Tshabalala-Msimang said she met new Minister of Education Professor Kader Asmal last week and they were both "committed to rolling out the programme" as soon as possible. In the immediate future this would involve training teachers to run the life skills courses and exploring the use of the Internet and other resources for the purpose.

On Thursday she met provincial health MECs and departmental heads to ensure proper co-ordination of the range of anti-HIV/Aids measures being developed and to get a more accurate understanding of the needs in the provinces

Next week, the interministerial committee on HIV/Aids, usually chaired by President Thabo Mbeki, is due to meet, and her suggestion for a review of her predecessor's ban on AZT treatment for HIV-positive pregnant women is likely to come under discussion

She said the Medical Research Council (MRC), headed by Professor Malegapuru Makgoba, is pressing ahead with a project to develop an anti-HIV/Aids vaccine appropriate to the strain of the virus found in Southern Africa

The project is the brainchild of the former head of the MRC, Dr Wally Prozesky The Department of Health is co-sponsoring the project with the Department of Arts, Culture, Science and Technology

Tshabalala-Msimang said the government had not yet reached a decision whether HIV and/or Aids should be made a notifiable disease She would maintain an open mind during public representations which are due to be made on the proposal

But, she said, notifiability could help in the planning counter-measures and providing assistance to sufferers and carers as the pandemic developed

8 MILLION CHILDREN ORPHANED

Aids the top killer in Africa

CT 23/7/99 (92)

NAIROBI: Aids has surpassed armed conflict as the No 1 killer in East and Southern Africa — regions where it claimed 1,4 million lives last year alone.

THE Aids pandemic has devastated the lives of children across Africa, leaving an estimated eight million orphans in its wake and crushing rates of child survival, according to the United Nations children's agency Unicef

A staggering 48% of the world's HIV/Aids cases are in East and Southern Africa, and the virus has overtaken war as the No 1 killer in the two regions, officials said at the launch in Nairobi of Unicef 's annual "progress of nations" report

Unicef deputy executive director Stephen Lewis told reporters the devastation the virus has caused across Africa is a "modern incarnation of Dante's inferno — never has Africa faced such a plague One wonders how the continent will cope "

Lewis said Aids killed a combined total of 1,4 million people in the continent's eastern and southern regions in 1998 and warned that the spread of the pandemic is accelerating By the end of next year, another two million children will have been orphaned and the number would continue to rise exponentially, he said.

He added "It is morally indefensible, morally unconscionable, that the West is prepared to spend upwards of $40 billion to fight a war in the Balkans and less than one percent of that to save the lives of tens of millions of women and children in Africa."

Unicef officials said orphans — particularly girls — are left to shoulder adult responsibilities such as caring for the sick and looking after younger siblings, and are vulnerable to abuse, exploitation and malnutrition.

Mother-to-child transmission of the HIV virus during pregnancy or through breastfeeding has eroded hard-won child-survival gains of the past 20 years, Lewis said. If the spread of the virus is not contained, Aids could more than double the death rate of children of five or under in regions worst affected by the disease

But there are some glimmers of hope. A new drug, nevirapine, still under trial in Uganda, could cut mother-to-child transmission rates by up to half — at a cost of about $4 for the full treatment. Other treatments, such as AZT, cost hundreds of dollars and are beyond the means of most Africans

Lewis said Unicef is excited about the possibility that nevirapine could save millions of lives Nevertheless, Unicef believes education, rather than new treatments, is the only effective way to halt the spread of the virus

Lewis urged African leaders to break the "conspiracy of silence" surrounding the disease on a continent where "myth and ignorance" have fuelled its spread

"The disease must become an obsession among the leadership," he said "A leader who fails to speak out against Aids fails the people of his nation " — Reuter

Shocking facts about HIV

HERE are some alarming details from Unicef's latest report on children in poor countries'

- A child born today in Malawi or Uganda is likely to live only half as long as one born in Singapore or Sweden One child in three born in Niger or Sierra Leone dies before its fifth birthday.
- Nearly four children in 10 under the age of five in the developing countries are stunted
- 130 million children of school age — mostly girls — do not go to school
- Every year more than a million children are orphaned when their mothers die in childbirth, which accounts for almost 600 000 deaths a year
- About 80 000 children up to the age of 14 are infected with Aids in South Africa, 48 000 in India and nearly 100 000 in Nigeria — figures that have doubled or trebled in only three years (1994-97)
- Aids is responsible for 64% of deaths of infants under the age of five in Botswana and 50% in South Africa, Namibia and Zimbabwe
- About 300 000 children and adolescents have taken part in conflicts, usually after being forcibly enrolled

New site for Aids vaccine research

(92) Sowetan 23/7/99

THE Medical Research Council (MRC) in Durban is preparing people in Hlabisa to participate in an international research study to find a vaccine for the Aids virus

According to Dr Quarraisha Abdool-Karim of the MRC, this research is part of HIVNet, which was originally established to test HIV vaccines but was expanded to test other prevention methods as well

Hlabisa and Soweto's Chris Hani Baragwanath Hospital are two areas in South Africa where such tests are carried out, called sites The other sites are in Zimbabwe, Malawi and Zambia

"The purpose of the HIVNet over the next couple of years is to set up a number of research projects in Hlabisa to test new ways of preventing the spread of HIV, including vaccines," said Abdool-Karim The MRC was presently preparing people who will take part in the study by explaining to them what is expected of them She said a new vaccine to prevent HIV infections should be ready for testing in Hlabisa by 2000

"We did not want to do the research in this area initially but the people wanted to know why so many people were dying of this disease called HIV-Aids," Abdool-Karim said

She said fieldworkers were appointed to explain to people what the purpose of the study was The MRC has put R2 million into developing a centre opposite the Hlabisa hospital

One of the advantages about the research in Hlabisa is that Professor Salim Abdool Karim, the principal scientist, is an HIV/Aids expert from South Africa In the other African sites, the principal researcher is from Europe

AIDS workers try to get message across to pupils

(92) ARG 24/7/99

MOSES MTHETHELELI MACKAY

As AIDS becomes the biggest killer in southern and east Africa, awareness workers are desperately trying to get the anti-AIDS message across to Cape Town schoolchildren before it's too late

According to official government figures from the latest survey late last year, the Western Cape has by far the lowest incidence in South Africa of HIV – 5,2% of women at state ante-natal clinics in the province tested positive compared to a national average of 22,8% with KwaZulu Natal the highest at 32,2%

According to the United Nations children's agency Unicef, AIDS-related diseases killed 1,4 million people in southern and east Africa last year, overtaking war as the biggest killer in the sub-continent

In Cape Town this week it was the turn of Grassy Park High School grade 11 pupils to get the AIDS awareness message and they were so shaken by the sight of AIDS victims on video that some burst into tears

Afterwards pupils said the anti-AIDS campaign should be extended to all Cape Town schools

The presentation was by AIDS educator and counsellor David Patient, who is himself HIV-positive

Teachers and pupils said the presentation was a success AIDS awareness campaigns at schools appear so far to have failed in mainly black and coloured areas where some principals and teachers are reluctant to promote them fearing they will encourage promiscuity among pupils

The anti-AIDS message is succeeding at former white schools, activists say

Grassy Park pupil Riaan Adams,19, said Mr Patient had become a role model by warning them of the dangers of not practising safe sex

"Mr Patient told us that we should not be scared of people with AIDS To him, prevention is better than cure Mr Patient has given us confidence to deal with the problem of AIDS The presentation was very effective and all pupils have benefited from it "

Riaan said he would now respect people with AIDS He said principals at other schools should allow AIDS activists to run the awareness campaign at their schools and parents should discuss it at home

Grassy Park High principal Clive Sandler said he would be criticised by some parents for allowing the campaign at his school

"We live in a community with different cultures Some parents will say we promote early sexuality while others would see our role in a different and positive way Everyone has a right to his or her opinion but the exposure will benefit all people "

He said the programme was a pilot project and supported by the AIDS Training Information and Counselling Centre in Cape Town, an organisation that offers counselling and promotes AIDS awareness

Mr Sandler said his school would try to work with other schools to extend AIDS awareness' which would be an ongoing campaign at his school, drawing in parents as well.

Government initiative to combat HIV

By CHIARA CARTER

GOVERNMENT is preparing a "do or die" initiative to combat the spread of HIV in the face of statistics which show that the deadly disease is likely to account for half of all infant mortality in South Africa

The initiative includes fresh attempts to get the prevention message across to young people, renewed investigation into ways to prevent HIV positive mothers infecting their babies and an attempt to combat prejudice and sensitize society to those infected and their families

The government does not, however, intend immediately reversing its ban on the use of the drug AZT for pregnant woman in state hospitals

Ministerial spokesman Ray Mabope said Tshabalala-Msimang and provincial health MECs earlier this week agreed at a meeting that policy about drugs such as AZT should be continuously revised

Tshabalala-Msimang will visit Uganda to explore that country's campaign against HIV, as well as reports that another drug, nevirapine, can halve the spread of HIV to infants

Mabope said no shift in the AZT policy was likely before the group returned from Uganda in mid-August

Plans for the visit and a lifeskills programme to be introduced in schools, will be discussed later this week at the inter-ministerial committee on HIV/AIDS chaired by President Mbeki.

The programme, spearheaded by Education Minister Kader Asmal and Tshabalala-Msimang, will include comprehensive education about sexually transmitted diseases and will target not only high school students but also pupils in primary school

Mabope said the idea was to reach children before they became sexually active and hopefully persuade them not to engage in sex at a young age, failing which they should take safety precautions

Asmal is meeting provincial education MECs this week to discuss prioritising HIV/AIDS education at schools

A few days ago, the United Nations Children's Fund released a report that outlined the tragedy of HIV/AIDS in Africa and said the disease was spreading rapidly in Southern Africa

Anti-AIDS drug, what anti-AIDS drug?

ST(25/7/99

LAURICE TAITZ (92)

THE government's anti-AIDS campaign appeared to be in disarray this week as the official in charge of the drive, Dr Nono Simelela, claimed to be unaware of local trials of a cheap new drug which apparently prevents mother-to-child transmission of HIV

When asked about the trials, Simelela, who is head of the national AIDS Directorate, said "In South Africa? It's the first I've heard of it."

But local AIDS researchers said the trials were going ahead and the Department of Health, including Simelela, had been fully briefed

Around 275 HIV-positive women have been enrolled to test Nevirapine, which has been shown to prevent mother-to-child transmission of the AIDS-causing virus, at a cost of about R30 a treatment

If the government were to make the drug available in SA, it would have to be on the basis of local evidence

The SA study was initiated in March by local researchers and the German-based pharmaceutical company Boehringer Ingelheim — and was approved by the Medicines Control Council

It follows on the results of a Ugandan study by the US National Institutes of Health and UNAIDS, which found that Nevirapine reduced transmission of HIV to a level 50 percent lower than the more costly AZT treatment

That study, of 600 women, compared results from a course of AZT, which costs $100 (about R600), to those from two doses of Nevirapine, which cost $4 (R24) One dose was given to the mother during labour and another to the baby within three days of birth

Of the 300 women treated with Nevirapine, only 40 babies were infected, compared to 77 treated with AZT

Besides the low cost, doctors say Nevirapine can be administered even if an HIV-infected woman arrived at a hospital only at the onset of labour

Nevirapine was registered in South Africa last year for adult HIV infections An application to register a syrup for paediatric use is before the Medicines Control Council

The local study will compare the results of administering two doses of Nevirapine to the mother and one to the child, with the results from a combination of AZT and 3TC

Researcher Dr Daya Moodley said the Ugandan results were encouraging

She said that since May, up to 80 women a month had been enrolled at two test sites in KwaZulu-Natal

She said follow-up of the babies had been excellent and added that expensive diagnostic tests were being used so that results could be attained within six weeks to three months — rapid compared to earlier studies

Sex disease epidemic sparks HIV warning

ARG 26/7/99 (92)

DI CAELERS
HEALTH WRITER

In South Africa 11-million cases of sexually transmitted diseases are treated each year, a figure with huge implications for the country's HIV epidemic.

The Medical Research Council has blamed a lack of health education for the spiralling number of sexually transmitted disease cases and says equal attention must be paid to education and medical treatment

Priscilla Reddy, director of the council's health promotion research and development office, said scant attention was paid to health education as part of the management of sexually transmitted diseases in South Africa

"With the explosive HIV epidemic in the country, we just cannot afford to carry on treating 11-million cases of sexually transmitted diseases without introducing health education measures

"The lack of emphasis on health education in sexually transmitted diseases management makes it a major public health problem in the country, both in terms of its impact on quality of life as well as its economic costs," Dr Reddy said

Internationally, health education was regarded as one of the cornerstones of primary health care and was advocated as one of the global strategies to achieve "health for all"

The council recommendations include health education programmes to encourage sexually transmitted diseases patients to change their behaviour, and to promote positive attitudes to condom use

It should also include information about the transmission of sexually transmitted diseases, the effects of sexually transmitted diseases on newborns and other information on prevention and cures

New youth group pledges to fight Aids

(92)

Sowetan 26/7/99

By Paul Letsoalo

YOUNG people can change the course of HIV and Aids in South Africa, Health Minister Manto Tshabalala-Msimang said at the launch of the National Youth Power against HIV and Aids (Nypana) at the Afrika Cultural Centre in Johannesburg at the weekend

The project, founded by Mr Lucky Mazibuko, who writes a column for *Sowetan*, is aimed at highlighting the scourge of HIV and Aids throughout the country

"The latest statistics have clearly demonstrated that youth are the most vulnerable group and we need to focus more effort on combating the spread of the epidemic among them," Tshabalala-Msimang said

The latest national figures indicate that one in five sexually-active people are HIV-positive

According to Mazibuko, Nypana is a partnership of a broad range of service organisations and individuals drawn together by the issue of HIV-Aids

"As a unique intervention, the project espouses an approach rooted in creativity, awareness and action," Mazibuko said

Tshabalala-Msimang said three main reasons why young people were singled out were that

- their special vulnerability had already been highlighted,
- they accounted for hundreds of millions of people in the developing world where the epidemic was concentrated, and
- working with young people made sense because they were a force for change

They were still at the stage of experimentation and could learn more easily than adults to make their behaviour safe or to adopt safe practices from the start

Tshabalala Msimang said "Whatever the adult world does for the health and development of young people, experience has shown that this is best done not by manipulating the young or using them as tokens, but with their genuine participation

Nine certificates were handed to youth ambassadors who have shown their commitment in fighting the epidemic

Among the dignitaries who attended the launch were *Sowetan* editor-in-chief Dr Aggrey Klaaste, Dr Liz Floyd and Dr Lydia Masemola

Health minister flies (92) off on AIDS drug probe

Study shows nevirapine is 50% more effective

ARG 29/7/99

DI CAELERS
HEALTH WRITER

Health Minister Manto Tshabalala-Msimang leaves for Uganda at the weekend to examine a study there that suggests the new, cheap AIDS drug nevirapine is 50% more effective than AZT in reducing mother-to-child HIV transmission.

A spokeswoman for Dr Tshabalala-Msimang said the minister would be accompanied by government officials, researchers and representatives of non-government organisations During the four-day visit she would also examine Uganda's strategies to contain the spread of HIV/AIDS

When preliminary results of the Ugandan nevirapine study were released earlier this month they sparked a call from South African medical experts for nevirapine to be officially endorsed by the government here as a cheap alternative to AZT and other drugs known to reduce mother-to-child HIV transmission

A short course of AZT costs about R400 while similar treatment using nevirapine costs about R30

Nevirapine is the active ingredient in Viramune, a product supplied in South Africa for the management of adult HIV infection by Ingelheim Pharmaceuticals

The oral suspension, vital for the treatment of newborn babies, is being fast-tracked by the Department of Health and is expected to be available early next year

In South Africa, the company has enrolled about 200 mothers in a major clinical study to compare the safety and efficacy of Viramune as opposed to a combination of AZT and 3TC Three study sites are in the Western Cape and results are due in the middle of next year

This week Ashraf Grimwood, National AIDS Convention of South Africa chairman, welcomed news of the health minister's visit to Uganda, saying it was important that political commitment to fighting HIV/AIDS manifested itself in action

"The issue of mother-to-child HIV transmission programmes is a complex one but if Uganda can address it in their context, it should be a breeze for us to set up a programme here In Uganda, a lot of HIV services are provided by non-government organisations because of the problems they have with their primary health care structures Our infrastructure here is much, much better," said Dr Grimwood

He believed Dr Tshabalala-Msimang's experience of health care in Tanzania and Botswana meant she was open to learning from successes in other African countries

"I think it's fantastic that she is going to Uganda and I think she should go to Thailand next, where they have had some amazing successes," he said

In the Ugandan Viramune study, by the United States National Institute of Allergy and Infectious Diseases and Ugandan medical researchers, mothers in labour were given one Viramune tablet and their newborn babies were given an oral suspension dose between 48 and 72 hours after birth

Another group of HIV-infected patients were given AZT at the start of labour and every three hours during labour Their babies got AZT twice a day for the first seven days of their lives

Preliminary results, according to a statement from Boehringer Ingelheim, found Viramune reduced mother-to-child HIV transmission to a level about 50% lower than the AZT

Aids as crippling a problem for corporate SA as Y2K

(92) CT (MR) 29/7/99

ROY COKAYNE

Pretoria – Aids was a problem on the same scale as the Y2K issue, which also required "disclosure beyond what has been the corporate norm to date", said Deane Moore, a Metropolitan Life actuary, yesterday

Direct costs related to Aids, in the form of increased contributions for medical aid, group life and disability cover, could add 15 percent to the remuneration budget of a typical manufacturing company by 2005, said Moore, writing in the latest issue of the newsletter of the Shareholders' Association of South Africa.

Moore said footing the bill for indirect costs, such as additional sick and compassionate leave, recruiting and training replacement staff, as well as protracted negotiations between management and labour on Aids-related issues and legal fees, could add another 10 percent to that figure

Aids was of a similar concern as the Y2K issue, which had alerted shareholders to the potentially crippling effect on business prospects Rising HIV infection rates among local consumers could be responsible for a drop in turnover and profits, Moore said

Aids hits mines hard

THE impact of HIV-Aids in South Africa is set to bury the mining sector if drastic measures are not implemented to manage the spread and reduction of infection.

According to Ernst and Young, a global consulting firm, HIV prevalence on South African mines is already between seven and 17 percent above other population sectors

Ernst and Young said 22,7 percent of pregnant women tested positive at the end of last year and have the capacity to reach a 50 percent mark in certain mining populations in the next few years,

During the opening seminar on the impact of Aids on mining in South Africa, Kobus Moolman, the company's mining industry partner, expressed his concern at how the disease could affect companies

"Firstly, labour effectiveness could be impacted, leading to under-performance due to illness, while the second impact would be on medical aid and retirement funds," he said

According to Janina Slawski, financial services director at Alexander Forbes, said the epidemic could not be overdramatised

"Industries that are heavily reliant on a relatively skilled labour force have to face the fact that five to 10 percent of their workforce every year will be lost to Aids"

However, despite the doom and gloom, there is hope for South Africa and its economy The company believes it is possible to reduce the rate of infection through targeted education and support of the affected companies and industry sectors – *Sowetan Business*

HIV poses threat to mine output — warning

BD 29/7/99 (92) (212)

Ilja Graulich

THERE are fears that next three to four years could see as many as half of the workers at some mines infected with HIV, resulting in an overall reduction in gross domestic production growth of between 1%-2% a year

This "pessimistic yet realistic" prediction was part of presentation by auditing firm Ernst & Young yesterday at a seminar on the effect of AIDS on the SA mining industry

Alexander Forbes senior director Janina Slawski said in her address that the total HIV prevalence in the next four to five years could be as high as 45%, varying among mine communities This could result in overall productivity losses of up to 15% because of sick leave and absenteeism due to attendance at funerals

Slawski said the effect on individual firms would be that the mines would have to find and train new workers totalling about 20% of the current workforce, with an attrition rate of 5% to 10% of the workforce a year Another 15% of workers would be less than 50% productive because of illness Since most new workers employed to replace AIDS victims would be unskilled and need extensive training, there would be a direct effect on mines' bottom lines

On top of production losses and additional training costs, medical aid and retirement fund payments could increase exponentially

The effects could also spread to the macroeconomic sphere, affecting foreign investment and business confidence by rendering SA less competitive than its counterparts not affected by AIDS, Slawski said

Yet amid the doom and gloom, there was positive input Brian Williams, a research scientist at the Council for Scientific and Industrial Research, said while it was clear conditions in which miners lived suited the spread of HIV at work and at home the virus was not invincible

The battle, he said, was not one of eradicating the virus but of restricting its spread by education programmes for workers, nearby communities and especially prostitutes

Alan Martin, senior human resources vicepresident at Anglo Coal, said management of the fallout from AIDS was a priority, including setting up support structures such as hospitals and hospice associations for infected workers

Providing affordable Aids drugs to the poor

(92) Sowetan 30/7/99

By Bhungani Mzolo
Health Reporter

THE disagreement between the South African and United States governments over South Africa s health policies has drawn a wide range of players into the fray, including trade unions and churches

Local Aids organisations, which recently grouped under the umbrella organisation Treatment Action Cam paign (TAC), demonstrated outside US embassies in several cities

They gave the US government until today to drop its objections to South Africa manufacturing generic forms of expensive Aids drugs or importing them from cheaper sources

What is the background to TAC s nationwide protests?

When South Africa's Parliament passed the Medicines and Related Substances Bill, it faced much opposition, with multinational companies threatening court action

However, even before the law was passed the US started lobbying against it, with US vice president Al Gore raising it in the US-SA bilateral commission meetings

The US regarded section 15(c) of the Bill – which provides for compulsory licensing and parallel importing – as objectionable

Compulsory licensing will allow South Africa to manufacture its own anti-Aids drugs, while parallel importing will allow it to import cheaper medicine

Local opponents of the proposed law argue that it is unconstitutional and gives the Health Minister too much power and that there was the potential to abuse it.

Among the foreign lobbies against the law were representatives of US pharmaceutical researchers and manufacturers, who even attempted to address and influence the portfolio committee on health

South Africa was also placed on the US's "Special 301" watch list of countries with the potential to breach intellectual property rights

This was the US's way of showing South Africa that if it passed the Bill, it faced sanctions regarding certain preferential trade agreements

The result of this pressure was that even though the Bill was finally passed, then president Nelson Mandela could not sign it because it was challenged in the Pretoria High Court.

"Local Aids organisations believe the situation has reached proportions of a national emergency"

To date the Bill has still not been promulgated The result is that when a South African company applies to the Medicines Control Council for permission to manufacture an Aids drug, it cannot be allowed to do so

Glaxo Wellcome, a US pharmaceutical company with patent rights on the drug AZT which prevents the transmission of Aids from pregnant mothers to their babies, offered to reduce its price by more than 70 percent

However, this was rejected by the Government and criticised by many Aids activists as the offer was only for a period of five years

The offer was criticised on the basis that Glaxo Wellcome did not invent the drug, but gained patent rights on it because it paid for clinical trials which proved that AZT could be used to prevent mother-to-baby transmission of the Aids virus

Another criticism was that the reduced price was based on what US markets could afford and not on the African situation, where many people with HIV-Aids were very poor, and often died from "opportunistic" diseases such as tuberculosis and pneumonia.

As one Aids activist put it, even at R50 – instead of the R360 which Glaxo Wellcome was offering – the company could still have made a profit.

The patent rights of AZT by Glaxo Wellcome means that it is the only company that can determine how much this drug should be sold for

However, once a country buys a drug, the patent right on that sale falls off, which means that such a country can then resell the drug for a price which it determines

In the case of South Africa, this means it can buy AZT from countries such as India or Thailand, where it is cheaper.

But if South Africa goes ahead and promulgates the Medicines and Related Substances Bill – with its provisions to allow local companies to produce their own drugs or allow such drugs to be imported from countries selling it cheaply – it will it be in breach of international law

The World Trade Organisation's provisions on intellectual property rights are contained in an agreement on trade-related aspects of intellectual property These provide for compulsory licences in Article 31

Under this provision, the South African Government can qualify for compulsory licencing if it can show it has made a reasonable offer to the right owner over a reasonable period of time

Even this requirement may be waived in the case of a national emergency or in cases of extreme urgency or where there are no profit motives

With close on four million people infected with the Aids virus in South Africa, local Aids organisations believe the situation has certainly reached proportions of a national emergency

Youth Power formed to battle HIV-Aids

(92) Sowetan 30/7/99

By Paul Letsoalo

THE launch of National Youth Power against HIV and Aids (Naypaha) at the Afrika Cultural Centre in Johannesburg recently was a step forward in the fight against the disease in South Africa

The launch comes eight months after President Thabo Mbeki called on various sectors to engage in a partnership against Aids – the media, labour, business, religion, women, the youth, sport and entertainment

Naypaha is a forum for children and youth as well as other structures – such as government and non-government organisations and business – working against HIV and Aids with a clear focus on child and youth participation

With help from *Sowetan*, Nanduwa Taxi Association and Linda Wills Computers, the project was founded by Lucky Mazibuko, the first journalist to declare himself HIV pos itive in South Africa.

Speaking at the launch ceremony, Mazibuko said the idea behind the project was to eliminate the increasing HIV and Aids figures in South Africa

According to the latest figures, one in five sexually active members of the public are HIV positive Forty three percent of all people over the age of 15 are living with HIV-Aids.

But Mazibuko said it was not only poor, illiterate people who were in danger from the virus High numbers of educated young people have also fallen victim

As he recognised that there was no indication that this trend will change, Mazibuko engaged the youth in his project to try and eliminate the high rate of HIV-Aids.

Lucky Mazibuko (founder and chairperson of NYPAHA) gives a speech at the launch of National Youth Power against HIV and AIDS (NYPAHA) held at African Cultural Centre (ACC) in Newtown, Johannesburg, recently. PIC MAKGOTSO GULUBE

"Recent statistics clearly demonstrate that the youth are the most vulnerable group and we need to focus greater efforts in combating the spread of the epidemic among them," said Health Minister Dr Manto Tshabalala-Msimang

She said young people were especially vulnerable – accounting for millions of people with HIV-Aids in the developing world, where the epidemic is concentrated

If prevention in this population fails developing countries face staggering human and economic costs.

Tshabalala-Msimang also said working with young people makes sense because they are a force for change. They are still at a stage of experimentation and can learn more easily than adults to adopt safe practices from the start.

"The role of young people does not stop there. They can help take the shame out of Aids, they can bring support to those already affected"

"If they get support from the adults young people can change the course of the epidemic."

Firmly rooted in a bottom-up, young-to-young person approach, Naypaha will conduct regular programmes of awareness and action through the arts and the media

These include

- Dispelling myths and encouraging creative and effective dialogue,
- Conducting action-driven programmes focussed on the child, parent, educator and community,
- Developing a child-youth ambassador against Aids programme directed at young people,
- Conducting innovative training and education through the arts,
- Empowering all communities to implement effective awareness campaigns and activities through encouraging and establishing creative socio-cultural development units and clubs;
- Engaging the media in a regular considered and ongoing media campaign through the publication and distribution of *Wake-Up*, a child and youth publication, published in all official languages The first copy was published last weekend,
- Localising and dynamising the counselling process through sensitivity, compassion, understanding and appropriate expertise
- Transforming and reassessing social value systems by working for change in the socio-economic and cul tural environment of all people, especially the poor, unemployed and homeless,
- Encouraging proper practices and accountability such as non profit structures to attain sustainability in work programmes,
- Developing a framework for the project that makes it the inclusive property of all citizens through effective partnerships and sectoral resource provision and
- Ensuring an Aids-free zone in society among children and youth

Tshabalala Msimang said 'Whatever the adult does for the health and development of young people, experience has shown that this is best done not by manipulating the young or using them as tokens but with their genuine participation

"This means listening to young people, understanding how they think and act, offering assistance and support without dictating the outcome and engaging them as active participants in decision making"

Another dignitary who attended the launch was *Sowetan* Editor-in-Chief Aggrey Klaaste

He told the 200 people in attendance that he was supportive of the launch of Naypaha and commended Mazibuko for his ideas

Africa never had 'such a plague'

sowetan 30/7/99

(92)

By Rosalind Russell

NAIROBI – The Aids epidemic has devastated the lives of children across Africa leaving eight million as orphans and crushing rates of child survival the United Nations children s agency Unicef said recently

A staggering 48 percent of the world's HIV Aids cases are in eastern and southern Africa and the virus has overtaken war as the number one killer in the region the agency said at the African launch in Nairobi of its annual Progress of Nations" report

Unicef deputy executive director Stephen Lewis told reporters that the devastation the virus had wreaked across Africa was a modern incarnation of Dante's inferno

Never has Africa faced such a plague," he said One wonders how the continent will cope"

Lewis said Aids had killed 1 4 million people in the region in 1998 and the spread of the epidemic was accelerating By the end of next year another two million children would be orphaned and the numbers would continue to rise exponentially

The orphans especially girls were left shouldering adult responsibilities such as caring for the sick as well as younger brothers and sisters and were vulnerable to abuse exploitation and malnutrition, the agency said

Mother-to-child transmission of the HIV virus during pregnancy or through breastfeeding has eroded all the hard won infant and child survival gains of the last 20 years Lewis said

If the spread of the virus is not contained, Aids could increase under five mortality by more than double in those regions most badly affected by the disease

But there are some glimmers of hope

A new drug, nevirapine, still under trial in Uganda could cut mother to child transmission rates by up to 50 percent – at a cost of just R24 for the full treatment

Other Aids treatments such as AZT cost hundreds of rands and are way beyond the means of most Africans

Lewis said Unicef was excited about the implications of nevirapine which the agency believed could save millions of lives

Nevertheless Unicef said education rather than new treatments was the only effective way to halt the spread of the deadly virus

Lewis urged African leaders to take the lead in breaking the conspiracy of silence surrounding the disease in a continent where myth and ignorance have fuelled its rampant spread

"The disease must become an obsession among the leadership," he said A leader who fails to speak out against HIV Aids fails the people of his nation"

He also criticised what he said was a "massive distortion of priorities" by Western governments, which had failed to respond to the crisis

It is morally indefensible morally unconscionable that the West is prepared to spend upwards of R240 billion to fight a war in the Balkans and less than one percent of that to save the lives of tens of millions of women and children in Africa," Lewis said – *Reuters*

Funds ready for Aids vaccine trials

(92)

ET 30/7/99

JUDITH SOAL
HEALTH WRITER

THE World Bank is prepared to finance large-scale trials of an Aids vaccine in Southern Africa, representatives told a meeting of South African policy makers this week

The meeting, which was chaired by the Medical Research Council, was attended by Health Minister Manto Tshabalala-Msimang and her counterparts in Swaziland, Botswana and Mozambique

MRC president Malegapuru William Makgoba said yesterday the bank wanted to contribute to the development of a vaccine against the virus that infects 16 000 people every day — 1 600 of whom are South African

"South African researchers have organised themselves to play an important and in many ways unique role in developing and implementing universal vaccines (against HIV)," he said

"At the moment the South African Aids Vaccine Initiative (Saavi) has money to fund basic scientific research, but it's when we get to clinical trials that the real money will be needed"

Such trials are normally funded by private pharmaceutical companies, but researchers fear these companies will not invest in a vaccine that will be effective against the strain of HIV found in developing countries

"Global spending on research and development of an Aids vaccine is minimal — only about $300-$600 million a year," the World Bank said in a statement "Virtually all of this is being spent on vaccines more suitable to industrialised countries The private sector may not have sufficient incentive to develop an Aids vaccine for developing countries"

Researchers at UCT are working on a vaccine against Southern African HIV which may be available for early human trials next year, but it is only so-called phase III trials, where the vaccine is given to thousands of people who are monitored for several years, that can prove definitively whether it actually works Already MRC researchers at Hlabisa in KwaZulu-Natal are preparing local residents to participate in these trials

Makgoba suggested that this was where World Bank money would be most needed

August

1999

Facing a grim reality

One of South Africa's biggest challenges lies in getting effective treatment to millions of citizens living in the shadow of HIV-Aids, writes **Edwin Cameron**

(92) Sowetan 1/8/99

The biggest challenge facing us as persons openly living with HIV-Aids, as persons privileged with visibility and mobility is to use our voices and our power to broaden access to treatment beyond the minority that enjoys it at present

Already activists in North America have made increased provision of anti-retroviral medication to people living with Aids in resource poor countries a priority

Their demonstrations have given an electric urgency to this issue They are succeeding in making the issue one of significance to United States domestic politics which may be an essential precursor to broader progress

In South Africa the Treatment Action Campaign (TAC) founded last year by Zackie Achmat has given focus to the movement

Four million South Africans living with HIV have no access to treatment The TAC has offered a focus for their activism a channel for their energy and an outlet for well justified anger about the awesome spread of HIV infection in our country

In my own public statements on coming out in April I drew attention to the plight of millions of fellow Africans who have no access to treatment

For many years after my own diagnosis, I remained silent about the fact that I had HIV Like so many of us I hoped that I would never fall ill, that the grim reality of Aids would somehow pass me by that I would be one of the fortunate few to survive without symptomatic illness

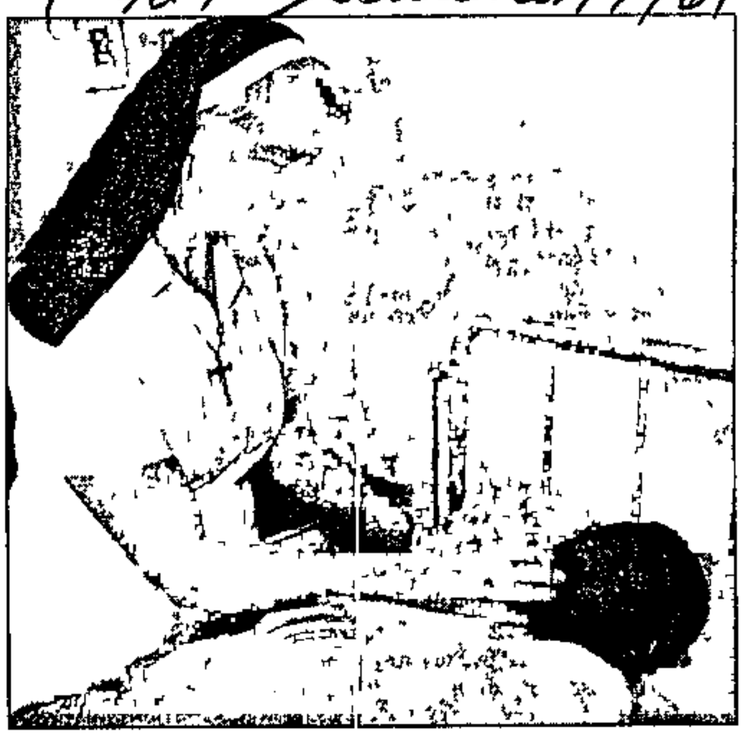
But this was not to be In October 1997 I became very ill It was then that I started on anti-retroviral medication Since then I have been blessed with good health And, since switching from the protease inhibitors to Nevirapine, I have suffered no side effects

In having access to treatment, I am part of a tiny minority of Africans who can face living with Aids while hoping to remain healthy The humbling enormity of this fact was what led in part to my decision to state publicly that I am living with Aids

For most Africans this epidemic is still as sharp and severe and stark – and without immediate or apparent hope – as it was for the gay men of North America and Europe who were first diagnosed with Aids

They do not have the choices we have – the choices to come out, to make a contribution to fighting the epidemic

If I, with all my protections as a judge, someone surrounded by loving friends and colleagues and family, and on life giving treatment, could not claim my status, how could I expect any of my fellow Africans in far more vulnerable circumstances to speak out?



A nursing sister helps an Aids patient to smoke a cigarette at Sacret Heart Aids Hospice in Johannesburg PIC PICTURENET

That some should have access to treatment while others do not, that this should be so while drugs are, in fact, affordable but are beyond the reach of poor people for complex reasons of drug development and pricing and marketing, is a shameful and abhorrent state of affairs that needs our most urgent and immediate attention

What we must seek to attain is undoubtedly very ambitious to secure affordable anti retroviral treatment for the 30 million victims of Aids in resource-poor countries that have no access to treatment.

Equally undoubtedly, very complex issues are at stake The campaigns for drug access in Africa, Asia and Latin America cannot ignore the concomitant need for food, clean water and palliative care, as well as treatment of opportunistic infections

But our task is to explore ways of achieving this high aim within international law and treaty obligations, within national laws and mindful of the imperative of research and development

We must do so within the ambit of broad alliances and coalitions of women, labour, church and youth

We must do so with the help of our governments international organisations and the drug companies themselves

We must do so with their help and, where necessary by bringing pressure to bear on them The history of Aids in North America and Western Europe has been the history of successful well-directed activism

That activism must now be directed to drug availability for all persons living with Aids, all over the world, in poor countries as well as rich

Such a campaign already has authoritative support in international human rights guidelines on dealing with the epidemic

The *International Guidelines on HIV Aids and Human Rights* urges states to enact legislation to provide for safe and effective medication at an affordable price

The UN High Commission on Human Rights, in a resolution on April 21, goes further They urge states to promote effective programmes for the care and support of persons infected by HIV, including improved and equitable access to safe and effective medication for the treatment of HIV infection and HIV Aids related illnesses'

These are the high goals to which our openness, our commitment and our privileged position in this epidemic call us We have strength which we must wield on behalf of those who are at present less powerful than we are

We have the capacity and the courage and the determination to achieve those goals

(This is an extract from Constitutional Court Acting Judge Edwin Cameron s opening speech at an international conference for people living with HIV Aids in Warsaw, Poland, recently)

Case on AIDS activist's death to reopen

Pule Molebeledi

DURBAN — The withdrawn case against four suspects allegedly involved in the stoning and murder of KwaZulu-Natal AIDS activist Gugu Dlamini, after she had disclosed her health status, will be reopened, says provincial attorney-general Mokotedi Mpshe (92)

The promise to reopen the case follows the intervention by KwaZulu-Natal health MEC Zweli Mkhize who said yesterday that Mpshe had expressed concern about how the investigation was handled

Dlamini's death sparked an outcry among AIDS activists and made international headlines last year after she was stoned to death upon disclosing at a workshop in KwaMashu, Durban that she was HIV-positive

Mkhize appealed yesterday to people in KwaMashu to come forward with information so police could speed up investigations

DD 1/9/99

Shock AIDS warning falls on deaf ears

Zambia rejects horrific UN statistics as 'alarmist'

(360) (92) ST 1/8/99

OLGA MANDA· Lusaka

FRIGHTENING official and independent studies show that one in every five adult Zambians is HIV-positive, and that within the next six years life expectancy in the country will drop dramatically from the present 57 years to 37

Adults make up nearly 46 percent of Zambia's population of 10,2 million, but many of the youth, ranging in age from 15 to 35 years, are also HIV-positive.

But figures released by the independent United Nations AIDS agency this week were immediately condemned by the Zambian government as "alarmist", and a ban was placed on all AIDS-related statistics compiled and released by independent organisations in the country, including UNAIDS.

The denial of the figures and the accompanying ban are all the more bizarre given that they amount to the Zambian government repudiating its own findings· the UNAIDS figures confirm virtually every aspect of an official Zambian Health Ministry report released eight weeks ago, which categorically stated that "Zambia has one of the worst HIV/AIDS pandemics in the world, with an estimated 20 percent of the adult population HIV-positive".

Studies show an estimated 20 percent of the adult population is HIV-positive

The official state report added the ominous warning that life expectancy in the country would drop from 57 years to 37 years by the year 2005

The reason given for the ban on any information relating to AIDS statistics was that the organisations involved in the fight against the epidemic did not derive their information from surveys which were "nationally representative"

Reacting to the UNAIDS study as he imposed the ban, Central Statistics Office director David Diangamo said the information released by the agency was "incorrect" and "alarming the nation"

He was emphatic on one point "We will not accept that any [foreign] representative in this country should tell us that 20 percent of the adult population is HIV-positive You will fail to make a breakdown of this figure, therefore when you make such statements you're alarming the nation"

He insisted that he was "the only official spokesman on these issues" and he spoke on behalf of Zambia's citizens

Walter North, director of USAID, which works closely with other independent groups, said: "Whether the rate is 20 percent or 30 percent, one death is one too many"

Plan to test sex offenders for HIV

(92)

ANDRÉ KOOPMAN
POLITICAL CORRESPONDENT

CT 8/9/99

DRAFT legislation on sexual offences seeks to enforce HIV testing for sex offenders and to clamp down severely on those who sexually abuse children or mentally handicapped people

The new laws seek to address "the unacceptably high incidence of rape and other acts of sexual violence", the "growing problem of child sexual abuse", the "commercial sexual exploitation of children" and "sexual offences against mentally impaired people", according to Justice Minister Penuell Maduna

The SA Law Commission is due to present a report on its recommendations in Parliament today The commission has been asked to consider whether it should be an offence for people who know they have HIV to have sex without disclosing to partners that they are infected

The draft bill is also aimed at "radically altering" the common-law definition of rape to make it easier to prosecute a range of sex crimes, including date rape and doping Harsher sentences for rapists are also envisaged

The new law on rape seeks to remove gender provisions from the law, meaning that the law would apply to men's sex crimes against men, according to justice officials The definition would also be broadened to include all types of sexual offences, not only vaginal intercourse, and would also cover forced sex with objects

A Justice Department official said compulsory HIV testing of sex offenders would "address growing demands from society"

R600-m AIDS drug deal sealed

(92)

ARG 8/9/99

DI CAELERS
HEALTH WRITER

The Health Department and Bristol-Myers Squibb have reached agreement over the pharmaceutical company's R600-million commitment to fight HIV and AIDS – more than three months after the project was announced

The department announced at the weekend that Bristol-Myers Squibb was joining the South African Partnership Against AIDS

The Cape Argus reported in June that the company was finding handing over R600-million to fight AIDS was not easy, even though it had been pledged for the next five years in the Secure the Future programme to fight AIDS in Southern Africa

At that time, Ian Roberts, special adviser to former Health Minister Nkosazana Zuma, said the project was announced in May before the health department had agreed on the specifics of the plan

But the department has now publicly backed the programme, with Health Minister Manto Tshabalala-Msimang saying she looked forward to working with Bristol-Myers Squibb within the South African Partnership Against AIDS to develop solutions to address the epidemic

Secure the Future's three primary goals are to prevent HIV transmission, to reduce the impact of HIV and AIDS by supporting community-based care and support programmes, and to support public health policy initiatives to expand access to HIV and AIDS-related treatment

Secure the Future will also operate in Swaziland, Namibia, Botswana and Lesotho

It now has a secretariat in this country of officials from the department and Bristol-Myers Squibb, as well as an advisory committee of local and international scientists, academics, community representatives and representatives from the five countries

HIV testing of rape suspects under review

(92)

ARG 2/8/99

ARGUS CORRESPONDENT AND SAPA

Pretoria – The South African Law Commission is to consider a proposal to endorse a statutory amendment that would oblige rape suspects to undergo tests for HIV and other sexually transmitted diseases, should the victim demand it.

Current interpretation of the law and the Constitution protects a rape suspect from HIV-testing on the grounds that the suspect has not been found guilty, and that the test is not material to the offence.

Rape victims have an agonising six-month wait during the virus's so-called "window period" before they know if they have been infected.

Rape-counselling services point out that rape victims are at a high risk of contracting HIV through the tears and microscopic cuts that are frequently inflicted.

If the commission's executive body accepts the proposal, which is to be considered on August 12, the amendment could be considered a violation of the rights of suspected rapists who are tested before being found guilty, in spite of the fact that test results would be confidential.

"The proposed amendment would infringe on the presumption of innocence," said Judge Edwin Cameron, acting Constitutional Court judge and project leader on HIV and Aids at the law commission.

But he said that the project committee believed the "high HIV prevalence and the increasing incidence of rape ... make it in our view justifiable to infringe on suspects' rights".

He said the statutory amendment should "enable swift victim-instigated testing of rape suspects for HIV or other sexually transmitted diseases", adding that it was hoped the commission would "fast track" the proposal if accepted, "to enable Parliament to deal with the proposal as soon as possible".

Liz Floyd, director of Aids and communicable disease at the Gauteng Health Department, said the early testing would help rape victims to receive the necessary anti-HIV drugs within "12 hours or less" to reduce the possibility of infection.

"You would have to begin the treatment anyway, but if tests on the suspect were negative, the treatment could be stopped," Dr Floyd said.

Clergy back drugs call

(92)

ARG 2/8/99

STAFF REPORTER

Western Cape religious leaders are supporting calls for the Government to provide affordable drugs to curb mother-to-child transmission of HIV.

Leaders at a service in St George's Cathedral yesterday endorsed the call, spearheaded by the People Living With Aids Treatment Action Campaign

The campaign is putting pressure on the Government to make drugs that prevent the transmission of HIV from mother-to-child cheaper and more accessible

Imam Muhammad Moerat of the District 6 Masjid, Rabbi David Hoffman of the Wynberg Synagogue and the Reverend Daniel Kuys of the Bellville South United Reformed Church appealed to religious people to play a role in creating AIDS awareness in the Western Cape

Campaign spokesman Zackie Achmat criticised the Government for not subsidising AZT – a drug pregnant women can take to help prevent the virus from spreading to their babies

The action group was lobbying to get AZT subsidised to reduce its price from R400 to R260

Government representative Lynne Brown, speaking on behalf of the Minister of Health, Manto Tshabalala-Msimang, said cost was the major problem in the treatment of HIV and AIDS

AIDS play brings a powerful message to the SA workforce

BD 3/8/99 (92)

The disease will affect the SA economy, writes **Simphiwe Xako**

AFTER lengthy observation of people's sarcastic reaction to HIV/AIDS, Hecate Industrial Theatre Production MD Di Kershaw conceived the idea of taking the message to a number of communities through a play which she called Secrets and Lies

"I don't believe in posters, placards, brochures and stuff like that," says Kershaw "I believe in direct communication which leaves a lasting impression "

This belief led to the birth of Hecate in October 1995, an idea which has proved a success with the theatre company having performed the play for many firms in Southern Africa during the past three years, preaching its message about HIV/AIDS

Hecate took the educational onslaught to the Murray & Roberts Industrial site at Johannesburg's Gold Reef City last week where about 3 000 employees witnessed the play Most of the audience hail from the former homelands such as Venda, Transkei and Ciskei where polygamy and other cultural beliefs abound

"We measure the effectiveness of the message by the audience s questions and their response to some of the things said during performances," she says

Hecate believes stage drama is a powerful medium as it is often in a two-way communication form

The audience interacts indirectly with characters by cheering or booing at performances, Hecate says

Zwell Khuzwayo, one of the employees who saw the play last week, says "I wish my children could have the opportunity of experiencing what I have witnessed here today I know more about the disease now than I used to at any point in my life "

The play is about Phumla Dandala, a cafe assistant with two teenage children, Zama and Constance, who was infected with HIV by her now deceased husband

She hides her fate from them and her "madam", Loraine, who is a very close friend

However, as time progresses, they all discover her secret and begin to alienate her Abandoned, Phumla becomes depressed and Loraine fires her, saying customers will shun the cafe when they discover its employee suffers from AIDS She is left stranded and has to lead an isolated life

It is easy to comprehend Kershaw's reasons for concern Time magazine reported in July that recent statistics released by Unicef showed that HIV was spreading faster in southern Africa than anywhere else Although most of the world's 33,5-million HIV/AIDS victims live in sub-Saharan Africa — with an additional 4-million people being infected each year — the continent is also pressed by issues of conflict resolution development and famine

"Yet the epidemic could have a greater effect on economic development — or, rather, the lack of it — than many politicians suspect "

While business leaders are more concerned about the Y2K computer bug than the long-term effects of AIDS, statistics show that 20% of the workforce in SA is likely to be HIV-positive by next year

Medical officials and researchers warn that not a single country in the region has a cohesive government strategy to tackle the crisis

Time also says "The way managers address AIDS in the workplace will determine whether their companies survive the first decade of the 21 century "

Time quotes Alan Whiteside director of health, economics and HIV/AIDS at the University of Natal as saying many SA companies are already losing 3% of their workforce to the disease

"In SA we talked of a lost generation because of apartheid but our next lost generation will be due to children orphaned by AIDS " Whiteside says

US 'bullying' SA says Aids group

Sunday Tribune 3/8/99 (92)

By Bhunganl Mzolo
Health Reporter

THE United States government's failure to come to an agreement with local Aids groups last Tuesday may lead to demonstrations at its embassies

The meeting followed demands by the Treatment Action Campaign (TAC) that the US should stop interfering in South Africa's health policies

TAC is accusing the US of using "bullyboy tactics" in preventing this country from manufacturing generic forms of expensive drugs or importing cheaper ones from countries other than the US

The US is one of the leading countries challenging SA's Medicines and Related Substances Act

Section 15 (c) of the Act allows for compulsory licensing and parallel import which means this country may either get a local firm to manufacture the drug or it could import the same drug from countries selling it cheaper

Mr Mark Heywood representing TAC described the meeting as disappointing"

'We felt that the meeting was not encouraging We expected the US government to exercise moral leadership in the debate but we did not see any such leadership"

Heywood said they felt that the US government was only safeguarding the interests of its drug companies instead of putting pressure on them to lift their patent rights

He said the issue had now been taken over by civil society, as it was not only for people living with HIV and Aids

Mr Thomas Hull counsellor for public affairs at the US embassy in Pretoria, denied that the US was blocking SA's access to cheaper drugs, "but we have expressed our concern about the breadth of section 15 (c) of SA's Medicines and Related Sub stances Amendment Act' One of the main complaints is that it gives the health minister too much power, with the possibility of it being abused

Aids organisations accuse the US government of putting pressure on its SA counterpart not to promulgate the new Act and making the issue part of the agenda of the US SA biennial meeting

They claim the US has even threatened SA with sanctions if it goes ahead and passes the new legislation

After the failed talks Heywood warned that there was likely to be nationwide campaigns against the US

Mass demonstrations, which would involve trade union federations, churches, women and youth organisations are planned for World Aids Day on December 1

Last month TAC held demonstrations outside the Johannesburg and Cape Town US consulate offices

The new regulation has not been promulgated as it is being challenged by the Pharmaceutical Manufacturers Association in the Pretoria High Court

Minister blames Aids on apartheid

Sowetan 5/8/99

MINISTER of Health Dr Manto Tshabalala-Msimang says the past racial discrimination in South Africa is responsible for the spread of Aids

Tshabalala-Msimang told an Aids seminar in a hospital in Kampala that whites in South Africa persistently claimed that Aids was a black African disease and did not carry out programmes to stop its spread

Tshabalala Msimang is leading a team of 20 other Government officials on a four day mission in Uganda, which began on Sunday, to study that country's Aids control programme which is one of the most aggressive in the world

The team is inspecting major health centres around Kampala, holding talks with Aids programme administrators, health workers sociologists and people infected with the disease

"We did not know much about Aids because there was racial discrimination in our country The whites said that Aids was an African disease No effort was put in place to control its spread Tshabalala Msimang said at an Aids clinic in a mission hospital near Kampala

'There was a lot of suppression of the black people This, coupled with gender discrimination, poverty and migration led to a fast spread of Aids in South Africa, she added.

The South African mission plans to carry out a study into how Uganda is coping with the Aids epidemic in a number of areas, including handling up to two million orphaned children, treatment of the infected and the well-established mass-awareness programme

Uganda has about two million of its people carrying the virus that causes Aids, a disease for which a cure is not yet known

The country's Aids control programme, funded by government and external donors including the World Bank, has been one of the most effective in the world, officials here say – *Sapa-DPA*

'A-team' project aims to give AIDS the boot in SA

(98) ARG 5/8/99

Health care staff to get specialist training in curbing scourge

DI CAELERS
HEALTH WRITER

The battle against the spread of HIV/AIDS has been given a boost with a group of health care workers being trained as part of a unique programme to increase their capacity to fight the scourge

Twenty two South African AIDS educators and policymakers are among the total of 40 selected for the programme designed to build health care capacity to fight HIV/AIDS in southern Africa.

The one-year programme, called the Secure the Future Fellowship, is part of the recently announced R600-million commitment by pharmaceutical company Bristol Myers Squibb to fighting AIDS here and in other southern African countries

The fellows, who include Swaziland's minister of health, the head of Lesotho's national AIDS programme, as well as doctors, nurses and other health workers, will spend the year studying public health and public health policy at the National School of Public Health at the Medical University of South Africa in Pretoria

In May Bristol-Myers Squibb announced it would make money available for research and community outreach programmes in South Africa, Botswana, Namibia, Lesotho and Swaziland in the biggest corporate commitment of its kind in the region.

Among the company's priorities would be projects that improved the quality of care for children orphaned by AIDS in the five countries

Allen Herman, dean of Medunsa's national school of public health, said the skills learned and knowledge gained by the Secure the Future fellows would "enhance the delivery of HIV/AIDS services to the communities in which they work"

About mid October the company is expected to announce who will get grants from Secure the Future funds Cape Town's three academic hospitals were among a rush of initial applicants keen for a piece of the R600 million funding pie

Stephen Levenstein, medical director of Bristol Myers Squibb in South Africa, said in May that they aimed to help South African doctors come up with sustainable solutions on treatment of AIDS

"We not only want to help build capacity but to also fund community projects that show themselves to have the potential to do something creative that can be replicated in southern Africa"

Distrust hits usage of new drugs

Los Angeles – New drugs have sent AIDS deaths plummeting in the United States, but distrust and meagre funding have kept the African American community from benefiting, experts told a conference here

"African-American people could be living longer if they took advantage of care that is already there," said Dr Stephen Thomas, director of the Institute for Minority Health Research at Emory University's School of Public Health in Atlanta.

AIDS is the leading killer of African American males between the ages of 25 and 44 and is the second leading killer of African-American women in the same group Nationwide, African Americans account for 40% of AIDS cases although they make up 13% of the US population. – Reuters

Level of virus in mom linked to baby's chances

ARG 5/8/99 (92)

Boston – Pregnant women with the lowest levels of the AIDS virus in their blood are the least likely to pass it on to their babies, according to studies reported today in the *New England Journal of Medicine*.

The findings are part of an continuing effort by researchers to block the spread of HIV, the AIDS virus, from mother to child

The first study, led by Lynne Mofenson of the National Institute of Child Health and Human Development, followed 480 women at 53 treatment centres in the United States and Puerto Rico who were receiving the anti AIDS drug, AZT, sold as Retrovir by Glaxo Wellcome

The babies were also given the drug.

Among the infected women with virus levels too low for routine tests to detect, none had infected babies The lower the level, the less likely the child would fall ill with AIDS, the researchers found.

But the results did not mean that there was a "safe" virus level below which mothers did not pass HIV on to their babies, Dr Mofenson said. – Reuters

US denies it is interfering

Sowetan 5/8/99 (92)

By Bhungani Mzolo
Health Reporter

THE United States government dismissed claims by local Aids groups yesterday that it was interfering in South Africa's health policy

The Treatment Action Campaign (TAC) announced early yesterday during a media conference that it would put pressure on the US to stop it from interfering in local health matters

It said the US was opposing this country from either manufacturing its own Aids drugs or from buying them from countries that were selling them cheaper.

TAC threatened to call for international pressure on the US if it failed to stop its opposition to section 15(c) of the Medicine and Related Substances Amendment Act

The group also said the US administration should also put pressure on its drug companies to end their court action against the Act.

US Ambassador to SA Mr James Joseph said yesterday in Pretoria that his government and SA were jointly working to resolve article 15(c) of the 1997 Medicines Act

"We, along with other SA trading partners, have asked for clarification regarding the intent and application of 15(c)," Joseph said

"The US government is not interfering in SA's health policy It is not a puppet of pharmaceutical companies as alleged It is not pressuring SA with threats of trade sanctions," the ambassador said

Joseph said a R600 million initiative has been announced for Africa and another R60 million have been committed to South Africa

The US government was not a part of the lawsuit by about 40 pharmaceutical companies who are challenging the new Act, he said

"We have only asked for assurances that when and if SA does these things (compulsory licensing and parallel import) it will play by the international rules of the World Trade Organisation to which it belongs"

The Government said in the past that it had no desire to contravene any international agreements

$100m Aids programme launched

(92) CT 6/8/99

JUDITH SOAL

IT is one of the largest private sector commitments of its kind It's also been one of the most controversial This week the education arm of international pharmaceutical company Bristol-Myers Squibb's (BMS) $100 million Southern African Aids programme began at the Medical University of South Africa (Medunsa)

Forty-one "fellows" — most of them doctors, nurses, teachers or policy-makers — from SA, Swaziland, Namibia, Lesotho and Botswana began a year-long programme in public health and policy, with a special emphasis on HIV/Aids

They are being sponsored by the drug company, through its Secure the Future programme that was launched in May At the press conference to announce the launch, BMS said the project had the blessing of the South African government A few days later it became clear that this wasn't, strictly speaking, true

Then Health Minister Nkosazana Zuma said she had at no stage endorsed the programme and that her department had "certain misgivings" with the way it had been conceived In particular, they didn't like the plan to send African doctors for training in the US "Should our doctors be taken out of service to work in conditions that are so unlike our own?" she asked

Zuma wasn't the only one complaining Aids activists were suspicious of the company's motives "Why not just reduce the price of their drugs?" asked one

Researchers were concerned about the way research money would be allocated No one seemed to know who would sit on the scientific advisory boards and how much control the company would retain

Much of the publicity came about because of a media machine always eager to criticise Zuma — this time for supposedly refusing a $100m donation

'THE GLUE IS HOLDING': William Malegapuru Makgoba

But by the launch of the fellowship programme this week, BMS was confident its public relations nightmare was over "We have had long meetings with the department and I believe the problems have been ironed out," said BMS' international public affairs director Jonathon Weisberg

Seven phone calls to the health ministry yesterday couldn't confirm this, but the presence of MRC president William Malegapuru Makgoba, who delivered the inaugural lecture to the fellows on Wednesday, suggests he might be right this time "The MRC has been the glue between BMS and the government and we believe the glue is holding," he said

Does he wonder about the drug companies motives in making such a large commitment?

"I don't waste time worrying about their motives I worry about my motives and what work can be done with that money "

There is no doubt that $100m can fund a lot of work The bulk will be spent on scientific research on HIV/Aids medicines By October the company hopes to announce the first batch of research proposals to receive Secure the Future funding

A nation coming to terms with AIDS

ST 8/8/99

Once the HIV capital of Africa, Uganda has become the continent's inspiration for combating the spread of the disease LAURICE TAITZ visited the country with a delegation led by Health Minister Dr Manto Tshabalala-Msimang to see what lessons we can learn from its successes

(92)

IT S 9AM on Monday and the Minister of Health Dr Manto Tshabalala Msimang, is ticked off As members of the SA delegation trickle in to their first meeting in Kampala, she reprimands them, one by one and regardless of rank, for being late They slink in, mumbling "yes minister"

It's the first day of their visit to Uganda to look at the ways in which the country that is in the vanguard of Africa's fight against AIDS is coping There is a gruelling schedule ahead

Once the latecomers are seated, the minister's frown evaporates and the meeting gets underway in earnest

"We have come here to listen and to learn," she says briskly We need to work in an integrated manner Once we fragment ourselves we will have no global understanding of what Uganda is doing I want an initial report ready before we leave Kampala on Thursday"

For Tshabalala-Msimang the visit to Uganda is a triumph It affirms that there are African strategies to deal with the pandemic, that we need not look perpetually to the West for solutions

It also acknowledges that in South Africa, where 1 600 new infections occur each day, the sense of urgency that led to this visit — first mooted 18 months ago — is long overdue

By contrast Uganda s response to the virus was swift The first 17 cases of "slim disease" were reported in 1983 in the south west of the country A year later researchers confirmed it was AIDS

According to Dr Sam Okware, director of the national AIDS Control Programme the virus quickly spread along major roads from towns to rural areas By 1987 800 000 people were infected Today 1 4 million out of a population of 20 million are HIV positive and 500 000 have already died of AIDS

People say there is not a home in Uganda that has not been touched by AIDS

There are many stories of the woman who lost three siblings and is now raising their 13 orphaned children of the eight-year-old who nursed her mother until her death of the husband and wife who did not disclose to each other that they were HIV-positive until they met accidentally at the same AIDS clinic

Uganda's success in dealing with the AIDS pandemic is as much about attitude as it is about action Ugandans display abundant common sense, compassion and determination Their tolerance levels are perhaps best described by the way in which drivers in Kampala weave their way through rush hour traffic In this city of one million people and two traffic lights, no one hoots or curses

Their pragmatic approach to AIDS, as to life, is exemplified in the person of President Yoweri Museveni who came to power in 1986 restoring political stability after a tumultuous and brutal history delivered by the dictator Idi Amin

With his rise to power Uganda became the first African country to acknowledge the seriousness of the AIDS epidemic and vowed to put all its efforts into fighting it

ACTIVIST Major Rubaramira Ruranga is HIV-positive

Museveni boldly declared the government's policy of openness and it was his early acknowledgement of the AIDS crisis that gave foreign donor agencies the incentive to unlock Uganda's potential as a research base in East Africa

The result is that this poor, landlocked country has now developed the most advanced scientific strategies to fight AIDS on the continent Testament to this is their research into a vaccine and their findings on Nevirapine, a cheap drug that prevents mother-to-child transmission

Curiously, it is Uganda's poverty compared to South Africa's relative prosperity that has worked to its advantage in the AIDS field

In South Africa, national pride and determination not to fall into the Third World paradigm has prevented our government from seeking help

In Uganda, there is no such extravagant posturing As Ugandan Health Minister Dr Chrispus Kiyonga points out "Africa has 10 percent of the world's population and 70 percent of its AIDS infections"

In Africa, HIV/AIDS is much more than a health issue While highly active anti retroviral therapy has become the standard of care in industrialised countries, the vast majority of Africans can't afford the treatment and nor can their governments In Uganda, triple therapy which costs around US$1 000 (R6 200) a month, is not really a viable option — the average civil servant only earns about US$50 (R310)

But drug inaccessibility has left Ugandans undaunted And so came the call to action Okware says "We looked at building a continuum of care from the household to the hospitals where we treat all HIV-related infections"

Uganda has invested heavily in training health workers, in counselling networks, in treating sexually transmitted diseases, and in expanding HIV testing Couples who plan to marry are encouraged to have an AIDS test and are counselled on their options

Millie Katana was tested before her wedding "When I heard the news [I was HIV-positive] I thought my life had come to an end I cried for days hiding You feel as if you are dying But you are not dying of AIDS It s a psychological death"

Katana cancelled her wedding and it was only after she saw a prominent Ugandan discussing his HIV status on TV that she confided in her friends and family

The man on TV was Major Rubaramira Ruranga who is still in the army 10 years after he was diagnosed as HIV-positive It is thanks to people like him that the stigma of living with AIDS is no longer so prevalent

Ruranga was diagnosed in 1989 "The doctors told me I had three years to live So I prepared to die"

He says his attitude changed after he went to an AIDS conference in Amsterdam in 1992

"There I saw people who were HIV-positive fighting for rights, for access to treatment I asked them how long they had been positive Imagine my surprise when some said six years, others said eight I realised then I was going to live"

Today, besides commanding his battalion, Ruranga coordinates the National Guidance and Empowerment Network of People Living with HIV/AIDS in Uganda of which Katana is an active member

While Ruranga is not shy to take on the government and tackle controversial issues, he feels great pride in what Uganda has done and in Museveni's decision to tackle HIV head-on "Our government has brought

liberty and given me the freedom to challenge anyone in it," he said

He does not believe that offering anti retroviral drugs to pregnant women is any kind of solution "What we are saying if we do this is that women are disposable containers that bear children We should be putting money into family planning and into prevention otherwise we will be raising a nation of orphans "

There are already 1,7 million orphans in Uganda Many say that extended family networks have been strengthened by the burden

At St Francis Hospital in Nsambaya, health workers have been trained to counsel children and the bereaved Many hospitals run feeding schemes and projects to economically empower orphans and widows

In the case of one 18-year-old who was left with three siblings and no money for food or school fees, a start in life consisted of a donated sewing machine and the skills to operate it For others it is a small grant to start a business

Even practicalities like the drafting of a will that will protect wives' or orphans' inheritance rights have been ironed out The Ministry of Gender has embarked on a project to encourage HIV-positive women to document their life story, thoughts and feelings for the children they leave behind

Dr Monica Etima, of St Francis, says AIDS awareness is not enough and nor are condoms

"A condom alone cannot protect the mind As our president says, here we practice our ABCs A is for abstinence, B is for being faithful to your partner and C is for those that can't — condom use We have to start somewhere "

The Catholic St Francis Hospital, like other religious institutions, has been drawn into the campaign against HIV/AIDS Museveni appointed directors of the Ugandan AIDS Commission, the national co-ordinating body, from the churches While at first priests and imams were unhappy about promoting safe sex or family planning, they were slowly won round by the idea that there would be a much greater heavenly reward for stopping the sin of killing

Recognising that government alone could not tackle a disease on this scale, the work started by Museveni has devolved down to the smallest unit of society the household

Each parish in Mukono, one of many districts where home-based care is in place, has been given a bicycle so that volunteers can move between the hospital and individual homes, caring for the dying

Okware says "At first we would beat the war drums in the villages telling people to abandon their bad ways and to fear AIDS We tried to encourage fidelity and morality But we soon learned that fear stops working We realised we needed a programme to change behaviour so we started preaching the gospel according to AIDS, to mobilise people at every level

"We encouraged community-based initiatives and our campaign has produced a lot of mass networks We encouraged condom use and in 10 years have seen it go up from seven percent to 42 percent "

Ugandans point out that their united political will has had a lot to do with their successes A decline in HIV infections has been noted at antenatal clinics around the country In the Nsambaya district, in 10 years the infection rate has dropped from 24,5 percent to 13,4 percent of pregnant women

In the town of Jinja, the infection rate has fallen by more than half, while nationally the age of sexual debut has been delayed from age 14 to 16

One of Uganda's most impressive achievements has been the marked decline in infections in teenagers aged 15 to 19

Remarkable, say the South Africans Not really, say the Ugandans "We still have a long way to go," says Okware "There's no blueprint, that's the most important lesson we've learned if something isn't working, we change it "

By the third day of the South African working trip the first report had been drafted according to Tshabalala Msimang's instructions The visit has cemented a crucial relationship between the two countries and encouraged continued co-operation Most importantly, it presents policymakers with cost-effective strategies that work and are within reach

Tshabalala-Msimang says "I was so excited after the first day, I phoned Brigitte [Mabandla, the Deputy Minister for Arts, Culture, Science and Technology] who was in the room next door at 4am and said 'We can do this We can make it work.' "

Sactwu campaign paves way in Aids awareness

CT (BR) 11/8/99 (92)

MARGIE INGGS

Durban – The South African Clothing and Textile Workers' Union (Sactwu) led the way for other unions when it launched its Aids Awareness campaign in Durban on Monday

The campaign, aimed at preventing the spread of the disease among the union's 130 000 members countrywide, involves training shop stewards to educate workers about the nature of the disease, preventive measures and people's legal rights

Jabu Ngcobo, the general secretary, said the union was well placed to get the message across to workers, their families and the community

"The union has lost many of its key leadership figures to Aids-related diseases, especially in poor rural areas where education is limited and prostitution an economic necessity Action must be taken now to reverse the trend"

The campaign comes two years after the union quashed a proposal by Alan Smith, an Aids researcher and the head of virology at the University of Natal's Medical School, to conduct random-screening saliva tests among its factory workers

Sbu Ndawonde, Sactwu's media officer, said although Smith had assured the union that results would be confidential, Sactwu was concerned that its members might be victimised or that factories and the industry could be stigmatised

Ngcobo said "The leadership of Sactwu is extremely concerned about the growing rate of HIV in our country However, armed with health department statistics, we believe we can take constructive action without needing to know the exact extent of the problem in our industry"

At present, 3,2 million South Africans are HIV-positive, and it is estimated one in five of the economically active population will be infected by 2005

Feroza Mansoor, Sactwu's Aids project co-ordinator, said "We're at war Unions, employers, the government and religious groups must stand together and fight However, at the moment the only weapon we have is education"

their lower ra...

HIV/AIDS sufferers protected

MEASURES prohibiting public schools and other education and training institutions from turning away pupils or teachers with HIV/AIDS because of their medical status came into effect yesterday (92)

Such institutions would also not be allowed to conduct routine testing to determine the incidence of HIV/AIDS among staff or pupils BD 11/8/99

The national policy on HIV/AIDS for learners and educators in public schools and further education and training institutions was promulgated in the Government Gazette in Pretoria —Sapa

Tenders see R150m go to SMMEs

Safe sex gets a royal nod

(92) M+G 6-12/8/99

Peter Dickson

Safe sex is now a royal command. A major Aids awareness campaign that will reach the rural Eastern Cape was launched at King Xolilizwe Sigcawu's Nqadu Great Place near Idutywa at the weekend

The campaign, which has received the king's blessing, is the brainchild of the Xhosa Royal Council With the financial backing of Spoornet, it will form an integral part of the council's pioneering youth development project that was kickstarted earlier this year.

In conjunction with the provincial departments of health, welfare and education, the project is aimed at informing the youth about the fatal consequences of unsafe sex

The provincial Department of Welfare revealed in June that 10% of Eastern Cape university and college students, and 15,9% of pregnant mothers attending antenatal clinics in the province were HIV-positive

The department also revealed last month that up to 40% of beds in Eastern Cape hospitals were occupied by Aids patients At the province's busiest hospital, Cecilia Makiwane in Mdantsane outside East London, for example, one in four beds was occupied by Aids patients Mdantsane also had the largest number of HIV-positive children in the province

A report by Rhodes University population research unit head Professor Rob Shell said 215 556 people in East London were infected with HIV Shell predicted 113 000 Aids deaths in the city by 2021, and said a massive information campaign was needed.

Heir to the Xhosa throne Prince Xhanti Sigcawu agreed "This is hurting us a lot, especially people living in rural areas who have always been neglected. We felt we should take the initiative in educating people on how one acquires Aids and how people should deal with those who are HIV-positive

"For too long our people have been saying this disease is in Durban, Johannesburg and Cape Town But people who head for the cities in search of jobs are coming from these poor rural areas "

The CEO of the Xhosa Royal Council and presidential poet to Nelson Mandela, Zolani Mkiva, said this was the first time an Aids awareness campaign had been taken to the rural areas "The message will be taken . to where it has never been taken before. There is ignorance among our youth They in particular are our target and we will communicate the message in a way that they can easily relate to."

HIV virus and breast feeding: new view

'No extra transmission risk'

(92) ARG 14/8/99

ADELE BALETA

In a major turnabout, Durban researchers have found there is no extra risk of an HIV-positive mother passing on the virus to her baby if she exclusively breast feeds for the first three months

Current health policy is to discour age HIV-positive mothers from breast feeding for fear of transmitting the virus through the breast milk This has been based on previous research which showed that breast feeding increased the risk of mother to-child transmission by 14% That research has now been shot down by the cut ting edge study by Natal University's medical school, published this week in the prestige British journal, the *Lancet*

Based on the findings of the study, the biggest and only one of its kind, the authors have called for an urgent review of the Health Department's breast feeding policies for HIV infected women.

Research leader Anna Coutsoudis said the study, involving 547 HIV-infected women, compared transmis sion rates in exclusively breast fed, mixed fed (breast milk and water, other milks, cereals etc), and bottle fed (never breast fed) babies

It showed that breast feeding in the first three months of a newborn's life carried a 48% lower risk for HIV transmission than mixed feeding.

The rate of transmission at three-months in 156 children who were never breast fed was 18,8% compared with 24,1% in the 288 babies who had breast milk and other feeds But of the 103 infants who were given only breast milk, only 14,6% were infected.

The ground breaking research is significant as it suggests that exclu sive breast feeding protects the gut wall from damage by contaminants A "leaking" gut would allow easier access of the HIV virus

Mixed feeding, in poor areas where there is likely to be contaminated water, and unhygienic food prepara tion could increase the risk of bacteria entering and damaging the infant's gut wall, thereby allowing transmis sion of the virus

Dr Coutsoudis said the study had major cost saving implications It would cost the Government an esti mated R50-million to supply formula milk to all HIV infected mothers to bottle feed their babies for a year

She said the study suggested that women who chose exclusive breast feeding should only do so for the first three months, feeding choices after that should follow current un Aids guidelines

Jerry Coovadia, head of paediatrics at Natal University, said that in Africa most HIV infected pregnant women would choose to breast feed their infants even after being counselled not to Many might be forced to breast feed because of poverty "These findings will provide relief from uncertainty and an escape from guilt."

'Current policy is to discourage HIV-positive mothers from breast feeding'

Greg Hussey of the University of Cape Town's paediatric department said the study was "good information" and "biologically plausi ble" He said it would help with the stigma around HIV as women who were not breast feeding their babies for their own reasons were likely to be labelled HIV-positive As a member of the team overseeing the mother to child HIV-transmission project in Khayelitsha, he said the breast feeding policy for HIV infected mothers would be reviewed in the next month.

Saadiq Kariem, head of the Western Cape Aids programme, said that until then the protocol by which HIV infect ed mothers were given AZT and encouraged to formula feed with bot tles would remain in place He said he was "cautiously optimistic" about the research which would have major implications for messages given to HIV infected mothers on whether or not to breast feed.

Zoom 2C

Jail condoms spark debate

(92) ART 17/8/99

POLITICAL CORRESPONDENT

Free distribution of condoms to prisoners continued to be a hot topic when MPs quizzed Correctional Services Minister Ben Skosana and a top prison official on the controversial policy

Among those seeking clarity on the policy during a briefing for new and returning MPs yesterday, were Mr Skosana's party colleagues Albert Mncwango and Velaphi Ndlovu

Top Correctional Services official Steven Korabe said the reality was that there was an AIDS problem and that homosexual activities took place in prisons

Before condoms were distributed, Mr Korabe said medical staff briefed prisoners on the prevention of HIV, the virus linked to AIDS

Emphasising that distribution was done in a systematic and informed fashion, Mr Korabe said. "They are not just taking them and running to the cells"

Spread of HIV comes under the spotlight at unions congress

BD 19/8/99 (92)

Reneé Grawitzky

THE spread of HIV-AIDS has finally hit home to the Congress of SA Trade Unions (Cosatu) and its campaign to highlight this was clearly depicted on T-shirts and bags distributed at the start of the federation's three-day special congress in Johannesburg yesterday

Thousands of delegates paraded their T-shirts bearing the symbolic AIDS ribbon surrounded by the words 'Cosatu cares'

Over the next two days delegates are expected to debate the adoption of a number of resolutions including those about HIV-AIDS

The federation said in a discussion document that the "war against HIV-AIDS cannot be won by government alone"

Therefore, the federation had to implement a comprehensive strategy to deal with this

Cosatu has already urged its leadership and members to voluntarily take HIV-AIDS tests and break the silence about those carrying the virus

"A new culture of openness must be encouraged," the federation said

Consideration would also be given to assisting unions to conduct research among their members, including HIV testing, to establish the extent of the spread of the disease among members

Such testing should be carried out with the consent of members and in the context of a carefully planned process involving counselling and support

Draft resolutions call for HIV-AIDS to be declared a national emergency

The federation has also proposed the immediate formation of a national AIDS commission that will be mandated to assist the implementation and monitoring of an emergency plan of prevention, treatment and care of AIDS sufferers

The draft resolution also calls on business to support and contribute to a fund to carry out HIV-AIDS education and develop workplace policies

The federation has also proposed the drafting of a national code of good practice on AIDS and employment by the Employment Equity Commission

This code would provide clear guidelines on the protection of workers from unfair discrimination

New Swazi bill proposes death for rapists who pass on HIV

(92) (312)

James Hall

MBABANE — Convicted rapists who infect their victims with the HIV virus will face death by hanging in Swaziland when the Public Health Bill is passed

Also facing the hangman will be those convicted of indecent assault, sodomy and incest who infect victims with the virus that leads to AIDS

The Human Rights Association of Swaziland is protesting against the bill and says that the kingdom is a signatory of a United Nations (UN) accord banning the death penalty

However, the Swaziland Action Group Against Abuse, which spearheads awareness of rape and crime affecting Swazi women, supports the bill

Death will apply whether the convicted rapist is aware of his own HIV status or not but the bill is silent about people who know they have AIDS and pass it on through consensual sex.

The UN Children's Fund estimates one third of the Swazi population is infected with HIV The ministry of health's estimate is lower at 25%

The last execution was in 1973, but Justice Minister Chief Mawem Simelane announced its revival when he advertised in foreign publications last year for a hangman

BD 19/8/99

We're halfway to the Holocaust, s

KERRY ENGELBRECHT

Umtata – Port Elizabeth has as many HIV positive people as Australia and New Zealand combined, according to Dr Robert Shell, the head of the population research unit at Rhodes University's East London campus

Speaking at the fourth annual conference hosted by Unitra and German political foundation Konrad Adenauer-Stiftung here this week, Dr Shell highlighted the threat of Aids to consolidating democracy in the country

primary reason why the incidence of HIV had escalated since 1988 In 1988 six cases of HIV were reported in the area, 10 years later, there are now more HIV positive people than ratepayers in one street.

Dr Shell warned that Aids posed a very real threat to democracy in South Africa, saying that the Eastern Cape should not be consoled by the fact that 18% of the province's population was infected compared with 33% in KwaZulu Natal.

Dr Shell was one of many national and international speakers at the conference, which drew academics,

political representatives and distinguished media representatives including media specialist Allister Sparks.

Presentations on the theme of "consolidating democracy in South Africa" included in-depth presentations on the threats facing the country's infant democracy, the implications, contributions, problems and opportunities as well as perspectives from eight political party representatives.

Konrad Adenauer Foundation resident representative Dr Michael Lange said the foundation was one of five political foundations in Ger many that sought to develop and encourage people to engage in political debate, thus strengthening democracy and promoting a plural istic society

The foundation was actively assuming a share of responsibility for shaping international relations.

"By engaging in a variety of activ ities these foundations help to strengthen the concept of human rights, assist economic development and help to implement social justice and the rule of the law," he said.

incorporated into the SANDF, without HIV tests, and were randomly distributed across the country

Mostly they were sent into poorer areas where, with their steady income, they were extremely attractive as far as sexual liaisons were concerned.

"If you were planning a pandemic, you couldn't have a better blueprint," said Dr Shell.

He cited a Port Elizabeth suburb surrounded by an international airport, an upmarket golf course, a railroad and a military base He suggested that the military base was a

gains as well.

As well as studying the role truck ing routes had played in spreading the virus, Dr Shell asked why the highest HIV statistics appeared in communities around military bases.

Apart from the armed forces of the old regime who were operating largely in HIV territory, along the frontlines of Angola, for example, former revolutionary cadres, such as umKhonto weSizwe, were also fighting and living in these areas

After the first democratic election in 1994 they returned home to be

Dr Shell's presentation on the silent Aids pandemic in South Africa was a harsh reality check during the first session of the three-day conference

He outlined his research into the role the military played in spread ing the pandemic, which now affects about 10% of the country's population. He described the situation as "half way to the Holocaust"

Calling the pandemic an "unsuspected Trojan horse", Dr Shell said the silent revolution was not only going to undo the country's development gains but perhaps its political

S African states join forces to battle Aids

(279A)

Foreign pharmaceutical firms to be urged to provide less expensive drugs (92)

ART. 21/8/99

COLIN MCCLELLAND
in Maputo

Southern African states have signed a health protocol to harmonise regional policies and increase co operation generally in the fight against Aids and other diseases

South African health officials say the protocol – signed at the Southern African Development Community summit here – could help organise the region to fight against foreign pharmaceutical companies for less expensive drugs to combat Aids.

Officials expect it will take a year for nine of the 14 individual SADC-state parliaments to ratify the protocol so it can be enacted.

"What the health protocol means is that member states are obliged to harmonise policy development and assist each other," said Thuthula Balfour, director of the SADC health sector based in Pretoria.

Dr Balfour said the protocol's formation of technical sub-committees could help countries work together to combat communicable diseases such as tuberculosis, malaria and Aids and co-ordinate resources of information and treatment.

It included provisions to help people in areas without proper facilities receive treatment in other countries But which treatment cases would be accepted by other states and how the cost would be paid were matters still to be settled.

Aids would continue to be a burning regional issue as cases kept mounting "In most SADC states, 20% to 30% of pregnant women have HIV, the virus that causes Aids," said Dr Balfour

"South Africa is still an evolving epidemic whereas it has peaked and levelled off at much lower levels in central and western Africa – about 10% to 15% We have a later epidem ic and it has not flattened or peaked."

The protocol might help organise fights against pharmaceutical com panies for less expensive drugs to combat Aids, said Dr Balfour

South Africa has been pushing pharmaceutical companies for par allel importation – the concept of allowing one manufacturing compa ny to undercut the prices of another to sell a drug in the South African market.

"Definitely this matter has not been settled and it could lead to more affordable drugs," said Dr Balfour "But there are a lot of vested inter ests," she added.

It was an issue close to home in Mozambique, host country to the SADC conference, where the state could not afford to stock Aids drugs, said the director of Monaso, an association of agencies trying to combat the spread of the disease

"Mozambique does not have drug because they are too expensive, bu we do have a hotline that people wh have money can phone to find ou where they can find drugs to buy," said Emilia Adriano

While her group promoted and co-ordinated the anti Aids struggle among about 70 agencies which might not have Aids as their main focus, she said the situation would get worse before it improved.

"I think it's getting worse because we have some provinces, such as Manica and Tete, where the level of Aids is 29% of the population. But in general, it's 14,7% across the coun try and as low as 10% in Maputo "

Ms Adriano welcomed the regional links proposed in the new SADC protocol.

"I think co-operation is very important because last year I went to Zimbabwe and they had more experience in dealing with problems, for example, of what to do with people living with Aids Here we have just three associations for that – there they have many "

Problems included finding funds for blood testing and getting information on Aids prevention to rural areas Dr Balfour said key issues involved increasing public aware ness and treating people who might have sexually transmitted diseases which increased susceptibility to HIV – Foreign Service

Mixed reception to HIV test call

By MOIPONE KOMANE (92) CP 22/8/94

CALLS by British Minister of Public Health, Tessa Jowell, for expectant mothers to undergo HIV tests to reduce the number of babies born with HIV have had a mixed reception Speaking at King's College Hospital during her visit to South Africa this week, Jowell said tests would reduce the risk of HIV being passed from mothers to babies by 80 percent by the year 2002

"We have worked closely with doctors, midwives, voluntary organisations and people with HIV on a number of schemes to encourage women to have HIV tests during their antenatal care," she said

A study showed that in 1997, of the 265 live births in the UK, 195 of them were born with HIV and more than 70 percent of the mothers had not been diagnosed at the time of giving birth

Jowell said once women were aware of their infection, evidence pointed to them accepting measures which would reduce the risk of infection to their babies from one in six to less than one in 20

The organiser of the seminar on "The position of women in the new millennium", Liza Tsatsi, concurs, adding that it is a positive step.

The co-ordinator of the book *Women Creating the Future*, Louisa Mogudi, said society must change its attitude to AIDS, as it was a life-threatening disease like diabetes, asthma and cancer

'We need cheap AIDS drugs now'

But balance urgency with safety – doctor

(92)

ARG 23/8/99

South Africa, with three million people infected with HIV/AIDS, needs a fresh drug development process that gets new, cheap drugs to patients as quickly and as safely as possible.

That is the view of Robin Wood, head of Somerset Hospital's department of medicine and director of the Princess Diana HIV Research Foundation, who said South Africa does not have the time to wait the standard 20 years new drugs take to make it on to the market

However Dr Wood, speaking at an HIV/AIDS media breakfast last Wednesday, warned against sacrificing safety for expediency

"The way in which drugs are developed is complex and expensive but we need to balance urgency of bringing products on to the market with protection and regulation," he said

South Africa's bid to get cheaper medicines has been in the news in America for several months where American consumer rights groups have accused US vice-president Al Gore of "bullying" the country over the issue

At the centre of the row is Clause15(c) of the Medicines and Related Substances Act, passed in 1997 but not yet promulgated and now being challenged in the High Court

The Act seeks to widen access to medicines by allowing cheaper generic substitutes for expensive patented drugs

Dr Wood said South Africa had a major HIV/AIDS problem and in view of that, the trade rules needed to be negotiated

CAELERS

HEALTH WRITER

Pharmaceutical companies, he explained, had their own problems in terms of producing new drugs For every 1 000 compounds tested, only one would actually be registered "so the pressure is for these companies to get bigger and bigger to cope with this in terms of economics"

Developing a new drug was an "unbelievably expensive and lengthy process", which did not necessarily work for Third World countries like South Africa

"We need faster drugs We can't wait 20 years to develop new, cheap drugs

"I would be happy with a drug that worked 70% as well as an existing drug, but was cheap My pressures in the South African situation are different to that of the First World," said Dr Wood

But he pointed to Virodene as a model of drug development South Africa could not afford to chance

"They went straight into clinical trials without first going through the complex process (as dictated by the First World) with its in-built safety nets that are there for good reason

"The drug was potentially toxic, they had no model for how it worked, they had no animal data and went straight into giving it to patients," said Dr Wood

Safety should never be sacrificed to get a new drug through fast But, the First World model of drug development had to be altered in line with the problem being experienced – "the more dangerous the disease, the more you are willing to take some risks"

'We need faster drugs ... we can't wait 20 years to develop new cheap drugs'

"The process is difficult really to short-circuit What we are doing is scouring existing drugs, looking for cheaper drugs, looking at cheaper combinations

"Perhaps a way around the lengthy process may be to run two parts of the trials simultaneously," said Dr Wood

The drug development process had to be evolved to get drugs out as fast and as safely as possible "What needs to be discussed is the question of whether we are willing to compromise on the sanctity of patent law in exchange for a large number of lives "

QUOTAS MOOTED FOR MEDICAL STUDENTS

New look at treatment for HIV positive moms

(92)

ET 25/8/99

RACIAL quotas for medical school admissions, co-operation with drug companies to stop medicines theft and a new deal for foreign doctors are among Health Minister Manto Tshabalala-Msimang's priorities Health Writer **JUDITH SOAL** reports

IT is unusual to hear a health minister motivating the case *for* treatment to reduce the transmission of HIV from mother to child.

For over a year and a half we have heard the health minister arguing against the treatment: It's too expensive, it only saves 20 lives for every 100 women treated, the health services, particularly in rural areas, are too thinly-stretched to take on the new responsibility

But yesterday, when Health Minister Manto Tshabalala-Msimang returned to the parliamentary portfolio committee she used to chair to discuss her plans for the next five years, she took a different tack.

Asked if treating pregnant women to prevent the spread of HIV to their children wouldn't just increase the number of orphans, she adopted the exact arguments of activists who criticised her predecessor, now Foreign Minister Nkosazana Zuma, for not providing the treatment.

"Actually by saving children from HIV we will also be saving the health services the costs of treating those children when they are sick " said Tshabalala-Msimang "We will also bring a whole new generation into South Africa who would otherwise be lost These children will be able to contribute to our country when they grow up "

The minister wasn't saying that the programme definitely would be implemented, just that it would be "seriously considered" once the results of South African research into the effectiveness of the anti-Aids drug nevirapine were known at the end of the year

To be fair on Zuma, Tshabalala-Msimang has a much easier task Before Ugandan studies on nevirapine were released recently the only drug known to reduce HIV transmission to children was AZT — which costs R400 for each woman treated Nevirapine promises better results for about R34, making the implementation of the treatment so much more feasible

While her comments on nevirapine will please Aids activists, they won't be so happy with what she had to say about making Aids a notifiable disease and obliging health workers to inform the family and caregivers of people with Aids.

"We have called for comments on the proposals (to make Aids notifiable) and are now going through the responses," she said. "Some of them are against, a large number are in favour What seems clear from our trip to Uganda is that while notification is necessary we probably need to go beyond this."

In a two-hour briefing to the health portfolio committee, her first since being appointed as minister, Tshabalala Msimang also spoke about:

● The possibility of racial quotas in the selection of medical students to ensure that future doctors were representative of the population "It is unacceptable that five years after our democratic victory there is still a hesitation on behalf of the training institutions to transform If we think quotas are necessary to make this change then we won't hesitate to use them."

'By saving children from HIV we will also be saving ... the costs of treating those children.'

● A new arrangement with pharmaceutical companies to provide exclusive labelling for drugs bought by the public sector so that they can't be stolen and sold in the private sector or other countries "A survey in Germany recently found that there were drugs marked for South Africa being sold at greatly reduced prices. We know there's a large syndicate involved in drug theft from our hospitals and we are determined to stop it," she said.

● The much-discussed Social Helth Insurance Scheme, which will provide medical cover for people who are employed but unable to afford medical aid, that should be drafted by March

● The provision of contracts to foreign qualified doctors so that they will have security of tenure Tshabalala Msimang, who herself qualified as a doctor in the former USSR, said the department had met with the association of foreign qualified doctors last week to discuss these contracts.

Legislation to be tabled this year includes:

● The Pharmacy Amendment Act, which extends to pharmacy students the requirement do one year's compulsory community service, as done by medical students

● The National Health Laboratory Bill, which allows for a single parastatal laboratory service to be formed from the old South African Institute for Medical Research and the provincial laboratory services

● The South African Medicines and Medical Devices Act (Samdra) — the legislation that caused all the trouble by overriding the old act before the new regulations on illegal substances were finalised, so, in theory, legalising all sorts of hard drugs "It is now common knowledge that an error was committed by the department which has now been overruled by the courts," said Tshabalala-Msimang. "We hope to pass some amendments this sitting but we might defer it to January "

Apart from a few jibes from the DP and IFP, yesterday's portfolio committee meeting was remarkably congenial, with members — new and old — welcoming and congratulating the minister But one of the most contested health issues, the recent legislation outlawing tobacco advertising and regulating smoking in public places, remained untouched.

Although the bill has been passed into law it doesn't become active until the minster publishes the new regulations in the *Government Gazette* All she would say yesterday was that these regulations were "in the final stages", but she hadn't had a chance to read them yet.

PLAN Health Minister Manto Tshabalala-Msimang, who recently returned from a trip to Uganda to investigate that country's response to HIV, said Suth Africa's health system was already feeling strain of the Aids epidemic "It is critical that we move in the direction of Uganda and establish a commission or an advisory board that can monitor and control all the resources available for HIV work " PICTURE: ANDREW OCTOBER

Community 'key to AIDS fight'

If we don't work together we will die together, says health minister

(92)

ART 24/8/99

DI CAELERS
HEALTH WRITER

Secrecy around HIV/AIDS in South Africa has to go, or there is no chance of making inroads against stigmatisation and discrimination, never mind winning the battle against the disease.

That was the message yesterday from Health Minister Manto Tshabalala-Msimang, during her address to the parliamentary portfolio committee on health

She stressed that public awareness campaigns would be required "over and over and over"

"Indications are that more than 90% of South Africans know about AIDS and know how it is transmitted. The difficulty is that they don't use that information to make sure HIV/AIDS is not spread, they don't change their behaviour

"It's critical that we intensify public awareness so people understand there is no cure or vaccine," Dr Tshabalala-Msimang said

Tshabalala-Msimang

Hospitals and health institutions did not have the capacity to treat people with clinical AIDS and other opportunistic diseases, and the burden would begin to fall increasingly on communities

Discussing her recent trip to Uganda, one of the only countries in Africa to have turned its HIV-infection rate around, the minister said the country did not have the kind of resources South Africa had Ugandans were not asking what the government was doing, but what they and their families could do to help.

"Central to their reasons for success is this social mobilisation, combined with decisive political leadership," she said

One of the reasons for her trip had been to examine new studies there that suggested the new, cheap AIDS drug Nevirapine was 50% more effective than AZT in reducing mother-to-child HIV transmission

Nevirapine, the active ingredient in Viramune, a product supplied in South Africa for the management of adult HIV infection by Ingelheim Pharmaceuticals, is also being tested here and Dr Tshabalala-Msimang said she hoped for a South African result by the end of the year

The South Africans were giving two doses and the Ugandans only one, and if the second dose could be eliminated after research, this option would be affordable

Dr Tshabalala-Msimang said the responsibility of tackling HIV/AIDS lay with all South Africans

"If this government is not able to arrest the spread of HIV/AIDS, it is not only the Government that will die – it will be all of us who die," she warned

Statistically speaking, 64 MPs could have HIV – Nat

(92) ARLT 26/8/99

CHARLES PHAHLANE
PARLIAMENTARY BUREAU

How many of the 400 National Assembly MPs could be infected with the HIV/Aids virus?

Based on statistical projections of the infected population, the answer is 64, says New National Party MP Dr Kobus Gouws

Speaking during a special debate on the HIV/Aids epidemic, he said politicians should create a change in the mindset of people and promote a change in lifestyle

Health Minister Manto Tshabalala-Msimang said six million South Africans would be infected with HIV by 2005, resulting in one million AIDS orphans

She said South Africa was one of the last countries to be affected by the epidemic but the spread of HIV was the fastest and the worst She said about 1 600 South Africans were infected daily with HIV

"Due to the fact that HIV/AIDS affects the sector of the society that is driving the economy, failure to respond to its impact will undermine all the developmental gains made in the last five years," Ms Tshabalala-Msimang said

She said the Government was also targeting children between 12 and 15 with the message on HIV/AIDS awareness In October, the Government will launch a tertiary institute programme on HIV

The minister said 60% of the patients at Baragwanath and 50% of patients at King Edward Hospital were being treated for HIV-related illnesses

She said people should not place their hopes in drugs since there was still no cure for AIDS. The fight against AIDS required political commitment, a partnership with communities and the promotion of sexual abstinence, faithfulness and the use of condoms

The Democratic Party, however, said the ANC government's successes at fighting the HIV/AIDS epidemic were "cloudy" and cuts in the health budget sent the wrong message about its commitment DP MP Mike Ellis said there was no room for complacency

Pioneer group spreads the word about the dread disease that needs no name

ARGT 27/8/99 (92)

DI CAELERS
HEALTH WRITER

In township talk it's called "the three-letter disease", or you may just get shown three fingers in response to your question of how someone died – it's a world in which HIV is so hidden and secret that people won't even say its name

"Same thing" is another code word for death from AIDS in communities so far from accepting the real presence of HIV/AIDS that infected people often do not even disclose their status to the people with whom they live

It is against this background that a small group of men and women living with HIV are preparing to not only address the stigma and discrimination, but to also help themselves both physically and emotionally

The Sizophila (we will survive) project pioneer group of 10 HIV positive women, trained as counsellors last year, has now grown to include a second group of men and women who are about to finish their counselling course Plans are also on track for an income-producing vegetable farm – a plot in Philippi ha[illegible] been donated to Sizophila – and eventually the group will also open a safe house

In training: Koliswa Mshudulu, a Groote Schuur social worker, talks to HIV-positive Sizophila counsellors at the Pr[illegible]opl farm

A community project of the Diana Princess of Wales HIV Research Foundation at Somerset Hospital, Sizophila has thrown a lifeline to many HIV positive people like Elaine of Mandalay, who lost her husband to AIDS two years ago

When her sewing business burnt down in June she was left with nothing but a sewing machine – and her eight year-old son to care for

Now Elaine runs Sizophila's office in Guguletu which she says is a haven for the HIV-positive counsellors, probably the only place in which they have the freedom to discuss their disease

Once work starts at the vegetable farm next week, there will be another place to "hear other people's stories and realise they still have a place in society"

Elaine says "there is nothing wonderful about knowing you have HIV Whatever you planned to do will come to an end, except for the hope of a new drug.

"We are all on waiting lists for drug trials but the most painful thing is knowing there are drugs out there but you cannot afford them."

Then there is knowing that she is unlikely to see her beloved son finish school, and that in the long term she won't be there for him.

Elaine is preparing to travel to visit her family in Zambia – her husband was South African and she has lived here for nine years – to tell them of her HIV status, and to try to secure her son's future

Even the woman with whom she shares her home doesn't know Elaine is HIV positive "It's so difficult because you don't know how they will react, that's why people don't tell You so much need people who will love and support you, you don't want to risk that," she says

Latest estimates are that 3,6 million South Africans are now infected with HIV In just three years, HIV prevalence leapt from about 7% in 1992 to 21% in 1995 in the 20 to 24 year old age group, with about one in five young mothers attending ante-natal clinics now infected with HIV Countrywide, 11% of males between between 14 and 45 are believed to be infected today

Although the Western Cape has the lowest incidence in the country at 5,2%, figures vary from area to area In Guguletu the infection rate is 11,5%, and 15% in Khayelitsha

Elaine says "It is not easy for us, especially now that we are disclosing as part of our community work There is always risk because people in the community are totally denying this illness"

Linda Gail Bekker, co-ordinator of Sizophila, says the project grew out of a realisation of the depth of social problems being experienced by HIV positive people attending the Groote Schuur HIV clinic

"Time and again we heard the same problem, that there was just not enough support. The people with HIV themselves were coming to me and saying they wanted to get more involved," Dr Bekker says

■ Sizophila would welcome donations of seeds, compost and other gardening implements for their vegetable farm. Call (021) 402 6398

The three-letter disease: three fingers say it all

AIDS killing: Four in hushed release

ST 29/8/99 (92)

RANJENI MUNUSAMY

TWO prominent South African AIDS campaigners have joined a group of international activists to express outrage at the hushed release of four alleged killers of Durban AIDS worker Gugu Dlamini

The chairman of the International AIDS 2000 Conference, Professor Hoosen Coovadia, and the spokesman for the AIDS Law Project based at the University of the Witwatersrand, Mark Heywood, have issued statements on an international AIDS Internet chatline condemning the release of the suspects

Dlamini, 36, a volunteer field worker for the National Association of People Living with HIV and AIDS, was beaten to death in December for disclosing that she was HIV-positive Four youths were arrested in January for the killing but charges against them were withdrawn in May

Police spokesman Director Bala Naidoo said the charges against the suspects were provisionally withdrawn due to insufficient evidence. He said a task team had been appointed to investigate the matter further and the men could be rearrested if enough evidence was gathered to prosecute. The release of the suspects was not reported in the South African media but featured on the CNN Interactive web site two weeks ago The report has sparked international condemnation of the suspects' release and the South African government's handling of the case

Coovadia said organisers of the AIDS 2000 conference were "appalled by the failure of our criminal detective system"

"It will be a terrible tragedy if no one is punished for Gugu's death It's a disgrace that nothing has been done about it

"We hope that with the conference being held in South Africa, the focus of the people of this country will shift towards breaking the silence on discrimination, and this in turn will prevent more senseless killings or misdirected attacks on People Living with HIV and AIDS"

Heywood said the government should have ensured that Dlamini "did not die without the prospect of justice"

"The dropping of charges speaks volumes about the lip service and rhetoric that is paid to human rights violations, while nothing is done to address or resolve these problems This is why people with HIV/AIDS have good reason not to trust those who encourage them to 'come out'," he said

September
1999

Asmal aims to smash AIDS taboo

ARLY 2/9/99 (9a)

Safeguarding of infected pupils tops agenda of new campaign

DI CAELERS
HEALTH WRITER

Protection from discrimination against pupils and teachers living with HIV/AIDS is at the heart of Education Minister Kader Asmal's new HIV/AIDS policy for schools and tertiary institutions.

Professor Asmal says the policy, released officially yesterday to coin cide with the start of Schools AIDS Week, aims to help remove the biggest taboo around HIV/AIDS – the silence.

"We want to ensure that prejudice and violence doesn't extend to those with HIV/AIDS, and are committing ourselves to implementing this policy in every school and other educational institution in the land," said Professor Asmal at a press briefing yesterday

The first step is to distribute a booklet, which explains how to deal with issues that may arise with an HIV-positive pupil, to each of the country's 27 000 schools.

"It deals with practical issues, like what to do if a child falls on the playground and and starts bleeding, and it will be in every school in the country by the end of the year," said Professor Asmal.

The policy does not make it compulsory for pupils, students and teachers living with HIV/AIDS to disclose their status.

But if they do, the policy says, "an enabling environment should be cultivated" in which confidentiality is assured and unfair discrimination not tolerated.

AIDS education, the policy says, should be age-appropriate and constant, and assimilated into the curriculum rather than isolated to a particular time and place.

Its purpose is to prevent the spread of HIV infection, allay excessive fears of the epidemic, to reduce the stigma attached to it, and to instil non-discriminatory attitudes to people living with HIV/AIDS

Education departments will be expected to name an HIV/AIDS programme manager and a working group to discuss policy with staff, and to monitor progress.

Salama Hendricks, education department director for early childhood development and schools, said although disclosure was not compulsory, once people did disclose, there needed to be an openness and a promotion of reciprocal trust.

"Knowledge and acquisition of the correct skills are important, but so too is the development of correct attitudes.

."A nurturing environment is essential where people are provided with security at both an emotional and physical level," she said.

The department is set to do a sample study of HIV/AIDS in schools from which they hope to be able to make firm projections that will influence future decisions.

Old Mutual survey shows companies are ill-prepared for onslaught of healthcare expenses

Next decade's Aids bill expected to be R23bn

ET (BR) 2/9/99 (9a)

ADELE SHEVEL

Johannesburg – Aids related ail ments were expected to cost the country about R23 billion in the next decade, assuming there were no additional cost-control mea sures according to Old Mutual Healthcare s 1999 survey released yesterday

The survey considered infor mation from 56 companies Ac cording to the survey only 64 per cent of the workforce were mem bers of a company sponsored medical aid scheme.

Aids was seen as the second most important issue facing med ical aid schemes after controlling costs. But according to the survey, about 23 percent of employers were doing nothing about the issue.

Aids-related costs incurred on medical schemes equated to about 8 percent of medical scheme premiums and were ex pected to reach 35 percent of these costs by 2009 Costs were expected to become increasingly prohibitive, to the extent that em ployers were shifting responsibility on to employees

Among the initiatives to con trol costs were managed care, a cost shift on to the employee and employee education.

US-style managed care, which was touted as the answer to lower South African private health care costs when it entered the market in the early 1990s, was "spectacu larly unsuccessful"

The top three cost control in tiatives over the next three years were expected to be employee health education, implementa tion of managed care initiatives and capped contributions.

One of the reasons managed care did not work was lack of adequate information from which informed decisions could be made, and the fact that service providers (such as doctors) were averse to the process. As to whether managed care had worked, 54 percent of the respondents said it was working, 30 per cent did not know and 16 percent said no However, only employers had been surveyed.

Medical inflation was still outstripping normal inflation and was expected to continue to do so. Major cost drivers included an ageing population, increases in violence and crime, and new drugs. Companies were becoming less inclined to offer retirement health benefits to new employees.

"It was interesting that the attitude of the respondents had not changed dramatically since the previous survey in 1997 in spite of a dramatically changed environment," said Adrian Baskir, the ac tuary at Old Mutual Healthcare.

CAPE ARGUS, FRIDAY, SEPTEMBER 3, 1999

AIDS-related deaths set to hit 500 000 a year

Research being done on community-based and home-care models to ease state hospital burden

(92) ARG 3/9/99

CLIVE SAWYER
POLITICAL CORRESPONDENT

AIDS-related deaths will number 500 000 in 2010, Health Minister Manto Tshabalala-Msimang has told the National Assembly.

Estimates were that such deaths would number 200 000 next year, 300 000 in 2002, and 400 000 in 2004.

"Longer projections are considered of little value due to the complex and relatively unknown dynamics affecting the spread of HIV," Dr Tshabalala Msimang said.

She was replying to questions by Graham McIntosh (DP) who asked if her department had estimated the increase in the number of AIDS patients at state hospitals over the next 20 years

The AIDS death rate was calculated at a meeting in September 1998.

Dr Tshabalala Msimang said her department had recognised the burden that state hospitals would carry because of AIDS and had looked at alternative models to complement hospital based care

Two organisations, the Hospice Association and the Institute of Urban Primary Health Care, had been commissioned to do research on care and support.

Their mandate was to develop and test models for community-based and home care

Hospice was testing their model of integrated home community based care at seven sites in five provinces The Institute was testing the "Buddy Model" that was being used by Friends for Life in Alexandra in Gauteng and Mphophomeni in Kwazulu-Natal.

Implementation of both projects started in July, and the completion date was March next year

Issues that were being investigated included a cost analysis of home care compared to hospital care, the role of volunteers, and standards of care and referral systems

"In the interim, lessons learnt since the beginning of the research that can be implemented with immediate effect will be submitted to the department at the end of October 1999," she said.

Asked about statistics on HIV infection among South Africans younger than 21, Dr Tshabalala-Msimang said the infection rate among teenage girls was of "great concern" having risen from 12,7% in 1997 to 21% last year.

The Department of Health had set up a sub-directorate to co-ordinate a youth programme.

This would involve AIDS education for people in and out of school, while it was hoped to launch an HIV-AIDS programme for tertiary institutions this month.

Defence Minister Patrick Lekota has told Parliament that the Defence Force was "just as affected" as the general population with regard to the risk of HIV.

Replying to questions by PJ Schalkwyk (DP) Mr Lekota said the high percentage of HIV infection "poses special challenges to the SANDF with specific regard to international deployment"

The management of HIV was the responsibility of the Surgeon-General and was done in conjunction with the SA Medical Health Services in terms of policy devised in the early 1990s Mr Lekota said.

MAIL & GUARDIAN
September 3 to 9 1999

'Soldiers brought Aids to SA'

(92) M+G 3-9/9/99

Moving in: Did soldiers from armies like Umkhonto weSizwe bring Aids to South Africa?

Aaron Nicodemus

A leading Aids researcher says military bases in Angola and northern Namibia — belonging to the old South African Defence Force (SADF) the African National Congress's armed wing and the Inkatha Freedom Party — are primarily responsible for the rapid and uneven spread of the disease in South Africa

Dr Robert Shell head of the population research unit at Rhodes University, calls his theory "The Trojan Horse" Based on previous studies, Shell says that the HIV infection rate in communities near military bases is significantly higher than expected He also looks at the higher than expected rate of HIV infection around military bases in Liberia and Uganda.

Northern Namibia forms the crux of Shell's argument The area, formerly known as Ovamboland, has been the site of much military action, including the SADF's staging area for the attack on Cuban forces in Angola. It also served as a training ground for IFP cadres, who spread instability in KwaZulu Natal in the 1990s.

A Save the Children study found that along truck routes in northern Namibia, the HIV infection rate was as high as 30% But in Eehana, a remote village with a military base, the HIV rate was between 10% and 20%, much higher than one would expect, Shell says The study also examines HIV rates at nearby secondary schools and finds them much higher than expected — a sign Shell says that students are being infected by soldiers in the military compound

"This clustering was very probably due to the military base, as the settlement is relatively isolated," Shell says.

Nobody has presented a convincing explanation for the pronounced regional variance in the provincial breakdowns, and within provinces there seems to be an equivalent ignorance The Trojan Horse hypothesis should be considered in terms of the uneven spread of the epidemic in the province "

Shell argues that many soldiers — whether SADF or liberation forces like Umkhonto weSizwe, which were later assimilated into the South African National Defence Force (SANDF) — returned to South Africa infected with HIV When integrating the army personnel in 1994, the SANDF leaders decided that there would be no testing of soldiers for HIV, in what Shell characterises as a political issue. He calls the decision "a tragic and conceivably catastrophic watershed event for the history of Aids in South Africa

Once veterans returned from foreign wars between 1992 and 1994, they were distributed all over the country and "became an almost perfectly randomly distributed set of sites" to kick start the Aids epidemic, Shell says. "A better blueprint for spreading Aids" could not be devised, he said.

But Mark Heywood, head of the Aids Law Project, says Shell uses his valuable research to draw "wrong, dangerous and in some cases inexplicable conclusions ' He chooses to ignore some real issues brought out in his paper, ' Heywood says

The research indicates there should be better counselling of soldiers about the risk of Aids and how to manage the disease once infected, Heywood says. The government should concentrate prevention efforts in communities that surround military bases, he says, and pre-employment testing of new recruits is ineffective in keeping Aids out of the army.

"The military has factored into the spread of HIV in South Africa but his conclusions are totally, totally wrong," Heywood says "This is an attempt to simplify a complicated issue, an attempt that does not stand up to scientific scrutiny"

Shell says his paper does highlight some of those issues, and notes that the army is culpable for not taking a more forceful stance in preventing the spread of HIV/Aids among its soldiers and the communities living around military bases. Had the army taken a more proactive stance, perhaps a considerable number of HIV/Aids cases could have been prevented he says

Major Louis Kirstein of the Department of Defence denies that the military is the sole cause of HIV in South Africa "It would be regrettable if the SANDF is singled out as a single factor in the current HIV epidemic in South Africa," he says "The current severity of the HIV epidemic in our country calls for greater co-operation between all organisations."

He went on to say that the SANDF is committed to prevention of HIV transmission both within its forces and among the community at large

Shell also cites several specific examples of military personnel behaviour that bolster his argument One involves an elderly woman in the Eastern Cape who was violently raped by several soldiers, and eventually died from her injuries.

Shell also cites extremists with in the security forces who used Aids as a way to control or eliminate "undesirables", mainly blacks Shell cites a plan allegedly hatched by Eugene de Kock and two underlings, Willie Nortjé and "Brood" van Heerden, to infect Hillbrow prostitutes

According to separate affidavits filed by Nortje and Van Heerden in Denmark in 1990 four askaris (named Ydam Stretcher, Sebole and Vietnam) were diagnosed as being HIV positive They were placed as security guards in two Hillbrow hotels, and their assignment was simple infect black prostitutes with Aids According to Nortje the order came from De Kock

In his testimony to the Truth and Reconciliation Commission, De Kock denied that he concocted the plan or ordered the men to infect prostitutes. "It is a known fact that most regular clients of black prostitutes are white men I wouldn t have achieved anything by infecting prostitutes."

Shell says that it only takes a small number of seed individuals to start a pandemic of Aids In this case, the model would start with four HIV positive askaris and four infected prostitutes being injected into an HIV free population of one million people.

Shell assumes that 43% of the population is not at risk and also assumes a low in migration Shell says that by 2026, the eight HIV positive individuals would have been the direct cause of 365 788 Aids deaths

"That is the havoc which [these four men] could still wreak," Shell said.

Boy clever

Aids killing a shame on activists

ARLT 4/9/99

HIV positive women stoned

(92)

DI CAELERS

Furious members of the Aids Law Project have rebuked the "Aids community" over the death of Gugu Dlamini, who was stoned and murdered in KwaZulu Natal when she revealed she was HIV positive.

The "Aids community" should "hang their heads in shame", they said

The case against the four suspects in Ms Dlamini's death was withdrawn last month, apparently because of a lack of evidence But yesterday KwaZulu Natal attorney-general Mokotedi Mpshe promised the case would be reopened

In a statement posted on an Aids website this week, staff of the Aids Law Project at the University of the Witwatersrand attacked Aids activists and the police for failing to bring the suspects to book

'The state should have ensured that Gugu did not die without justice'

Given the magnitude of South Africa's Aids epidemic, the government should have ensured Ms Dlamini "did not die without the prospect of justice", the statement said.

Ms Dlamini went public about her health status on World Aids Day in December last year She was stoned and beaten to death later that month.

The Wits project had a message for international readers "The next time a person from South Africa tells you they represent people living with Aids in our country, don't believe them People living with Aids are unorganised and unrepresented. That's the challenge."

The statement said dropping the charges against the suspects spoke volumes about "the lip service and rhetoric that is paid to human rights violations, (and) the lack of active attempts to address or resolve these problems "

That was why the stigma of having Aids was so enduring in Africa and why infected people "have good reason not to trust those who encourage them to 'come out' "

The project's Mark Heywood said he had heard more than two months before that the charges were expected to be dropped, and had told a meeting of the Aids Consortium in Johannesburg that the Aids community should hang their heads in shame for failing to monitor the police investigation

"Put cynically, Gugu has served her purpose Her name has probably been used in numerous funding proposals – and that's it

"Gugu was as dispensable as the thousands of other avoidable and premature deaths that take place every month – because poor marginalised black people can't afford treatments and their agonies are too easily overlooked," Mr Heywood said

He said South Africa had a long struggle tradition, and it was time for that tradition to be extended to the struggle against new forms of abuse and human rights violations,

On the same website, Hoosen Coovadia, chairman of the international Aids 2000 conference, which will be held in Durban next July, said it would be a "terrible tragedy" if no one was punished for Ms Dlamini's death

"Racial and religious discrimination are slammed (in South Africa) on the rare occasions that they occur Yet there seems to be very little outcry in this country about discrimination against people living with Aids "

CAPE TIMES
TUESDAY, SEPTEMBER 7, 1999

STUDY ON NEVIRAPINE

Low-cost Aids drug 'can save 30 000 lives a year'

ET 7/9/99 (92)

WOULD you be prepared to take a drug to treat a disease you might not have just because it saves the government money? Health Writer **JUDITH SOAL** reports.

THE cheapest way to stop the most children being infected with HIV is to treat all pregnant women — HIV-positive or not — with the anti-Aids drug nevirapine, according to an article in the latest edition of the medical journal *The Lancet*

Using computer modelling, the authors of the article compared the costs and benefits of various treatments intended to reduce the spread of the virus from mother to child

These were

- Providing doses of nevirapine to all pregnant women and their newborns
- Counselling pregnant women, testing them for HIV and giving nevirapine only to those who carry the virus that causes Aids
- Giving HIV-positive pregnant women the anti-Aids drug AZT

In a finding bound to spark the next wave of ethical debate in an Aids epidemic plagued by these questions, the authors found that since the cost of nevirapine is so low (about R24 per person) it would be cheaper to give the drug to all pregnant women, than only to those who are HIV-positive Nevirapine is thought to reduce the likelihood that a mother will pass the virus to her child by more than 50%

The article, written by Elliot Marseille of Health Strategies International and colleagues from health groups including the influential US Centre for Disease Control, doesn't go as far as recommending so-called universal treatment, but says it "might be appropriate in developing countries with a high incidence of HIV" — like South Africa

According to the model used in the article, it would cost about R25 million to give the drug to South Africa's one million pregnant women every year By assuming a 30% prevalence of HIV among pregnant women (it is about 26%) and running complex mathematical manipulations based on expected rates of transmission, rates of breastfeeding and effectiveness of the drug, the model predicts that universal treatment would save 30 000 lives a year at a cost of under R830 per child

The "targeted" intervention, which includes counselling and HIV testing, would cost R42,5m and avert 15 100 deaths (assuming some of the mothers would drop out of the programme before receiving treatment) The cost per life saved would be almost R1 800

The cost per life saved using AZT ranged from R6 600 to R16 600 Despite the differences in cost, all of these interventions would save the health system money in the long run because of the reduced costs of treating children with HIV

Local Aids workers have reacted to the article with caution Said Greg Hussey of UCT's Child Health Unit "I have heard talk of this type of blanket treatment but as far as I can see it borders on the unethical It is typical of the blunderbuss approach of international agencies"

Hussey said although there were no known short-term side effects of nevirapine, there was no way of telling what the longer-term effects might be "Can we expect mothers and children to take a drug that might harm them, when there may be absolutely no benefits to their health?"

But the most glaring oversight is the exclusion of other benefits associated with counselling pregnant women about HIV

Zackie Achmat of the Treatment Action Campaign, a group lobbying for affordable treatment for people with Aids, said the money spent on testing and counselling should not simply be seen as an additional expense

"It is an opportunity to educate more people about HIV/Aids and to reduce the transmission rates among the adult population, not just to children The international agencies seem to be missing the point of this," Achmat said

Compulsory HIV test recommended

(252)(92) 09/9/99

Commission wants victims of alleged sexual offences to be able to request this check

David Greybe

CAPE TOWN — Anyone arrested for a sexual offence should face a compulsory HIV test if the victim requests it the SA Law Commission recommended yesterday

Compulsory testing is necessary "in the light of women's undoubted vulnerability in SA today to widespread sexual violence amid the increasing prevalence of a nationwide epidemic of HIV and in the absence of adequate institutional or other victim-support measures", the commission said in a report to Justice Minister Penuell Maduna.

"In these circumstances there is a compelling argument for curtailing an arrested suspect s rights of privacy and bodily integrity to a limited extent to enable his accuser to know whether he has HIV," the commission said

Maduna told a media briefing that there was "mounting public concern and pressure on the authorities to take appropriate action with regard to the deliberate transmission of HIV infection"

Current SA law provides for HIV testing "only with the informed consent of the person concerned "

The public has been given until October 15 to comment on the legislative proposals

The commission recommended that compulsory testing be "victim-initiated", to ensure that only a person with a material interest in the arrested person's HIV status may apply for a compulsory testing order

To protect the victim from a potentially traumatising confrontation, the arrested person should not be allowed to take part in an application by the victim for compulsory testing, apart from having the right to challenge whether information on oath has been placed before the magistrate in compliance with the law

That the arrested person s rights are infringed "must be acknowledged and this must be reflected in safeguards built into the process created", the commission said

Orders for compulsory testing made only on the authorisation of a court, should be based on a specified standard of proof

"A deliberately false complaint would amount to perjury and a malicious activation of the procedure would be actionable."

The procedure should ensure confidentiality of test results "so that the information is provided only to the victim and the arrested person"

Law Commission report

Draft bills

- **Administrative Justice Bill**
  To give effect to the constitutional right to lawful, reasonable and procedurally fair administrative action.
- **Conflict of Laws Bill**
  To clarify when customary law should be applied instead of Roman-Dutch law
- **Sexual Offences Bill**
  To provide a single comprehensive act in respect of all sexual offences.

Discussion documents

- **Law of personal insolvency:** the first comprehensive review since 1916 to clarify the much-amended 1936 act.
- **Domestic arbitration:** to bring SA up to date in using arbitration to resolve commercial and other disputes.
- **Sexual offences (substantive law)** on sexual violence, to be followed by papers on prostitution, pornography and the legal process for managing sexual offences.
- **Compulsory HIV testing** of those charged with sexual offences.
- **Review of 1961 Marriage Act;** to adapt the act to the needs of contemporary SA.
- **Community dispute resolution,** to devise ways of helping community forums to play a more just and meaningful role.

Graphic: KUBEN DAVID Source: LAW COMMISSION

A separate report, the first of a three-part series towards a single comprehensive act in respect of all sexual offences was also released by the commission yesterday This report says

- The criminal law is the appropriate mechanism to address sexual exploitation abuse and violence against women and children in particular;
- The common law offence of rape should be repealed and replaced with a new "gender-neutral" statutory offence,
- It should be legally possible for a man to be convicted for raping his wife,
- Sexual penetration of any child below the age of 12 years should constitute a criminal offence
- A statutory provision called "child molestation" should be enacted aimed at prohibiting sexual acts with children under 16, and
- The commercial sexual exploitation of children should be prohibited.

The commission invited comment on whether female genital mutilation should be illegal.

Two more discussion papers "relating to the management of sexual offences and on adult commercial sex work and adult pornography" will be published later this year

Move to test rapists for HIV

(92)
Sowetan 9/9/99

THERE is a need for a law providing for compulsory HIV testing of people arrested for sexual offences, according to the South African Law Commission

This was necessary in the light of South African women's vulnerability to sexual violence amid the HIV pandemic and in the absence of adequate victim-support measures, the commission said in a statement

"There is a compelling argument for curtailing an arrested suspect's rights of privacy and bodily integrity to a limited extent, to enable his accuser to know whether he has HIV," the statement said

Justice Minister Penuell Maduna spoke in Cape Town of mounting public concern and pressure on the authorities to act on the deliberate transmission of HIV infection

This was in response to a number of widely publicised incidents of deliberate HIV transmission South African law provides for HIV testing only with informed consent, he said "Every person is entitled to privacy regarding medical information and no general legislation exists which allows for disclosure"

The commission said it should be acknowledged that the arrested person's rights would be infringed, and safeguards had to be built in

Compulsory testing of an arrested person should in principle be victim-initiated This would ensure that only a person with a material interest in the arrested person's HIV status would be able to apply for a compulsory testing order

To protect the victim from a further potentially traumatising confrontation, the arrested person should not be allowed to take part or give evidence at a victim's application for compulsory testing but should be able to challenge technicalities, the commission said

Orders for compulsory testing should be based on a specified standard of proof and testing should take place only on authorisation of a court A deliberately false complaint would amount to perjury

The commission has called for public comment on the issue by October 15

SALC official Professor Thandabantu Nhlapo said it was not unheard of for the commission to fundamentally change its views based on the comments it received – *Sapa*

● **See page 11**

Firms fall short on AIDS menace

(92) BD 10/9/99

Nicola Jenvey

DURBAN — Few company directors and managers have realised HIV-AIDS has the potential to close or cripple their businesses, despite an almost universal awareness of HIV-AIDS as "a killer disease".

This was the startling finding of research into AIDS preparedness in the workplace

The founder of the AIDS in the Workplace consultancy, Juan Kirsten, said companies appeared to treat the disease as "purely a human resources issue", thus neglecting the potentially devastating effect on markets and productivity

Only a few companies have provided for the financial impact caused by AIDS, while none have restructured company policy to cope with the pandemic

Kirsten said most companies have "higher priorities" such as continuing trade union negotiations, even though an estimated 20% of their workers are dying from the disease and HIV-AIDS is "draining their performance and profitability"

His research found most companies treat HIV-AIDS education for employees and their families as "charity or the humane thing to do" Yet few interviewees know how to select the correct education programme for their company or how to monitor its success.

Although Kirsten concentrated his study in KwaZulu-Natal, he is convinced the same principles hold true for the rest of the SA and other countries where HIV-AIDS is a threat

"The disease is not an exclusively African phenomenon The SA companies interviewed are not unsophisticated — they included multinationals — yet they have not properly absorbed the danger HIV-AIDS poses to their continued existence," he said

Kirsten has launched a website — www aidsinworkplace com — aimed at minimising the effects of AIDS on business performance

CAPE TIMES
MONDAY, SEPTEMBER 13, 1999 ★

CONFERENCE FOCUSES ON MEN

Africa urged to declare a state of emergency over Aids

(92) CT 13/9/99

LUSAKA: Speakers at the opening of the 11th International Conference on Aids and STDs in Africa have acknowledged that it is not enough to target women in safe sex campaigns because, on average, it is men who have more sexual partners. Health Writer **JUDITH SOAL** reports.

ONE of the main contributors to the HIV epidemic is a three-letter word Men

Although women typically have been the focus of Aids prevention efforts, academics and activists are realising that women cannot be held solely responsible

"Of course both men and women are involved in the sexual spread of the disease in Africa, but study after study has shown that on average men have more sexual partners than women," Martin Foreman, of the international developmental organisation Panos, said at a workshop with journalists ahead of the opening yesterday of the 11th International Conference on Aids and STDs in Africa

"Many men are reluctant to protect themselves against HIV and women aren't always able to persuade them to use a condom

"If you see the epidemic as a chain, then men are in the middle and women are at the end Men are more likely to contract and transmit the virus Women are more likely just to contract it"

Changing men's behaviour is one of the themes of this week's conference, which has attracted more than 5 000 politicians, researchers, activists and journalists from around the world

'Men are more likely to contract and transmit HIV. Women are more likely just to contract it.'

The opening ceremony lasted more than four hours It included 17 speeches, with familiar promises of renewed commitment by politicians and of resources to fighting the epidemic It was attended by health ministers from about 15 African countries, among them South Africa's Manto Tshabalala-Msimang US President Bill Clinton sent a message of support

Listeners were reminded repeatedly that 11 million Africans had died of Aids and 22 million were living with HIV

Southern Africa has the fastest-growing epidemic in the world One in seven new infections in Africa is in South Africa where, every day, over 1 500 more people contract HIV

Peter Piot, executive director of the United Nations Aids programme, UNAids, was one of many speakers who urged countries to declare Aids a national emergency

"The presence of so many top African leaders in this room shows that at last the heavy artillery has started to arrive," he said "The time is now to declare Aids in Africa a state of emergency, requiring emergency efforts (and) emergency resources"

On the programme for today is a session on "Enhancing men's participation and responsibility for HIV in Africa", a fairly new issue on the Aids agenda

Attention has tended to be focused on women, the assumption being that if women can be persuaded to change their behaviour, they will persuade men

A small, innovative youth project in Lusaka, the Youth Activist Organisation, saw through this years ago

"We realised that men were being left out of the reproductive health messages, even though their behaviour was crucial," said founder Holo Hachonda "We decided that one of the things we could do was to get fathers and sons talking about sex"

Hachonda and his colleagues run four-week football camps for fathers and sons every year In the mornings, participants are taught ball skills In the afternoons, football metaphors are used to teach them about safe sex

"We compare a condom to putting on shin guards for protection," Hachonda said "We talk about giving away a penalty when you go offside and how sexually transmitted infections are the penalty for unsafe sex

"Zambia is a football-mad nation Football is one of the best ways to start people talking"

'Everyone has role to play in curbing HIV'

HEALTH WRITER

LUSAKA Jeremiah Mulumba is HIV-positive He also has an active sex life

Although he always uses condoms when he has sex, he doesn't always tell his partners that he has the virus that causes Aids

Should he?

"It's everyone's responsibility to protect themselves against HIV," Mulumba says

"I use a condom so that I don't re-infect myself — perhaps with a stronger strain of the virus

"I'm not worried about infecting others — they have to worry about that"

Mulumba has thought about these issues carefully He is a peer educator who spends his life talking to young people about HIV and Aids He doesn't hide the fact that he is positive, he just doesn't see why he should have to mention it all the time

He knows he is one of the few Zambians prepared to say he is positive It is thought one in four adults carries the virus

"I was on television talking about HIV and after that people would stare at me They called me Mr Aids Once I was sitting in a club and a man went to buy four beers and put them down in front of me He said 'Here, drink up because you are going to die'

"But six months later that same guy who bought me the beers had (well-known Aids-related illness Kaposis' Sarcoma) marks on his face He was also positive but he didn't know"

Mulumba told his story at a media workshop before the start of the 11th International Conference on Aids and STDs in Africa

"Would you sleep with someone if you knew they were HIV-positive?" a journalist asked Said another "Shouldn't (Mulumba) at least tell the woman so she can decide for herself whether she is prepared to take the risk?"

But South African Aids activist Kevin Osborne disagreed

"Is there less of a risk when you sleep with someone who hasn't had an Aids test?" he said

"You need to assume that everyone may be positive, just as we need to treat all blood as though it carries the virus It isn't up to only those people who are positive to stop new infections — it is up to everyone"

Aids workers refine art of networking

(92) CT 14/9/99

JUDITH SOAL
HEALTH WRITER

LUSAKA The real business of this week's conference on Aids in Africa isn't the political announcements or promises of new donations — it's the participation of the people who do the real work

The World Bank is shortly to announce details of a "major new initiative" to fight HIV in Africa At the weekend, the UN's Aids programme launched its Internation al Partnership against Aids in Africa And yesterday the UN called a media conference to declare Aids a "developmental cri sis", coinciding with the decision by African leaders to call for a state of emergency around HIV

But in the corridors of the plush Mulungushi Conference Centre in Lusaka, where the International Conference on Aids and Sexually Transmitted Diseases in Africa is being held, the response is So what? These delegates don't need to be told that Aids is threat ening the life of our continent Most could quote the statistics in their sleep About four million Africans contract the virus that causes Aids every year

These delegates are the people trying to survive in the crisis They are those running small projects to teach people about HIV, those liv ing with the virus, health workers trying to find ways to care for people with Aids-related diseases

More than the fanfare that accompanies political announce ments or new donations, it is the intense discussions between these people — over dinner, during question-and answer sessions and on buses to and from the confer ence — about what works, what doesn't, what might, that will have the most immediate impact

They aren't saying politics and money are unimportant As is repeated in session after session, experiences in the only two African countries that have man aged to reduce the number of new HIV infections, Uganda and Sene gal, have shown that willing politi cians are a necessary but insuffi cient ingredient in the fight against HIV

That donor agencies, govern ments and bodies such as the World Bank have realised the dan gers to the global economy pre sented by Aids is being welcomed, but only in passing The real busi ness here is "What have you learnt, in your work, that can help me in mine?"

The findings of a tiny project in rural Cameroon to teach school children about HIV might not make headline news, but they do provide food for thought for those running similar projects in Soweto or Zambia's Copper Belt

A presentation by Brigitte Sya malevwe, an HIV-positive Zam bian teacher, received a standing ovation A session on nutrition for people with Aids and a presenta tion on how to discourage prac tices like female genital mutilation didn't draw large sections of the 400 strong media contingent, but from where many delegates stand they were more important than what the politicians had to say

It's hard to report on these details You probably won't read much about them or see them on TV But don't be fooled They're the real business of conferences such as this

Business will be forced to fight HIV

Koornhof spells out plan to curb infection

(92) ARG 14/9/99

Western Cape businesses, from small operations to huge factories, will have to join the battle against spiralling HIV/AIDS rates – and if they won't climb aboard voluntarily, legislation will force them to take action

DI CAELERS
HEALTH WRITER

This is a vital part of health MEC Nick Koornhof's plan to overhaul HIV/AIDS policy in the Western Cape, and bind business and govern ment departments to more meaning ful participation

He was speaking at a press con ference before presenting his health plan for the next three years to the provincial legislature yesterday

Mr Koornhof said that by the end of the year, about 10% of the Western Cape population was expected to be infected with HIV/AIDS

At current projected rates, by 2002 half the health budget would be spent on AIDS related diseases, with dire consequences for the ailing health service

Among his immediate plans are the establishment of a provincial HIV/AIDS council comprising select local specialists, as well as an HIV/AIDS desk in his ministry

These two bodies, he said, would undertake a review of AIDS policy, a key focus being to examine the necessity of introducing legislation to get business and other govern ment departments on board.

"I would like to see business in the Western Cape taking full respon sibility in terms of AIDS pro grammes Every little business and big factory will be required to have its own AIDS policy

"We hope they will do this volun tarily, but if not we will look at legis lation to force them to do so Mr Koornhof said

A recent survey of South African companies had found that 86% were aware of the effect AIDS could have on health benefits, but only 3% saw it as being of any strategic importance

Although the incidence of HIV in the Western Cape was the lowest in the country at 5,2% (1998 figures), Mr Koornhof said, HIV/AIDS would reach cataclysmic proportions if the threat was not addressed in a dynamic way

Other areas to be examined included

- How best to deal with the clini cal implications and management of HIV/AIDS
- The question of notification
- Mother to child transmission projects

Mr Koornhof plans to visit neigh bouring countries to discuss strate gies that are working there

Tuberculosis, he said, was anoth er key focus for his ministry, partic ularly since the rising HIV preva lence would increase death rates from TB and contribute to multi drug resistant TB

'With TB our strategy will aim to improve the cure rate to 80% in the next two years and to decrease treatment interruption rates from 18% to 8% he said

Mr Koornhof described the West ern Cape's burden of disease as "profound

In November he plans to hold a health summit to introduce his min istry s strategies to key figures and groups and secure their support.

Corruption disrupting AIDS fight

(92)

Lusaka – A World Bank representative has confirmed reports of corruption by some African countries in the use of funds meant for AIDS drugs

"Yes there is a problem," Callisto Madavo, World Bank deputy presi dent for the Africa region said yes terday, when asked to comment on reports that only about $12 (about R72) out of every $100 (R600) ear marked for drugs actually gets spent on them.

"Corruption is a major, major issue that African governments have simply got to address," Mr Madavo told a press conference.

Mr Madavo said 60% of World Bank loans to African governments were going towards purchasing drugs to treat HIV/AIDS-related infections.

The AIDS/HIV conference being held in Lusaka heard that the epi demic was expanding rapidly in sub-Saharan Africa despite all initia tives to halt it.

They said a lack of awareness about the virus did not appear to be behind the failure of health cam paigns because many people knew the basic facts about AIDS

African experts at the conference have blamed poverty and low educa tion standards as some causes for the rise of AIDS

Researchers urged governments to take up the leadership against AIDS, especially by embracing pro grammes that targeted teenagers.

Mr Madavo warned that the epi demic posed the single biggest obsta cle to economic development in Africa. – Sapa AFP and Reuters

ARG 14/9/99

AIDS in Zambia 'critical'

BD 14/9/99 (360) (92)

Talks call for Africa to be declared a disaster zone due to deaths

Chilombo Mwondela

LUSAKA — Speakers at a confer ence against AIDS and sexually transmitted diseases have high lighted the critical state in which Zambia finds itself as well as ac cusing western countries of having an unfeeling attitude towards the scourge in Africa

Many of the 5 000 delegates at tending the international confer ence in Lusaka concur that Africa should be declared a disaster zone because of what AIDS has done to its population

Chairman of the conference, Zambia s health minister, Nkandu Luo said it was time the west gave special attention to the problem because it was not Africa's prob lem alone

"It is no use saying they have conquered AIDS and I don't believe it There are some countries which once declared they had conquered tuberculosis, but what are we see ing today? As long as we have AIDS in Africa then it is everyone s con cern," she said

Ignoring the problem in Africa would mean ensuring the faster spread of the disease She said 22,5-million people were living with AIDS in Africa

World Bank vice-president for Africa Callisto Madavo said that every teenager living in Zambia had a 60% chance of catching the AIDS virus

He said HIV-AIDS had claimed 11-million people in the sub-Sahara ran region, while at national level, 22% of the adult population were HIV-positive

"It requires a holistic approach to deal with HIV," he said

As the toll of retrenchments and other economic hardships contin ue in Zambia, hundreds of people are suffering the effects of AIDS both directly and indirectly, ac cording to the health minister

She refused to give the estimat ed number of AIDS cases in Zambia but said the disease was most prevalent along the railway line The towns there are more devel oped, with bigger populations

The Copperbelt Province, well connected by a road and rail net work, is one of the most affected areas in Zambia

According to medical personnel at Kitwe Central Hospital in Kitwe, a mining town, one out of every five babies born is HIV-infected

The government's new policy to stop all nongovernmental agencies from releasing AIDS statistics has made it difficult to assess the ex tent of the scourge in Zambia

However, a doctor involved in organising the conference, Simon Mphuka, estimated that 20% of adult Zambians are HIV-positive, a figure which is close to govern ment's official figure of 19,57% He said the 15- to 30-year age group is most affected, robbing the country of potential human resources

National hospitals are unable to cope with the influx of patients, while hundreds of people are dying in their homes

UNAIDS executive director Pe ter Piot said that pharmaceutical companies have agreed that the price of antiretroviral drugs should be reduced

'UNCIRCUMCISED MORE PRONE TO HIV'

Unkindest cut may be kindest

(92) CT 15/9/99

LUSAKA: Scientists know that some countries have faster rates of HIV transmission than others A new study provides surprising answers to why this might be Health Writer **JUDITH SOAL** reports.

MEN who have been circumcised are less likely to contract HIV than those who have not been, according to a study released by the United Nations Aids programme yesterday

The same study found that girls were likely to contract HIV much younger than boys and that age differences between partners contributed to the spread of the virus.

The research was initiated in an attempt to understand why some African countries have a higher rate of HIV transmission than others Researchers interviewed 9 200 people from four different towns — two in countries with a high prevalence of the virus (Kenya and Zambia) and two with a low prevalence (Benin and Cameroon) They weren't prepared for what they found.

"You would expect the difference between the countries would be the level of condom use or number of sexual partners, but it wasn't so," said UNAIds' Michel Carael at the International Conference of Aids and STDs (sexually transmitted diseases) in Africa which is being held in Lusaka this week.

"Men reported low condom use and considerable risk behaviour in all cities.

"The differences in HIV couldn't be explained by sexual behaviour alone."

What they did find was significant differences in the number of sexually transmitted diseases

"We know from previous studies that if one partner has an STD they are far more likely to contract or pass on the virus," said Carael. "Our work confirmed this We found significantly more people in the high prevalence countries had evidence of infection with syphilis or genital herpes."

The study also found large differences between the percentages of men circumcised. In Benin and Cameroon, where HIV prevalence in men was 3% and 4% respectively, over 97% of men had been circumcised. In Kenya and Zambia, with HIV rates of 20% and 23% in men, around 20% had been circumcised.

"Overall HIV prevalence was below 8% in men circumcised before their sexual debut and 25% in uncircumcised men," Carael said.

Researchers believe uncircumcised men are more at risk of contracting STDs, and hence HIV

They also found that teenage girls had much higher rates of infection (15%-23%) than teenage boys (3%-4%)

"Young girls are becoming infected by older men," said Anne Buve, the study co-ordinator "For millions of young girls in their teens this is an emergency"

Girls tended to have sex earlier in the countries with higher levels of HIV

"In the high prevalence sites females were younger at sexual debut and both sexes married earlier The dramatically high levels of HIV in teenage girls and low levels in teenage boys means girls are being infected not by boys their own age, but by older men," said the UNAids press release. Some 20% to 40% of men over 25 who participated in the study were HIV-positive.

What are the implications of this research?

"Some findings are easier to act on than others," said Carael. "Clearly early exposure to risky sex is an important factor and we need to try to delay sexual activity We found many girls having sex under 15, often against their will.

"Acting on the circumcision finding is more difficult. Often the decision to circumcise or not is a cultural practice that is difficult to change. What is obvious is that we need to take the treatment of STDs more seriously and to encourage the use of condoms."

Spat over cheaper AIDS drugs goes on

(92) ARLT 16/9/99

DI CAELERS
HEALTH WRITER

Controversy continues to dog proposed legislation to allow the cheap importation of drugs, particularly those to treat AIDS – in spite of the pharmaceutical industry suspending a court challenge of the law

The Pharmaceutical Manufacturers' Association of South Africa announced last week it would suspend its Pretoria High Court challenge of the Medicines and Related Substances Act, passed in 1997 but not yet promulgated, because of Health Minister Manto Tshabalala Msimang's promise to review the bill.

But the health ministry shot back in a statement that the government considered as "the only acceptable position" that the association and others in the lawsuit withdraw totally

"The Government will continue to build its legal defence in this case, and hopes to conclude the case as rapidly as the courts will allow " the ministry said.

At the centre of the controversy is clause 15(c) of the Act which would permit parallel importation of drugs, with the aim of expanding access to medicines The minister could authorise the importing of some branded products sourced overseas, without authorisation from the local patent or trademark holder

But US drug makers say the law goes too far in giving officials broad authority to ignore patents necessary to protect their research.

The Act is being challenged in the High Court by 42 mainly parent companies and local subsidiaries of international firms

In America vice-president Al Gore has been the target of several protests over the issue by AIDS and consumer rights activists, who have accused him of "bullying" South Africa to not use some of the powers of the Act.

In the latest complication, the Pharmaceutical Manufacturers' Association of South Africa said in a statement it was temporarily suspending the court action because Dr Tshabalala Msimang had announced to the parliamentary portfolio committee on health that she was taking advice on the legislation, and that it would be returned to parliament for "certain amendments" early next year

"We want to ensure the minister has the space and time to evaluate the legal and technical complexities of several pieces of inherited legislation along with their likely regulations, unhindered by the pressures of litigation," association head Mirryena Deeb said.

But the health ministry countered that the act that would be reviewed was the South African Medicines and Medical Devices Regulatory Authority Act of 1998.

In effect, this legislation essentially reiterates many of the provisions of the Medicines and Related Substances Act of 1997

The ministry said the action was the result of internal discussions within the Department of Health, and "not due to any existing litigation against the government of South Africa"

It said they were not negotiating with the Pharmaceutical Manufacturers' Association over the litigation. The only acceptable position to the government would be the withdrawal of the litigation.

"The legal process therefore remains unchanged by any offers that fall short of this condition," the ministry said.

In May, the proposed legislation resulted in the US Trade Department, for the second year, putting South Africa on its "watch list" of countries that may violate US trade interests.

It increased pressure by imposing an "out of cycle" review which means further action will be considered in six months rather than the usual year That review takes place next month.

MAIL & GUARDIAN
September 10 to 16 1999

Testing for Aids: A former sex worker waits for blood test results at a clinic in Majengo. PHOTOGRAPH: JEAN-MARC BOUJU

Aids vaccine tests positive

MtG 10-16/9/99 (92)

Sex workers in Kenya have provided scientists with the tools to develop a trial vaccine against HIV. **David Gough** *reports from Nairobi*

Majengo, a slum area of the Kenyan capital, Nairobi, is a sprawling maze of narrow alleys and paths scored by the open flow of untreated sewage About 80 000 people live among the detritus of the red light slum where a sex worker's home is marked by an empty stool placed outside the door

Hadija is 38 years old and has been a sex worker for 17 years She knows that she is having sex with HIV infected men yet refuses to heed the dangers

Pulling aside a flimsy curtain draped over the entrance to the shack where she lives and works, Hadija says that she has lost count of the number of HIV tests that she has had.

On the floor of the shack, a stretch of tattered linoleum barely covers the mud that seeps through the cracks A pristine white sheet is spread across the wooden bed

Hadija says that she has four or five customers every day and apart from the risks of disease she enjoys her job. "Before Aids, I used to have as many as 30 customers per day" she says adding that the cost of her services is 30 shillings (about R3)

"Five of my regular customers have died of Aids and some of my friends who shared the same men as me have also died '

Hadija maintains that she always used condoms but reported to the clinic last week with syphilis Only God knows why I don't have Aids," she says

Hadija is one of more than 50 sex workers that British and Kenyan scientists believe have helped unlock the secrets of a possible vaccine for the Aids virus

Having spent the past 15 years studying HIV in sex worker communities in Majengo and an area of Gambia, scientists from the universities of Nairobi and Oxford discovered more than 50 sex workers who have repeatedly tested negative for HIV despite continual exposure to the disease

They have now utilised that knowledge to develop a vaccine designed to combat the strain of Aids prevalent in Africa

It has already been tested on primates with encouraging results According to Dr Omu Anzala, a senior laboratory technician with the University of Nairobi team, about 70% of the animals became HIV resistant after being administered the vaccine.

Toxicity trials on humans are due to start in Oxford early next year

The Majengo HIV study began in 1985 when 60% of the sex workers there tested positive Five years later the team had identified a group of sex workers who remained negative despite having as many as 30 clients per day.

' Our first priority was to show that these women had indeed been exposed to the virus " said Dr JJ Bwayo, chair of Nairobi University s department of medical microbiology They were still reporting to the clinic with other sexually transmitted diseases so we knew that it was not because condoms were being used "

The scientists observed that the women in question had very high levels of killer T cells — cells which attack the virus — in their body, suggesting that they had indeed been exposed to HIV

The team also noticed that a high number of long term non progressors — women who are HIV positive but have not developed Aids — also had high levels of the killer T-cells

"This was further evidence that it was the presence of the killer T-cells which was holding the virus at bay," said Anzala

Soon after reaching this conclusion, the Nairobi scientists learned that an Oxford University study in Gambia was yielding similar results and leaning towards the same conclusions "That was when we knew that this was a true phenomenon," said Anzala

While ordinary vaccines are designed to stimulate antibodies to disease, this vaccine will induce the production of the T cells, which the scientists believe to be the key to women like Hadija's immunity.

If all goes well with the toxicity tests in Oxford, phase two of the programme will begin next year in Nairobi. "Testing first in Oxford gives the study credibility," said Bwayo, "and we didn't want to be seen as using Kenyans as guinea pigs "

Anzala agreed, emphasising the importance of a vaccine in Africa where anti retro viro drugs are way beyond the economy of most people "The cheapest Aids drug therapy will cost the patient 50 000 shillings (about R5 000) a month and only 1% of Kenyans can afford that "

"Drugs are not the way forward for us," said Anzala "A vaccine is the only answer"

Leaders get AIDS 'wake-up call'

BD 16/9/99 (9a)

LUSAKA — United Nations Children's Fund (UNICEF) head Carol Bellamy has sounded a wake-up call to African leaders, saying the fight against AIDS in sub-Saharan Africa was doomed to fail without their absolute commitment

At the 11th International Conference on AIDS and Sexually Transmitted Diseases, the head of the UN agency said yesterday international groups could only make a small contribution to stem AIDS growth Most responsibility lay with governments

"I hope this will be a wake-up call to the heads of state, that they must become involved," Bellamy said

Uganda and Senegal serve as examples of what the involvement of heads of state and government can do," she said

Bellamy conceded that poverty was an issue driving the spread of AIDS in sub-Saharan Africa, saying it forced people to do things they would otherwise have avoided

With 16 000 new HIV infections around the world daily, Bellamy said Africa's leadership must be concerned about the stability and future of their continent

Research findings released at the conference yesterday showed that older men were fuelling the spread of AIDS by seeking out teenage girls for sex

The 1997-1998 study examined striking differences in the speed of the spread of HIV in Africa It was conducted in high-prevalence towns in Kenya and Zambia, and low-incidence towns in Benin and Cameroon

The study found HIV infection rates of 15% to 23% among 15- to 19- year-old girls, 26% to 40% among men aged 25 or more, and just 3% to 4% among boys aged 15 to 19 years of age

Bellamy called for more resources in the fight against AIDS, saying Africa spent $149m to $160m a year compared to $880m for the US The US has 40 000 new cases a year, compared with Africa's 4-million

"This is simply unacceptable," Bellamy said — Reuters

SOWETAN Tuesday September 14 1999

'Aids virus threatens our gains'

(92)
Sowetan 14/9/99

LUSAKA – Experts gathered in the Zambian capital yesterday and counted the economic, social and human cost of Aids in Africa

"Too much of Africa will enter the 21st century watching the gains of the 20th evaporate," Callisto Madavo, vice president of the World Bank African region warned the international conference on its second day here

"The impact is all too comprehensible the protracted sickness, the fractured families, the weakening workforce, the relentless ritual of funerals, and the morgues that no longer even bother to close," Madavo said

In the past 15 years, Aids has claimed at least 11 million lives in Africa, a further 22,5 million people are currently estimated to be infected with HIV

According to UNAIDS, more than half of the new HIV infections on the continent occur in people under the age of 25

In Zambia, the chances of a 15-year-old dying as a consequence of Aids is 60 percent

Several of yesterday's conference sessions have been dedicated to the economic, social and human impact of Aids, which has overtaken both war and malaria as the leading cause of death in Africa

The effect of the world's most infectious killer disease has been overwhelming and threatens the continent's future as it enters the new millennium

Madavo said the epidemic was not only claiming lives, but changing the very nature of life in Africa

"The damage that Aids has done is incalculable Now it threatens millions in the future," Madavo said

"The impact that Aids is already having on sub-Saharan Africa is catastrophic, and the scenario will worsen unless global leaders work together to invest more – much more – prevention efforts and programmes to address the multitude of social and economic problems Aids has brought," UNAIDS executive director Peter Piot said

"Aids now poses the foremost threat to development in Africa," he told the assembled delegates

The 5 000 attending the conference also considered the impact of the disease on education

The University of Zambia's Professor Michael Kelly said fewer children were going to school because of illness caused by Aids

As a consequence, fewer families were now able to afford education for their children as resources were diverted to caring for the sick – *Sapa-AFP*

CONFERENCE FOCUSES ON DEV OPMENT OF PRIORITIES TO STOP HIV

Tackling the continental scourge of Aids

(92) CT 17/9/99

AFRICA is entering the 21st century going back in time This is mainly because of Aids, said former South African director general of health Olive Shisana, at this week's Aids conference in Zambia Health Writer **JUDITH SOAL** reports from Lusaka

EVERY day 5 000 people are buried in Africa Not because of internal conflicts or foreign invasions, but because of Aids In South Africa the Aids related burials haven't begun on a large scale yet, but they are starting — and they won't stop

Already 3,5m people are HIV-positive with 1 500 more being infected every day

Do we really understand what this means?

"We need to sit down and examine the defence budgets of each one of the 46 countries at this conference and ask our selves 'Are we allocating resources to fight the right enemy?'" asked the World Health Organisation's Olive Shisana at the International Conference on Aids and STDs in Africa

"Which enemy could be more deadly than the one which threatens to kill 22 million people in the next 10 years?"

The theme of the conference, which ended last night was "Setting priorities for HIV/Aids in Africa"

And priorities there are many Men, youth women, orphans, condoms, vaccines, microbicides (vaginal gels for women to reduce their chances of getting HIV during inter course), sexually transmitted diseases, voluntary and confiden tial HIV testing, mother-to-child transmission

But perhaps more interesting than what has been included in this conference is what has been missing

The most obvious absence has been the heads of states // Much has been made of the fact that even the host nation was unable to supply a president to grace the occasion that drew over 6 000 delegates from around the world.

When South African President Thabo Mbeki launched an Aids partnership last year he declared "HIV is no longer the responsibility of only the health ministry — every one in every government department, has to get involved."

Should we be disappointed, then that South Africa, like other African countries, sent only the health minister to attend a conference that is discussing issues affecting financ welfare agriculture, housing, etc etc?

"It doesn't say much for political commitment that the heads of state would rather be partying in Libya,' muttered one delegate.

Another notable omission has been any talk of one of the biggest controversies in South Africa when it comes to HIV/Aids how can we obtain expensive Aids drugs at affordable prices?

How can we do this without risking trade sanctions from the United States, under pressure from pharmaceutical companies who feel their profits are in danger?

It's old news that the US has put SA on a 'watch list ot countries facing possible sanctions after former health minister Nkosazana Zuma drafted a pharmaceutical bill that made drug companies uncomfortable

The bill made provision for South Africa to import drugs under patent from countries where they are available at lower prices (parallel importation) and issue licences to manufacture expensive drugs locally (compulsory licensing)

The only mention of this controversy this week came from the UN Aids programme executive director Peter Piot during the opening ceremony

"The prices of (anti Aids) drugs must come down Mechanisms such as compulsory licensing and parallel importation must be investigat ed Given the nature of the crisis surely there is compelling justification for every African nation to use these mechanisms"

'If Aids runs its course, all the countries that wanted Africa before will get it for free'

But not one session discussed just how this could be done

"What do you expect?" asked one highly placed delegate Zambia can t afford to risk US censure like that After all it was US money that funded most of this conference Perhaps South Africa can play that game but Zambia can t afford to"

The word is that a joint statement from the US and SA on this very issue is expected any day now but whatever sweet heart deal is announced the controversy is far from over

And then there's the question of the money required Who is going to pay for all those priorities identified at the conference?

The World Bank made a big deal of announcing a new initiative to fight Aids — which turned out to be a commitment that most of the $3bn already allocated for loans to African countries would be given to Aids projects

"You must remember this is a loan, not a hand-out," said Nkandu Luo, Zambia's Health Minister and conference organiser

"It upsets me when I see the headlines 'World Bank gives money to Aids', because now people think we have money when we don't You have to realise this becomes a debt and we have to pay it back, with interest"

One proposal discussed yesterday was for foreign debt to be cancelled in return for this money being spent on Aids projects.

But it is clear that African countries can t rely on the outside world to foot the bill hence the repeated call for governments to rethink their budgets and start fighting the real war, rather than each other

"If Aids runs its course, all the countries that wanted (to colonise) Africa before will get it for free," said Zimbabwe's Marvellous Mhloyi, during a speech that received a standing ovation from the packed Mulungushi Conference Hall.

What wasn't missing from the conference was the tension between different groups on how this money should be allocated. Research, prevention programmes, care for people who are ill, vaccines. All have competing and compelling agendas.

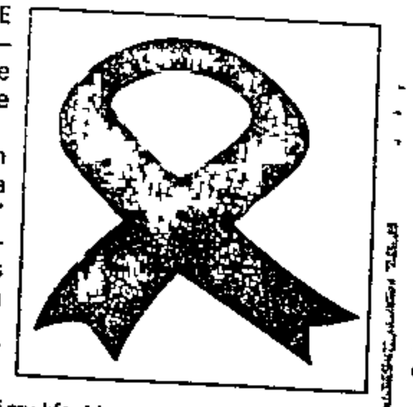
One overriding agenda, though, is to end the stigma and silence that surrounds HIV

"It works on every level," said Piot. "As long as people with HIV are discriminated against — or killed like Gugu Dlamini in South Africa — our prevention programmes won't work.

"The stigma stops people having tests, it stops them sharing their status with their partners, it stops them getting proper care." Because of the stigma, people believe HIV could never happen to them so they don't take prevention messages seriously It hampers research efforts and gets in the way of attempts to develop a vaccine.

"Stopping the stigma and the silence, that has to be our top priority" said Piot.

One woman's story ...



BRIGITTE SYAMALEWE is glad of one thing — that she found out she was HIV positive before she became sick

"My experience with HIV/Aids has been a spiritual rebirth for me" she told the International Conference on Aids and STDs in Africa this week

"It s been a source of strength to find out the meaning and purpose of my life I have waged a personal war with the virus and I will continue to do so"

Syamalewe is a Zambian schoolteacher who was diagnosed with HIV in 1992. She believes the decision to go for a test was the best she has made

"Since then I have strived to get information that will save my life I have been able to learn how to keep healthy I have learnt to live in the now to manage my mental health and not to run away from my emotions I have learnt what to eat I have learnt to preserve myself and not visit my friends when they are sick as I might expose myself to infections."

Syamalewe believes this knowledge has given her a headstart in the fight against the virus.

"I have so much unfinished business," she said I want to do what I can for my children. I want to teach them self-esteem and identity to respect themselves and the people around them I want them to start to learn to protect themselves I am very glad that I didn t wait until I was sick before I talked to them about HIV

Researchers estimate that 90% of people living with the virus, unlike Syamalewe do not know that they are HIV-positive

MASSIVE MASCOT Mr Max' distributes literature and condoms to delegates at the opening of the conference PICTURE: AP

Body formed to fight Aids (92)

Sowetan 17/9/92

By Mokgadi Pela

THE battle against HIV-Aids entered a crucial arena with the launch on Wednesday night of the National Adolescent Sexual Health Initiative (Nashi) in Midrand, near Johannesburg

The event, under the guidance of South Africa's first lady, Mrs Zanele Mbeki, was attended by leading personalities, among them leader of the Anglican Church in Cape Town, Archbishop Njongokulu Ndungane and co-director of the Perinatal HIV Research Unit at the Chris Hani Baragwanath Hospital Dr James McIntyre

Health Minister Dr Manto Tshabalala-Msimang said "Nashi will help us to educate our youth about their bodies and reproductive health I don't think we can pretend anymore The youth experience sex at a very tender age Our role as Government is to help without imposing ourselves"

According to the Department of Health, the rate of infection among adolescents aged 15 to 20 increased by 65 percent last year

Also, more than a third of babies annually are born to mothers under 18 years of age, sexually transmitted diseases are endemic among young people in large parts of South Africa and rape, violence and coercion are common features of adolescent sexual behaviour

The Love Life campaign aims to attract young South Africans so as to promote and cultivate open and informed discussions about sex, sexuality and gender relations It encourages teenagers to live positively, exercise informed choice and share responsibility

The campaign has already established long-term working partnerships with commercial radio stations YFM, 5FM and Metro FM, six public radio stations, Vukani in Eastern Cape and Bushbuckridge Radio in Northern Province

● **See also Page 11**

Experts glum as Africa leaders turn blind eye to AIDS

ARG 20/9/99 (92)

Lusaka – The AIDS epidemic looks set to continue reaping a grim harvest among Africans for as long as their leaders remain aloof from efforts to stem the scourge, delegates at the continent's major AIDS conference said

Delegates at the 11th International Conference on AIDS and Sexually Transmitted Diseases (ICASA) – which ended in the Zambian capital Lusaka at the weekend – also lamented the lack of behavioural change as one of the main obstacles to containing the spread of the disease

"The anti-AIDS message is not getting far enough fast enough The message must be taken to the heads of state They alone have the resources to lead this war," said Ebrahim Samba, World Health Organisation director for Africa

ICASA said AIDS was now Africa's biggest development challenge with not only the educated middle class but also peasant farmers bearing the brunt of the pandemic

But when drawing up their diaries last week, African heads of state found no time for ICASA

Many of them had time to be in Libya, however, helping celebrate Muammar Gaddafi's rehabilitation as a central figure in African peace initiatives Aid agencies and financial experts say that if political leaders do not focus on stemming the spread of AIDS, they will have fewer people to rule early in the new millennium and three decades of economic advance will also be reversed – Reuters

One in four knows a person with AIDS

BD 22/9/99 (92)

Survey shows 99% of respondents have heard of the disease

Business Day Reporter

ABOUT one in every four adult South Africans knows someone who has AIDS or HIV and one in five expects that someone they know personally will get the disease in the next five years

These are two of the key findings of a survey conducted for Business Day by market research group ACNielsen Market Research Africa (MRA)

The survey — which used MRA's multibus subscription research service — was conducted with an area-stratified probability sample of 2 489 households spanning all races and income groups and representing 13,7-million adults, or 92% of all adult urban South Africans

Respondents were asked which of a list of five diseases, including AIDS and HIV, they had heard of and whether they personally knew anyone who had HIV/AIDS Those who did not were asked if they thought it likely that someone they knew personally would get the disease in the next five years

Anina Maree, ACNielsen MRA MD, said "There has been huge growth in the number of people who claim to know an HIV/AIDS sufferer personally

In 1994, MRA's Sociomonitor study showed that only 5% of the urban populace claimed such personal contact.

"This has risen to almost 24% now, an enormous increase in the short span of five years."

Turning to respondents' expectations of someone they know contracting HIV/AIDS in the next five years, she said that the current two in every 10 was a doubling of the 9% expectation recorded in the 1994 study

The converse of these figures was even more dramatic.

Whereas in 1994 eight out of 10 people did not expect anyone in their circle to become infected within the next five years, that figure had now dropped to only five out of 10.

Given the escalating growth of the disease, many of these optimists were likely to be disappointed. Maree said there was little difference in geographical expectations other than a low 11% in the Free State and "a more realistic" 30% in Northern Province and Mpumalanga

KwaZulu-Natal — the province reportedly hit hardest by the disease — had a lower than average 18% expecting to be acquainted with a sufferer in the next five years

The Business Day study showed that 99% of the people surveyed had heard about AIDS, although this dropped to 94% for HIV This level of AIDS awareness is a marginal increase on the 97% recorded in 1994

Most respondents learnt about HIV/AIDS from radio and television (81%), newspapers and magazines (42%) and "talks given to my community" (20%)

Word of mouth and community talks were relatively more important among poorer, less sophisticated communities

Among the less frequent sources of information were clinics, doctors and work, all under 10% on average. However, clinics approached 20% at the lower end of the social scale

Positive test 'no death sentence'

Nomavenda Mathiane

TESTING HIV-positive is no longer a death sentence There is medication available which, if prescribed and taken early on, will extend the duration and the quality of life.

Demystifying myths and fallacies about HIV and about the effects of AIDS, LifeSense Disease Management MD Andre van Bassen said it was important the disease was diagnosed early because if one waited too long, then the immune system could be damaged by the HIV virus

LifeSense Disease Management is part of the LifeSense Group which covers all aspects of healthcare, including human resources, legal consulting and actuarial, to providing health management services for big and small companies

It deals particularly with the treatment of people who have tested HIV-positive and who are members of medical schemes or employees of a company contracted to the LifeSense Group

The programme has 13 specialists doctors, a team of clinical consultants and has 1,2-million people in its database, of which about 2 000 infected people are receiving treatment. Of those, there have been seven deaths and 16 admissions to hospital

The treatment looks at the patient's CD4 cell count and overall viral load as well as nutritional, exercise and long-term care needs

The programme, Van Bassen said, was designed to help keep people at work and out of hospital He said the programme was monitored and confidentiality of paramount importance

There were myths that the disease was a death sentence and that the available medical treatment was unaffordable

"HIV is today managed with antiretroviral therapy — and if it is addressed correctly, it no longer has to mean debilitation " Van Bassen said

LifeSense Disease Management will be targeting schools, employers and their employees to inform them about their product as well as their rights as workers and as medical aid scheme members

This includes information such as the fact that people with HIV or AIDS may not be discriminated against in the workplace, and that they are protected by the constitution and the Labour Relations Act from arbitrary and unfair discrimination

Who profits from withholding drugs?

Sowetan 22/9/99 (9)

By Mark Heywood

Aids has become an emergency Every few hours in South Africa somebody's mother or father brother or sister child lover or friend dies of an Aids-related illness Most usually Aids patients die of illnesses that are avoidable and treatable because they do not have access to treatment

Over 3,5 million people are infected with HIV Unless affordable medicines are found HIV and Aids will lead to suffering and death on a huge scale

Aids will disrupt families, communities and workplaces It will delay reconstruction development and equality

But what is particularly tragic about this situation is that it is not happening due to the absence of effective drugs

It is happening in a country where most of the drugs that can prevent and alleviate illnesses caused by HIV and Aids are already registered and on the market

However all of these drugs are expensive Recently for example Chris Hani Baragwanath Hospital had to stop providing Gancyclovir a drug that prevents blindness This is a terrible human tragedy It is also a major question of human rights and equality

In December last year the Treatment Action Campaign (TAC) was launched One of its aims is to create a mass movement to improve the availability and affordability of many HIV/Aids treatments TAC is trying to change the belief that Aids is a death sentence

TAC believes that access to treatment is also crucial in the struggle to prevent new HIV infections because it will provide an incentive for many more people to volunteer for HIV testing This could lead to more openness about HIV and begin to break down the stigma around Aids

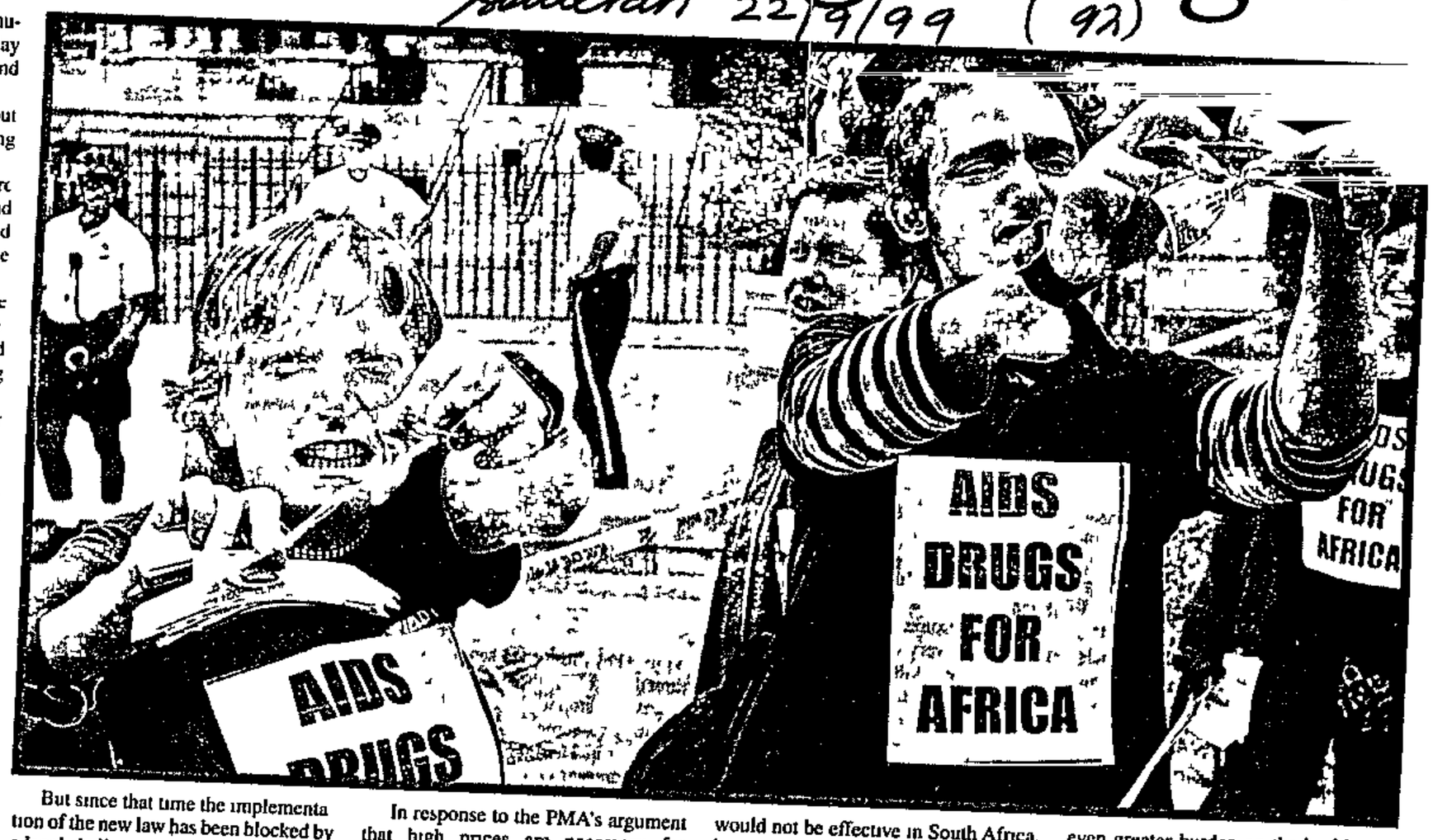
But making treatments available means identifying and overcoming a range of obstacles The first is affordability

In 1996, the Government adopted its National Drug Policy which aims to make drugs more affordable and available In 1997 the Public Protector confirmed the Government's argument that pharmaceutical company's profits are substantial in South Africa

He found that the amount of the health budget that is spent on medicines is "nearly double to triple that of other major countries'

The high cost of medicines impacts on everybody It means that there is less money available to improve other aspects of health care, such as clinics and hospitals

As a result the Government introduced legislation which would allow it to take measures – called "compulsory licensing" and "parallel importing" – which aim to try and make drugs more affordable.



But since that time the implementation of the new law has been blocked by a legal challenge launched by the Pharmaceutical Manufacturers Association (PMA), an umbrella body representing all the major drug companies

The PMA argues that the law will undermine patents that they hold on drugs They say that patents are part of their property rights and that they are there to protect their investment

They also argue that the high price of drugs is needed to finance future research and development into drugs But this is cold comfort to people who need medicines now One of the consequences of the legal action has been to delay and deny many people access to affordable treatment and care

HIV/Aids drugs, such as AZT, that can prevent new infections in infants are still being withheld from the public sector because the Government cannot afford them.

TAC is demanding that powerful multinational pharmaceutical companies drastically reduce the price of essential medicines

In response to the PMA's argument that high prices are necessary for research, TAC has called on the companies to publish the actual costs of the ingredients and research for the drugs

The TAC is not opposed to patents or intellectual property rights But the campaign demands flexibility when patents have the effect of keeping essential medicines beyond the reach of people for whom they are a matter of life and death

The TAC is not alone in holding these views Recently Dr Peter Piot, the executive director of the United Nations Joint Programme on Aids (UNAids), described the gap between rich and poor countries concerning care as "morally reprehensible"

Even the US government has now agreed that because South Africa is battling a very serious Aids pandemic, measures such as compulsory licensing may be justified.

But, ultimately, price is not the only obstacle to the delivery of essential drugs Many of the most effective anti-Aids drugs, called anti-retrovirals, would not be effective in South Africa, because they are complicated to take and need ongoing support and monitoring by health services

However a reduction in the prices of drugs that can prevent and treat a number of opportunistic illnesses associated with HIV/Aids would have immediate and very positive results It would

- Allow hospitals and clinics to start providing drugs that are effective rather than wasting money on providing drugs that are not
- Avoid the costs that are created when people who cannot get treatment become ill and are hospitalised
- Prolong and improve the lives of people with HIV,
- Allow the Government to redirect part of its drug budget and money that has been saved to improving public health services and infrastructure, and, particularly, to widen access to HIV testing and counselling

Ironically, if drugs are not made available, HIV and Aids will place an even greater burden on the health service by creating uncontrollable demands and costs

The scarce resources that will be needed to care for people with Aids will divert money away from aspects of health service transformation such as equipping primary health care clinics and training nurses and doctors.

It will slow down the transformation of the quality of medicine and care in South Africa

Pharmaceutical companies produce and sell the drugs that can help prevent this The question, however, is whether they want to be part of the Partnership Against Aids, or just profit from Aids?

(The writer Mark Heywood is the head of the Aids Law Project at the Centre for Applied Legal Studies, Wits University)

- TAC demonstrations for affordable HIV/Aids medicines will take place from 12 to 2pm today in Midrand (PMA office, 94 Bekker Street, Vorna Valley), Cape Town (Glaxo Wellcome office, Belmont Road, Belmont Park, Rondebosch) and Durban

ET 23/9/99 (92)

Doctor challenges drug firms on Red Cross HIV patients

JUDITH SOAL
HEALTH WRITER

AN angry doctor issued a challenge to international drug companies yesterday, which went like this "One in five beds at Red Cross Children's Hospital is filled with a child who is HIV-positive, if you co-operate, we can treat these children and stop more children getting the virus If not, things will only get worse"

Paediatric infectious diseases specialist Greg Hussey joined protesters outside international pharmaceutical giant Glaxo Wellcome's Rondebosch offices yesterday calling for affordable treatment for people with HIV A similar demonstration was held outside the company's Johannesburg offices It was supported by Cosatu, the SA NGO Coalition and Aids organisations

"Children with HIV spend long periods in hospital," said Hussey "If we could treat these children with (anti-Aids) drugs, they wouldn't need to come to hospital that often or for that long Even more importantly, if we could treat pregnant women with HIV, we would halve the number of children who contract the virus It is the only rational thing to do"

Glaxo Wellcome manufactures the best known of the anti-Aids drugs, AZT Research has shown that pregnant women who take this drug are less likely to pass the virus to their babies At current prices, this costs about R400 per treatment, which the state says it cannot afford The Treatment Action Campaign, the group that organised yesterday's protests, has called for the price to be reduced to R180

"It would make good business sense for Glaxo to reduce the price of AZT," said Hussey

"The recent studies show they have a major competitor in nevirapine which costs much less (about R30) to reduce transmission from mother to child"

Glaxo has repeatedly refused to reveal how much it costs to make AZT, but points out it is offering the drug to developing countries at 70% less than the world average price

"Glaxo Wellcome has been the first and only manufacturer to offer preferential pricing on its medicines," a company statement in response to the protests said

"We believe this persistent focus on the price of AZT is misleading and unhelpful — and that cheaper medicine is not the primary issue (in the fight against HIV)"

Hussey and colleagues from the Treatment Action Campaign are expected to meet representatives from Glaxo

Number of Aids orphans set to soar, says report

PHINDILE NGUBANE
PARLIAMENTARY BUREAU

SOUTH AFRICA has over 100 000 HIV positive children and it has been projected that one out of every seven children will be an HIV/Aids orphan by the year 2005

These were some of the statistics given to the parliamentary committee on social welfare yesterday, which formed part of a research report on the impact of HIV/Aids on children

The research, conducted on behalf of the South African Law Commission, had focused on KwaZulu Natal, where it found that between 197 000 and 278 000 children younger than 15 would have lost their mothers to the epidemic by next year

Although all the findings will be submitted to the committee soon, extracts made available yesterday showed that between January 1, 1991 and December 31, 1997, 250 000 newborn babies were infected

There are now about 120 000 HIV positive children in the country

It was also found that in KwaZulu-Natal, 75% of hospital beds in the Midlands area are occupied by children with Aids-related diseases, while more than 50% of childhood deaths in the area were AIDS-related

The increase in the number of children admitted to orphanages as a result of the epidemic posed challenges for the government to provide welfare services for orphans

The recommendations made by the report included the need to enact new legislation regarding conditions and minimum age for access to welfare benefits and care, considering the increase in children orphaned after parents had died from HIV/Aids

Social worker and Aids programme co ordinator for the Cape Town Child Welfare Society, Sian Hasewinkel, told the committee that South Africa will in the coming years see a growth of child-headed families as a result of parents dying from HIV/Aids

She said although HIV/Aids orphans were still invisible in communities — the focus was still on the spread of the epidemic among adults — the problem would become visible in the next three to four years

Hasewinkel said the government was faced with the challenge of ensuring that welfare legislation was in tune with the growth of HIV/Aids orphans The government's child foster grants, for instance, had to take the caretakers of HIV/Aids orphans into account

The committee is due to discuss the findings of the report and its implications with the law commission on October 13

Rape survivor HIV rate soars

Sowetan 27/9/99 (92)

By Siphiwe Mpye

HIV infection among pregnant girls under the age of 20 rose from 12 7 percent in 1997 to 21 percent in 1998 sending an alarming message to the country

The Soul City Institute has found that a significant contributing factor to the high infection rate among girls is violence

Close to 64 percent of rape survivors are aged between 14 and 19 years Given that there are more than one million rapes a year, 600 000 young girls are raped annually

The institute has found that physical and sexual violence is rife within relationships

Girls do not have the power to negotiate the conditions of sex with their partners, a position which renders them helpless in preventing possible infection

According to Shireen Usdin, project manager of the *Soul City* series, we are facing a dismal situation

"As long as women and girls are afraid to negotiate safe sex with their partners for fear of triggering violent behaviour a losing battle in Aids prevention is being fought," said Usdin

This phenomenon is cause for concern and *Soul City* is attempting to deal with this and other issues in its fourth series

Through its multimedia campaign on television, radio, in the print media and the distribution of pamphlets, it is hoped that the epidemic of violence against women will be curbed

Soul City encourages the participation of all community members — especially men — to speak out against the evils of violence against women

"We need to do everything to root out the culture of violence which makes it difficult for girls to protect themselves," Usdin says

African leaders lack will to fight Aids

(92) Sowetan 24/9/99

By Bhungani Mzolo
Health Reporter

THE recent African Aids conference has exposed how the political commitment of African leaders to eradicate HIV and Aids cannot be relied on and how men are driving the epidemic

These important trends emerged at a week-long conference in Lusaka, Zambia – the 11th International Conference on Aids and Sexually Transmitted Diseases in Africa (Icasa)

The theme 'Looking into the future setting priorities for HIV-Aids in Africa", was deliberately chosen to look critically at what the continent's response has been to the epidemic and needs to be done to improve those responses in the new millennium

The 1998 UNAids report revealed that two out of every three people in the world infected with the Aids virus live in Africa Further eight of every 10 women living with the HIV are in Africa.

'Aids is now the number one killer in Africa The epidemic has spread beyond all predictions and now threatens the future of the continent, where it has already personally affected one quarter of all Africans" the report stated

The report said the negative consequences of Aids are already felt today and will be present for many years to come

But action – taken or not taken – over the next few years to fight Aids will have a huge impact on the future course of the epidemic in Africa

Icasa put it this way 'The pandemic is beginning to arrest or even reverse some of the hard won gains that have been made in various fields of our socio economic development endeavours such as in health education and other social sectors

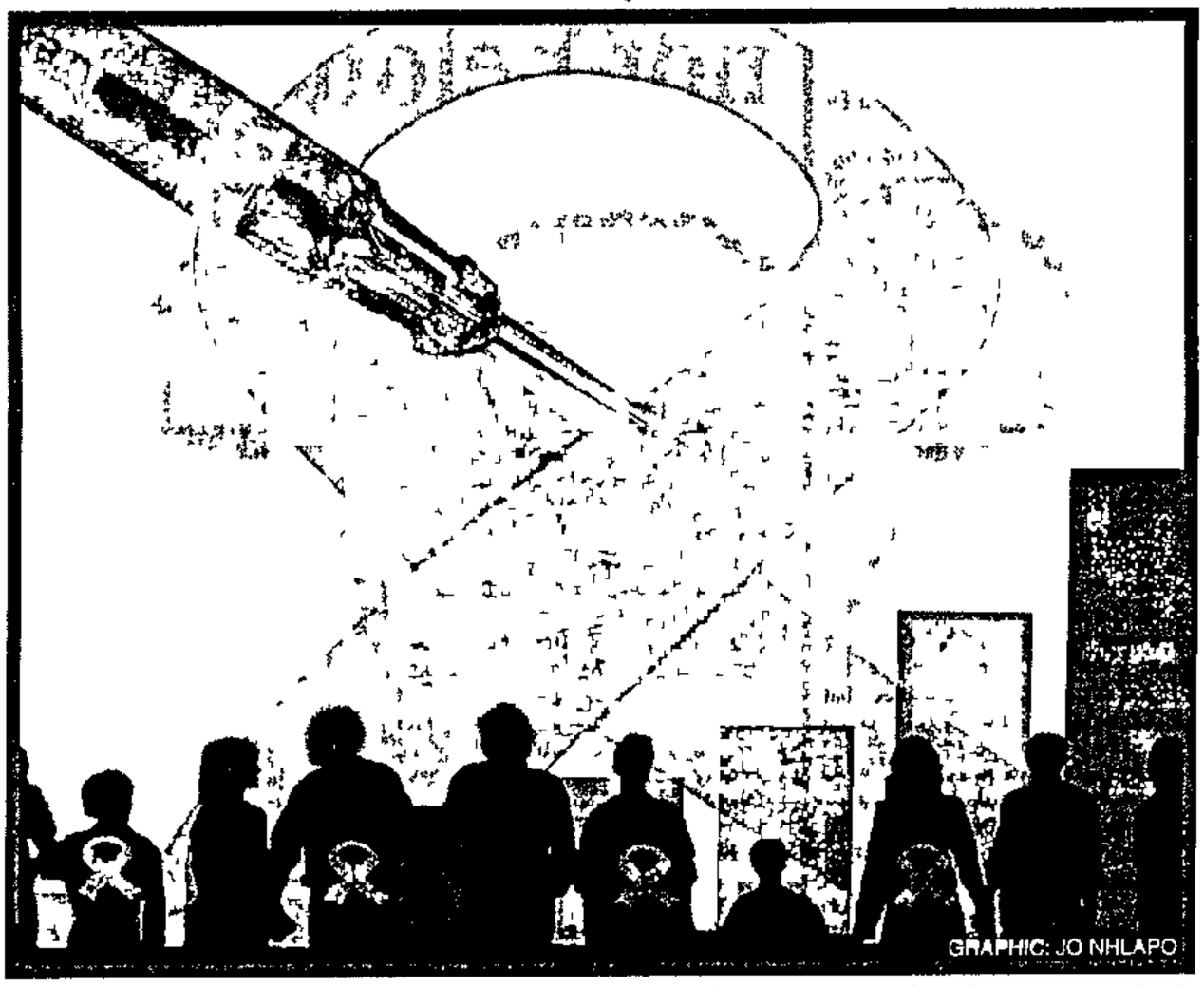
Given such a situation the absence of heads of state at the conference came as a huge disappointment to the delegates from at least 46 African countries

Even Zambian president Frederick Chiluba failed to attend and open the conference as was indicated in the programme

In fact, not a single head of state was present throughout the Icasa conference, with most countries being represented by their ministers of health President Thabo Mbeki was represented by Health Minister Dr Manto Tshabalala Msimang

Although representatives of the World Bank, World Health Organisation, UNAids and Unicef tried to tone down their criticism, there was no mistaking their anger at this lack of commitment from African leaders

Dr Peter Piot of UNAids said he was "very disappointed" and urged that every effort should be made in future to involve these leaders, even if it meant going to forums such as the Organisation of African Unity.



The second key point about the HIV Aids epidemic in Africa to come out of the conference was that the spread of the disease was driven by men

Reports from Aids organisations stated that there were at least three concerns around HIV-Aids and male behaviour

Men were often expected to have frequent sexual intercourse, to have many sexual partners, and take risks such as injecting drugs and rejecting condoms

"Men may appear to be 'responsible' for the epidemic, but men are also at risk," said Martin Foreman director of Panos Aids Programme in London

Foreman said a man could not transmit HIV to others unless he contracted it first himself He said some men contract the disease through ignorance or by refusing to use condoms

'More women than men are at risk of contracting but not transmitting HIV because they are faithful to a partner who is not faithful to them," Foreman said

People often became HIV positive through forced sex or a lack of condoms

A UNAids study conducted in Kenya, Zambia, Benin and Cameroon found that among teenage girls in the first two countries, girls who had sex with older men were at a higher risk of HIV infection

In addition to this, the study found that early sexual initiation and early marriage for girls were associated with a higher risk of being infected

According to Dr Mahina Kahindo, who was involved in the research, social pressures must be put on men to stop seeking out young sex partners "Cross-generation sex is helping to drive the HIV epidemic"

Professor Ronald Green-Thompson from South Africa, who spoke at the Icasa conference on how to prioritise care of those with the Aids virus in Zambia, Senegal and South Africa, said there were five important considerations

The first was that managing and monitoring opportunistic diseases for people infected with the virus would help the business industry and save costs

Instead of dismissing workers who have been infected and employing new staff who themselves might be HIV positive it was less expensive to treat those who were found to carry the virus

He said it was necessary to strengthen ways to prevent the further spread of the epidemic

Programmes for the care of people with full blown Aids must be put in place such as hospice or home based care

As the number of people infected with HIV increases the number of people becoming ill will also increase"

There should be care for health workers such as nurses doctors, family members and non governmental organisations so that they did not get infected

Lastly, programmes that governments have implemented should be monitored to see how effective they have been If we were effective, the HIV prevalence would have gone down ' he said

Icasa took two major steps to tackle the Aids epidemic in Africa Firstly African leaders declared HIV Aids a national disaster requiring emergency responses in their respective countries

The declaration which was released at the official opening of the conference, underlined the fact that HIV Aids was no longer a health programme, but a multi-dimensional problem that required a multi-sectoral approach

The leaders committed themselves to increase resources to HIV-Aids programmes and providing an appropriate legal framework and environment.

The second important result of the conference was the launch of the International Partnership against Aids in Africa by the World Bank, UNAids and WHO

"The current national Aids activities in Africa must be expanded dramatically and rapidly, to ensure that the level of response to the Aids epidemic catches up with the growth of the epidemic itself, the partnership announced

NEW AIDS CAMPAIGN

LOVE LIFE'S YOUTH BRANDS

What *Sarafina* didn't do

A new campaign to combat Aids among young people uses youth heroes and culture to spread its message

The Love Life campaign piggy-backs on the most successful youth brands in an innovative attempt to push back the tide of HIV infection among the young

Beginning this month, the R15m campaign, sponsored by the Henry J Kaiser Foundation, the William Gates Foundation and Old Mutual, will use kwaito music, radio stations, TV programmes and brands like Levis and McDonald's to spread a safe sex message

Its faces will include kwaito acts like Ghetto Luv, Yfm DJ Rudeboy Paul, 5fm DJ Mark Gillman and animated s/hero Codi from TV's *Tube Talk*

Last year, the rate of HIV/Aids infection grew by 65% among those aged 15-20 This group comprises 40% of the population and is most at risk The disease threatens 10m-15m lives in the next decade based on present mortality rates

But teens have stonewalled previous campaigns "When you say HIV, the barriers just go up," says Judy Nwokedi of the Love Life campaign, which has drawn on SA's best marketing talent

"We've gone to companies with a vested interest in the youth market and said 'This is how you can ensure your market remains viable' "

Business has run with the ball, says Nwokedi Trade exchange deals have been struck with the SABC, Old Mutual, Coca-Cola and McDonald's

Changing sexual behaviour is the key to reducing the spread of infection The campaign doesn't preach or admonish young people to "just say no"

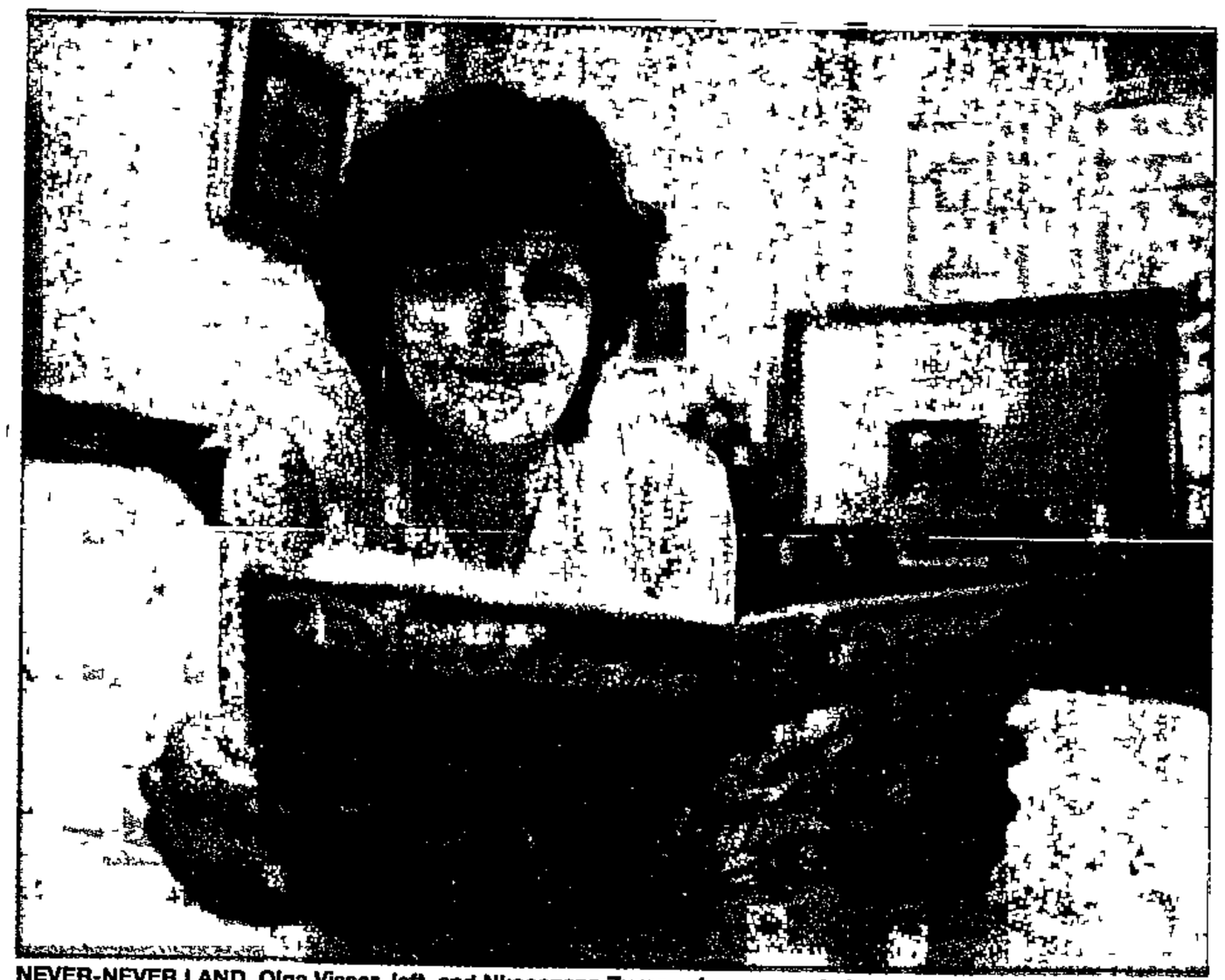
The message, says Nwokedi, is "Talk, share your experience, access information and make choices" Ideally, its results should be that young people delay their first sexual experience and practise safe sex Love Life aims to reduce the rate of infection among its target group by half over the next three to five years

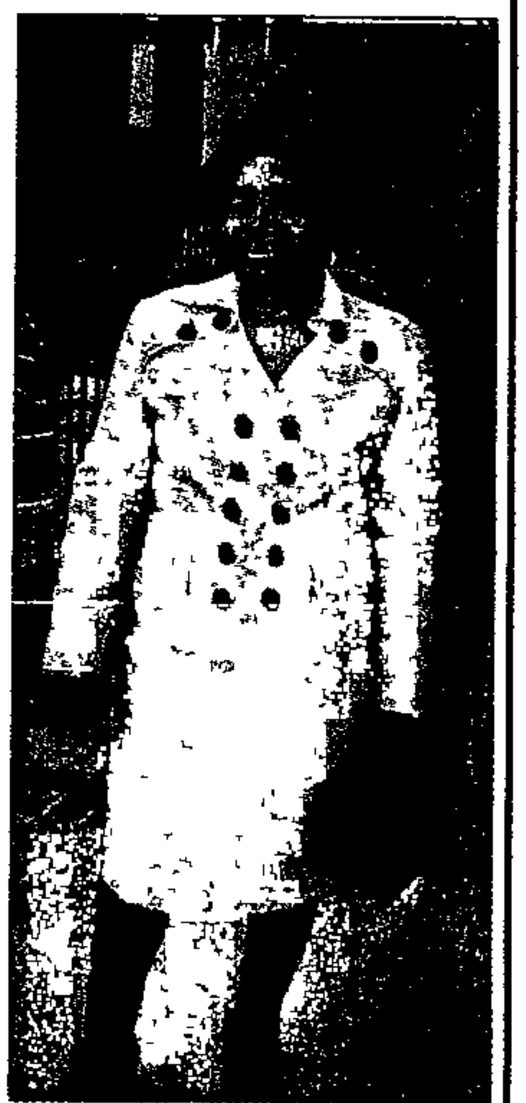
Eighteen "Y-Centres" are to be built around the country to provide sex education, counselling and nursing services in a nonclinical environment The National Youth Commission will manage a safe-sex hotline and training courses will run at State institutions like clinics **Ferial Haffajee**

Medicine for beginners: How ANC burnt its fingers on AIDS solvent

The 'miracle cure' Virodene was finally dismissed as nonsense this week. As CAROL PATON writes, the drug has exposed what can go wrong when political agendas obscure important scientific facts

ST 26/9/99 (92)





NEVER-NEVER LAND Olga Visser, left, and Nkosazana Zuma, whose association goes back to the middle of 1996, the time of the scandal over Sarafinal 2

PROFESSOR Malegapuru Makgoba, president of the Medical Research Council, has finally said what many scientists before him dared not "Virodene is nonsense"

Makgoba's comment, made in Parliament this week, is the last chapter in the Virodene debacle — a protracted saga that became so clouded by politics it seemed unlikely that the truth about the drug would ever be established

And although the truth about Virodene might have been self-evident from the start among the scientific community, the ambiguity expressed by politicians and the ongoing media coverage that the drug's developers enjoyed meant that among the public it was not

The truth was also hampered by the unstated political reality of the transition the more emphatically scientific figures associated with the old order proclaimed Virodene useless the less those associated with the majority party seemed to believe them

Makgoba's frank rejection of Virodene as "nonsense" and as being "without scientific integrity" is therefore significant — not least because it comes from a credible black figure

But the fact that Virodene was completely lacking in scientific integrity meant that it was more than just a drug that didn't work: it was a remarkably convincing ploy that conned not just the then Minister of Health Nkosazana Zuma but also then Deputy President Thabo Mbeki and the national executive of the ANC

So how did the developers of Virodene — an unremarkable laboratory technician from the University of Pretoria named Olga Visser, her husband Zigi and two Pretoria cardiothoracic surgeons — manage to convince the likes of Zuma and Mbeki that they had stumbled across a cure for AIDS?

How Visser first got access to Zuma is unknown But their association goes back to the middle of 1996, at just the time when the scandal over *Sarafina' 2* — an ineffective theatre production about AIDS on which Zuma's department spent the sum of R10,5-million — had for months been gnawing away at Zuma's reputation

Just when it seemed that Zuma would be saved by an anonymous donor who offered to pay back the money, the plan was cancelled after the Public Protector set certain conditions for the acceptance of anonymous donations

Shortly after the donation fell through, Zuma "encouraged" the Virodene team to "show their research to the Cabinet"

With her AIDS policy under

Interviews with some of the 11 people illegally treated with Virodene quoted astonishing results One man, for instance, claimed to have gained 10kg in three weeks and said the boils that had infested his body had vanished

Sober voices from the scientific fraternity, complaining that the Virodene researchers had violated ethical codes by performing trials and by not first presenting their work to their scientific peers, were hardly heard above the din

In short, there was elation

But a serious investigation followed

Performed jointly by the Gauteng Health Department and superiors of Visser's at the university, the investigation found that Virodene was nothing more than an industrial solvent and that no scientific evidence existed to show that it would act against the immunodeficiency virus

The investigative committee also said it found the lack of spe-

Makgoba's rejection of Virodene as being 'without scientific integrity' is significant — not least because it comes from

placed as head of the council after prohibiting further research into Virodene.

New legislation reducing the powers of the MCC appeared shortly afterwards, and leading ANC politicians made telling statements about how the council's powers needed to be curbed.

There was also an accusation made against the ANC that it stood to benefit from the production of Virodene after documents showing that the party had a six percent share in Visser's company landed in the hands of the Democratic Party

The ANC denied the allegations and claimed that the allocation of shares had happened without its consent. But the truth of how the shares were allocated to the ANC was never conclusively determined

After the MCC rejected the protocols submitted by the Virodene developers, the ANC called on the council to expedite the process that would allow clinical tests to be

THE TRUTH WILL OUT Professor Malegapuru Makgoba, left, who has finally said what many scientists before him dared not. The then Deputy President Thabo Mbeki, right, played an astonishing role in the issue

backed by the government in unnecessary red tape

Following the replacement of Folb with a new chairman, Helen Rees the Virodene team tried another three times to have their protocols accepted for clinical trials and each time were refused

The protocols submitted in two boxes were badly prepared and the council spent "an unusual" amount of time examining the Virodene protocols Rees said when asked about the

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Recurring snippets of news about Virodene have also helped to keep up the profile of the drug and with it, the ambiguity over its efficacy

A story about illegal trials using Virodene in Portugal by a company partly owned by Visser surfaced, and the court dispute between the Virodene camps and rumours of black market traffic in the drug also kept its profile up as the months went on

What added to this problem was Zuma's refusal to back down or state unequivocally that the drug held no hope for people with AIDS

It all makes Makgoba's by-the-way dismissal of Virodene more significant.

While his rejection of the drug is no different to its rejection by the first investigation by academics at the University of Pretoria or the implicit rejection of it by the MCC, this time it comes from a source more likely to have a resonance in circles suspicious of white officialdom.

But if the last word on Virodene is that it is "nonsense", it still leaves one issue unresolved. why did the 11 people who took the drug in its initial illegal trials show such remarkable improvement?

AIDS experts say that this was quite likely due to the "placebo effect" — a phenomenon experienced in medical research where even people given dummy drugs show a remarkable improvement because they believe that what they are getting will cure them.

The end of the Virodene issue is the end of a story that saw government policy-making go wrong and also showed the consequences of what happens when independent authorities are not believed because they lack credibility

Perhaps the growing presence of more credible figures in statutory bodies and government watchdogs will in future help to keep the mavericks and chancers at bay

ɔurnt ɪts fingers on AIDS solvent

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ST 26/9/99 (92)

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Shortly after the donation fell through, Zuma "encouraged" the Virodene team to "show their research to the Cabinet"

With her AIDS policy under scrutiny and seriously wanting in comparison to poorer less developed African countries, Virodene may have presented itself as the quickest route out of a disastrous situation.

The press responded to the news that the Cabinet had received a presentation from local scientists on a cure for AIDS with reckless triumphalism

Technical illustrations showed how Virodene acted to kill the immunodeficiency virus and even "pull people with full-blown AIDS back from the brink of death"

Interviews with some of the 11 people illegally treated with Virodene quoted astonishing results One man, for instance, claimed to have gained 10kg in three weeks and said the boils that had infested his body had vanished

Sober voices from the scientific fraternity, complaining that the Virodene researchers had violated ethical codes by performing trials and by not first presenting their work to their scientific peers, were hardly heard above the din.

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But a serious investigation followed.

Performed jointly by the Gauteng Health Department and superiors of Visser's at the university, the investigation found that Virodene was nothing more than an industrial solvent and that no scientific evidence existed to show that it would act against the immunodeficiency virus.

The investigative committee also said it found the lack of specific scientific expertise in the fields of internal medicine, virology and toxicology among the group of Virodene researchers a matter of concern.

Makgoba's rejection of Virodene as being 'without scientific integrity' is significant — not least because it comes from a credible black figure

But the harsh response of the scientific community was not enough to lay the matter to rest. On the contrary, the fight over Virodene began to get ugly

Professor Peter Folb, the chairman of the Medicines Control Council, which is responsible for decisions to allow clinical trials on new drugs, was replaced as head of the council after prohibiting further research into Virodene.

New legislation reducing the powers of the MCC appeared shortly afterwards, and leading ANC politicians made telling statements about how the council's powers needed to be curbed.

There was also an accusation made against the ANC that it stood to benefit from the production of Virodene after documents showing that the party had a six percent share in Visser's company landed in the hands of the Democratic Party

The ANC denied the allegations and claimed that the allocation of shares had happened without its consent. But the truth of how the shares were allocated to the ANC was never conclusively determined.

After the MCC rejected the protocols submitted by the Virodene developers, the ANC called on the council to expedite the process that would allow clinical tests to be conducted.

The ANC's conviction that there was integrity in Virodene was also borne out by Mbeki's astonishing involvement in the issue. After the Virodene producers split into two camps — a battle which eventually landed up in court — Mbeki held several meetings between the two groups to broker an agreement between them

Taken together, the subtext of the ANC's message was clear authorities from the old order were strangling an initiative backed by the government in unnecessary red tape.

Following the replacement of Folb with a new chairman Helen Rees the Virodene team tried another three times to have their protocols accepted for clinical trials, and each time were refused.

The protocols, submitted in two boxes, were badly prepared and the council spent "an unusual" amount of time examining the Virodene protocols, Rees said when asked about the drug It also spent more time examining Virodene protocols than other proposals to develop AIDS vaccines because of the "tenacity" of the researchers in submitting their protocols, said Rees

In June last year, more than a year after news of the Virodene miracle cure had hit the papers, the council was still considering its protocols

At about that time, the council made the ambiguous statement that the "drug had made progress but there were still quality and efficacy concerns to be resolved"

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HIV/AIDS set to wreak havoc in schools

CORNIA PRETORIUS (92)

ST 26/9/99

AN ESTIMATED 45 000 South African teachers are infected with HIV, the virus which causes AIDS

According to the Department of Education's education policy on HIV/AIDS, an estimated "one in eight of the country's sexually active population — those over the age of 14 — is now infected "

Experts warn it will worsen the projected shortage of teachers, affect their ability to teach, increase infection rates among pupils, change enrolment patterns and generally disrupt schooling because of erratic attendance rates as teachers and pupils take time to care for family members with AIDS

Mary Crewe, head of the AIDS Unit at the University of Pretoria, said experience in other African countries showed a high infection rate among teachers

She estimates teachers' infection rate at 12 percent — in line with the 1998 South Africa Human Development Report, which stated that up to 15 percent of the civil service was HIV-positive

Crewe said that at colleges in some African countries 25 percent more teachers were being trained than were needed This was because by the time the training was finished, a significant number of the student teachers would be too ill to work, would have died, or would be expected to die in the first five years of teaching

The new HIV/AIDS policy forbids sex between teachers and pupils, as this could increase the infection rate.

"Many teachers have recognised their risk of HIV infection and, as a consequence, are seeking out younger and younger partners," Crewe said

However, the highest infection rate is among young women aged 16 to 26 At Africa's largest HIV/AIDS conference, held in Zambia last week, Carol Bellamy of Unicef said that one in four adolescent women south of the Sahara did not know even one way of avoiding infection

At the conference it was suggested that the age of five to 15 provided a "window of hope" within which schools needed to teach children survival skills

Crewe said HIV/AIDS should become an examinable school subject

In the HIV/AIDS policy, schools are given the option to distribute condoms — at the discretion of the school community But experts warn that many schools are too conservative to take such steps

Crewe said "We can't tell young people to use condoms if they are sexually active, and then tell them that we cannot provide them "

October
1999

'Aids rate must be reversed'

(92) Sowetan 11/10/99

By Russel Molefe

HOUSEHOLDS in South Africa and the neighbouring countries run the risk of being run by children in future if the current rate of Aids infection was not reversed, the wife of former President Nelson Mandela, Mrs Graça Machel, warned yesterday

Speaking at the launch of the Palliative Medicine Institute, which also doubled as the graduation ceremony of the first pilot group at Chris Hani-Baragwanath Hospital in Soweto, Machel said "It will no longer only be a question of how to prevent Aids and care for the sick, but also how to deal with families that will be headed by children

"We won't have the capacity to deal with that kind of situation when it arises," she said

Her warning comes on the heels of a conference which declared Aids a continental disaster

Come to terms

Machel said it was depressing to come to terms with the reality that young people were the most vulnerable and South Africa was being portrayed as "the worst in terms of infection"

"It is our responsibility to reverse the situation All of us have to play a major role and it very critical to change our attitudes

"The Partnership Against Aids campaign launched by President Thabo Mbeki last year was a challenge to everyone to participate in the fight against the disease," Machel urged

She also urged health authorities to devise means to help the nurses who will be working at the institute because "the more they see people suffering and dying, the more it works on them emotionally"

"I've worked with children caught in armed conflict in places like Rwanda

"When you see the children traumatised in refugee camps, you become traumatised yourself," she told the ceremony

AIDS research comes to rural town

BD 6/10/99 (92)

Centre is working on development of a vaccine, writes **Nomavenda Mathiane**

AT FIRST glance, Hlabisa village, a tiny rural settlement in the mountains of northern KwaZulu-Natal, is not so different to thousands of similar villages throughout SA

Poverty, unemployment and the subsequent migration to cities afflict the community, and there is little infrastructure

But the presence of a big billboard with a pink ribbon and the words "Researchers and the community of Hlabisa unite to fight AIDS" is a sign that something is different here

Such signs are not emblazoned throughout rural SA

Hlabisa and neighbouring Mtubatuba are the only places where research into AIDS is being conducted by the Centre for Epidemiological Research in SA (Cersa) in conjunction with the Africa Centre for Population Studies and Reproductive Health Funding comes from the Wellcome Trust in the UK

The research project could be the first to develop an HIV/AIDS vaccine, says Cersa researcher Mark Lurie

The Cersa story is a complicated one The project traces its origins to former Hlabisa Hospital superintendent Dr David Wilkinson, who is now living in Australia

The project also leaves local villagers a little confused

"We hear on television that we have AIDS and that the situation is so bad that we even have a hospice, and yet I do not know of anyone who has died of the disease," says Thembisile Khumalo, a teacher who lives in Hlabisa

Lurie agrees that Khumalo is right "Hlabisa is no worse than most areas in SA

"It so happens that the project was started here and, in a way, this puts the locals at an advantage because they stand to benefit from the work done by the research "

Tainted

Lindiwe Mhlongo, a clinical assistant at the Hlabisa centre, says she can understand how Hlabisa can be tainted with the reputation of having a high number of people with HIV

But why specifically Hlabisa and its surrounding areas? The answer, says Lurie, is multiple

Hlabisa is near two of the largest sea ports in Africa — Durban and Richards Bay Prostitution built up around these centres spread to towns such as Mtubatuba and Hlabisa

In addition, KwaZulu-Natal had been sucked into the low-scale civil war of the 1980s, causing the displacement of communities People did not always know where they would spend the next night

The migration of men to cities in search of work added to the problem When they returned home, many brought the HIV virus and passed it on

Mhlongo says that the Hlabisa district covers a wide area Patients come from as far afield as Bazini and Bucksdene

"All these people get treated at Hlabisa We do not have a hospice for sufferers We do have a ward at the Hlabisa Hospital for AIDS sufferers "

A nursing sister at Msane, a village next to Mtubatuba, says her area is plagued by tuberculosis "It has become common for us at the clinic to know that when a patient is diagnosed with TB we immediately know he might also be HIV-positive "

Lurie says it is common that someone with TB can be HIV-positive, because of the nature of the disease

Lurie vacillates between hope and despair He despairs because he says government is not committed to fighting the scourge of AIDS, and it is primarily concerned with "magic bullet intervention"

He is critical of government for not providing AZT to pregnant women with HIV — and says there is a drug that is even cheaper called Nevirapine

These drugs, Lurie says, can be cost-effective because they reduce the chances of mothers infecting their babies

Lurie is also critical of business he says it fails to understand the economic implications of AIDS

He says the disease has a spiral effect on the economy

"When you consider that people susceptible to HIV are in the ages of 18-45 — these are people most likely to be working

"As the available work force gets affected, there will be absenteeism from work Soon people will start to die and companies will have to find new people to train "

Lurie says government should focus more earnestly on fighting AIDS "In Uganda the government succeeded because there was commitment from the government at higher level, and education played an important role "

CAPE ARGUS, **THURSDAY**, OCTOBER 7, 1999

R600-million boost to fight AIDS in Africa

Countries to discuss projects

(92) ARG 7/10/99

DI CAELERS
HEALTH WRITER

Gaborone – When some of South Africa's top AIDS specialists join others from Africa and abroad today to begin the process of distributing R600-million to fight AIDS, they will be acutely aware time is not on their side

When Secure the Future – a unique public and private partnership that will pump hundreds of millions of rands into the fight against AIDS in Southern Africa – was launched in May, HIV-positive toddler Tsepiso lit the candle of hope On Tuesday the child died

It's against this background that Secure the Future advisory board members, among them Ashraf Grimwood, principal medical officer of the City of Cape Town and national AIDS convention of SA chairman, and Nicky Padayachee, Dean of University of Cape Town's Faculty of Health Science, today finalised the first grants to research projects and community initiatives

The recipients are expected to be announced officially by the end of the month

Bristol-Myers Squibb, the pharmaceutical company that has committed the R600-million over the next five years, will distribute the money in South Africa, Botswana, Lesotho, Namibia and Swaziland

As part of the programme, leading AIDS educators and policy-makers from the five countries have already started a one-year post-graduate fellowship programme in public health and public health policy at the Medical University of South Africa in Pretoria

At a function here last night, attended by South Africa's health minister Manto Tshabalala-Msimang, Botswana's president Festus Mogae said the R600 million was the single largest donation to the cause of HIV/AIDS in Africa

He hoped it would "provide a cushioning effect on the devastating impact of the scourge on our people"

A total 11, 5-million people had died of AIDS in sub-saharan Africa, a quarter of them children

Mark Damonti, president of the Bristol-Myers Squibb Foundation, said they would consider 11 community outreach proposals today, seven from South Africa

But new proposals would be considered three times a year for the next five years

"We want to see this money help identify new thinking, to find things that are working well in communities and make them benefit all five countries," he said

Sebastian Wanless, the company's vice-president of Inter-continental Research and Development, said they had also received 79 research proposals, 80% of them from South Africa

Doctor Grimwood said before the meeting today that South Africa was well represented among proposals to be tabled – in the areas of mother-to-child HIV transmission, TB projects, and primary care

"The implications are very encouraging All are practical and will have a strong impact on policy," he said

Demand outstrips condom supply

Health department's budget can't cope; provinces complaining about running out of stock

(92) ARG 9/10/99

ADELE BALETA

South Africa's anti-Aids message must be catching on as demand for condoms the number one weapon against HIV infection, is outstripping supply

Suppliers are battling to keep up with demand and requests from the provinces for free national health department-issue condoms have increased from five million a month in 1996 to about 17 million a month this year

This amounts to more than the department's estimate of 160 million condoms (13 million a month) for this financial year The budget for condoms has already dried up

The use of condoms for safer sex is vital if South Africa is to reduce the spread of HIV which already affects up to four million South Africans

Celicia Serenata deputy director of the HIV/Aids directorate said all provinces were complaining they were running out of supplies

Although there was a delay in supply, the standard of condoms supplied had improved with only seven batches out of 232 since April having failed rigorous testing by the South African Bureau of Standards

Ms Serenata said there were several reasons for delays

The finance department awarded tenders to suppliers only in March – just two weeks before they were due to begin operating 'This means that the first consignments of condoms arrived from overseas only in mid May,' she said.

THE SABS TEST FOR CONDOMS INCLUDES

THE LEAK TEST: THE CONDOM IS SUBJECTED TO A SPECIFIED VOLUME OF WATER FOR A SPECIFIED TIME IF IT LEAKS, IT FAILS;

THE BURST TEST THE CONDOM IS BLOWN UP WITH AIR TO TEST THE AMOUNT OF PRESSURE IT CAN WITHSTAND.

LUBRICATION TEST THE COMPOSITION AND QUANTITY OF THE LUBRICANT IS CHECKED;

PACKAGE TEST: THE CONDOMS IN THE WRAPPERS ARE PLACED IN A VACUUM CHAMBER. IF THERE ARE HOLES IN THE PACKAGING, IT NOT EXPAND.

Ms Serenata said the provinces had underestimated the number of condoms needed. The Western Cape, for example, had ordered only 820 000 condoms a month which was not enough.

All four suppliers were at least two months behind on deliveries "They are not getting their supplies in quick enough," Ms Serenata said.

Pule Adrien, managing director of Latex Surgical Supplies, which is the largest supplier and only local manufacturer of condoms said "There has been an unprecedented demand for condoms. We have started additional shifts in the factory and are doing our utmost to keep up"

Surogit Palit, managing director of STX Prophylactics in Pietermaritzburg, said a delivery of condoms was dispatched this week to the Western Cape.

Sam Jang of Supex International said his company imported condoms from Hong Kong and supplied the Eastern Cape, the Free State and Mpumalanga.

Another supplier, Clive Kohrs of Conmed, denied there were any delays and banged the phone down after refusing to disclose from where the company was importing condoms.

Initial reports that there was a bottleneck at the South African Bureau of Standards were dismissed by the bureau.

Knox Msebenzi, general manager of Test House at the SABS, said the organisation had the capacity to test the equivalent of 21 million condoms a month and had tested 18 million in September

Delays could be attributed to the arrival at the SABS of all four suppliers' stocks in the same shipment.

Mr Msebenzi said that before April there had been only random sampling of condoms At the health department s request, all supplies destined for the provinces were now checked for defects

In April the national health department had increased its demand for condoms and, to keep up, the SABS had quadrupled its testing capacity by buying three more machines

Commenting on consumers' perceptions that government issue condoms were full of holes, too small or too big and generally useless, Mr Msebenzi said "We have become highly involved because of the need for quality condoms"

The tests conformed to the International Standards Organisation and were in line with World Health Organisation standards

Namibian workshop focuses on HIV/AIDS

BD 11/10/99 (92)

Eighty percent of deaths from the disease occur in Africa

Reneé Grawitzky

GOVERNMENT, labour and business representatives from sub-Saharan African countries meet in Windhoek this week to develop a common approach to HIV/AIDS in the workplace

The regional tripartite workshop organised by the International Labour Organisation (ILO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) takes place as statistics reveal 22,5-million of the 33-million people worldwide who have contracted HIV/AIDS live in sub-Saharan Africa

As a result about 80% of the world's total deaths from AIDS each year occur in Africa, with about 5 500 funerals held a day

UNAIDS data said that to date AIDS had led to the death of about 11-million Africans

As a result of the spread of HIV/AIDS in Africa, the International Labour Organisation (ILO) held a workshop in Pretoria last month to discuss its response

During discussions it became clear that the primary goal of the ILO, to promote opportunities for people to obtain decent work, was being threatened by the HIV/AIDS pandemic "Within the world of work, HIV/AIDS has become a major problem in pre-employment, terms and conditions of employment and post employment"

The workshop emerged with a key objective to develop a continental "platform of action on HIV/AIDS in Africa"

This will form the focus of the workshop in Namibia alongside key issues regarding HIV/AIDS in the workplace

The ILO said HIV/AIDS affected the most economically productive section of the population — thereby wiping out investments made in training and an accompanying loss of skills and expertise In some countries it was estimated that up to 20% of gross domestic product could be lost in the next five years as a result of the soaring costs associated with the epidemic

An SA employer said most SA companies were not dealing with HIV/AIDS At some point employers would have to consider its effect on their operations and potential markets as the rate of infection grew in SA

A parastatal conducted an HIV/AIDS awareness campaign and found that most of its black employees believed it was a myth and claimed it was an apartheid disease intended to dissuade blacks from having children Those who believed HIV/AIDS existed said it was a "rich, gay white men's disease"

Aids is 'crippling' Africa's growth

CT 11/10/99

GENEVA: On top of the enormous human cost of Aids, Africa also bears the cost to development — a cost that is being studied for the first time at an international workshop starting today in Namibia.

The Aids pandemic is the main factor behind the slow-down in growth in sub-Saharan Africa, a recent World Bank study shows. And 22,5 million out of the 33m people in the world who have HIV live in sub-Saharan Africa

With most Aids victims aged between 20 and 49, their "productive years", Aids exacts an enormous toll on the workplace, says the International Labour Organisation (ILO), which is co-organising the three-day conference with the UN Aids programme

In Zimbabwe and Botswana, the two countries most heavily hit by Aids, one working-age adult in four has HIV.

In Namibia, Zambia and Swaziland one adult in five is HIV-positive, according to a 1998 survey by the World Health Organisation and the UN Aids programme.

Businesses must find ways of coping with Aids-linked challenges, like increased absenteeism. Aids was the main cause of death for Africans aged 15 to 49 in 1998.

"The Aids scourge runs contrary to the main aims of the ILO, especially that of a "decent job" for everyone," an ILO specialist said.

Workers with Aids face discrimination ranging from a lack of social security to job losses, especially in the non-regulated sector which employs most Africans.

Co-workers often have to work longer hours to fill in for absent colleagues They too take more time off — to look after sick relatives and attend funerals.

Zambia's main cement-producing firm saw time off triple between 1992 and 1995 As a result, the company decided to allow funeral leave to close family members only

Aids cost the Ugandan railways as much as $300 per employee per year, according to UN Aids figures The company lost 10% of its workforce to Aids in the mid-1990s

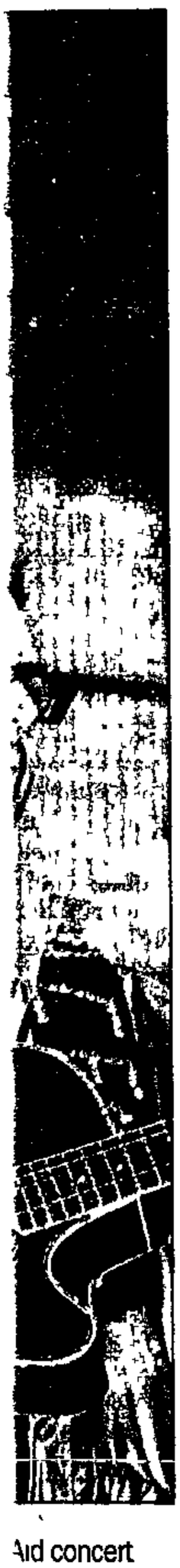
More worrying to employers is the loss of a qualified workforce that is difficult to replace, a study of bosses from Zimbabwe shows This loss holds back development in a continent already hampered by a dearth of skilled workers

Botswana loses two to five percent of its teachers to Aids each year In South Africa, 15% of civil servants are HIV-positive, according to ILO estimates.

Delegates from 20 African countries will study existing legislation on discrimination, disease prevention, workplace codes, protection of and assistance for those with Aids

A strategy for action will be drawn up at the meeting

A conference concentrating on the medical aspects of Aids was held in September in Lusaka — Sapa-AFP



Aid concert
PICTURE: AP

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Morris West writes to the end

SYDNEY. Australian thriller writer Morris West has died of heart failure while working on his latest novel, his son said yesterday He was 83.

The best-selling author died on

"He died very peacefully in the middle of a sentence," his son Chris O'Hanlon said

Born in the southern Australian city of Melbourne, West wrote 27 novels, as well as screen-

AIDS 'reprieve' for colleges

(92) (Sal)

Kader Asmal to rethink closure of teacher training centres

Argus 12/10/99

LYNNETTE JOHNS AND DI CAELERS
STAFF REPORTERS

The closure of teachers' training colleges is being reviewed in the light of the AIDS epidemic, Education Minister Kader Asmal announced today

Mr Asmal said the review would take place because "we don't know the impact of the AIDS epidemic on teachers"

Several teachers' training colleges have either closed down or amalgamated with others in the past two years owing to rationalisation in the teaching profession.

However recent press reports have been that 45 000 of the country s more than 300 000 teachers are infected with the HIV/AIDS virus

According to department of health figures the prevalence of HIV infection rose more than 30 fold between 1990 and 1998

In terms of the 1998 data, the highest rates were found in women in their 20s.

Between 1997 and 1998, there was a 65% increase in the estimated infection rate among teenage girls aged between15 and 19, from 13% to 21%

Statistics from the United Nations' UNAIDS show that there were 22,5-million people living with HIV/AIDS in Sub-Saharan Africa at the end of last year, with the number of new cases in this region in that year estimated to be 4 million.

By the end of this year, it is estimated that 11,5% of South Africans will be infected with HIV

This is compared with less than 0,5% in 1990 translating to almost 5 million HIV positive people

By the year end there will be 2 500 new infections a day Between 140 000 and 150 000 AIDS deaths will have taken place in 1999

A chief education specialist, who cannot be identified said the department of education had not yet done an impact study, even though they would

"very much like to."

He said there were no official figures on how many teachers were infected with the virus.

Mr Asmal's spokesman, Bheki Khumalo, said the minister's announcement did not mean that colleges facing closure would now remain open.

"A study will most likely be done before the minister takes any action."

The study, similar to the Curriculum 2005 study being done by the Human Sciences Research Council, would give the department a clearer indication of what the needs would be as more of the country's teachers fell victim to AIDS

He said the impact of AIDS on education would be huge and "something has to be done."

Mr Asmal would consult with his provincial ministers and other stakeholders before further action was taken.

In the Western Cape, Hewat College, Good Hope in Khayelitsha, South Cape in Oudtshoorn and the Roggebaai Distance College in Cape Town were either closed or amalgamated with other colleges at the end of 1996, in a move that was to save the department R26-million.

At present, the Athlone Technical College used the old Hewat College premises.

At a meeting in Botswana last week to discuss the distribution of R600-million from pharmaceutical company Bristol Myers Squibb to fight AIDS in southern Africa, Botswana's President Festus Mogae said the HIV/AIDS virus was making its devastating impact felt in all sectors of his country's economy

"Increases in labour costs are inevitable as we see regular absenteeism and the quality of the workforce deteriorating.

"There will be a consequent decline in productivity, with people dying before they become productive and before society can reap the benefits of the investment made in their education and training," he said

AIDS AWARENESS

Condom king brings hope against Aids

(92) BD 12/10/99

PETER FRASER-MACKENZIE is not intimidated by the portrait of President Robert Mugabe that hung in the small village post office Every week he recharges the help-yourself box on the desk immediately beneath Mugabe's prim gaze with several hundred condoms He dispenses more at the service station, the butcher and the general dealer

The priest at the Catholic church directly over the road from the post office knows the 70-year-old tobacco farmer's routine.

"He's never complained," said Fraser-MacKenzie.

The Scottish-born farmer is regarded as one of the most successful crusaders in the battle to teach, cajole and startle Zimbabweans into comprehending the horrific force of the Aids epidemic that is enveloping the country

Zimbabwe this year became the country most widely infected with HIV in the world. 25% of adults carry the virus Aids is claiming 1 200 lives a week and has reduced Zimbabweans' average life expectancy to 39 years The over-filled cemeteries of the urban areas, the hospitals choked with incurable people who have to sleep on the floors, and the thousands of families run by boys or girls scarcely in their teens illustrate the apocalyptic statistics. The situation is aggravated by an economy in crisis and what Aids specialists say is the absence of serious commitment by Mugabe's government to do anything about the epidemic.

In the middle of this national misery, the candour, brazen cheer and get-stuck-in-yourself energy of the unconventional laird of Lone Cow farm, 150km north of Harare, is like a sparkler in a tomb

As early as 1986 Fraser-MacKenzie realised that the epidemic that had just taken root would unfold as a disaster

"We were in injury time," he said.

He kicked against the resistance of fellow farmers in the 4 000-strong Commercial Farmers' Union, demanded the right to free condoms to be given to all workers — and got this.

He set up the union's Aids Awareness Project for the 220 000 farm labourers and their 800 000 dependants on the country's commercial farms. It is run by 50 farmers' wives, all volunteers, and unlike any other Aids NGO in the country it does not have vehicles, T-shirts with slogans, uniforms and logos About 10 000 farm employees have been trained to teach their fellow workers about the virus and how to avoid it.

There are another 150 trainers to teach them, driving home Fraser-MacKenzie's approach of open discussion among adults, partners and children about sex and Aids. His boundless enthusiasm has made a deep impression on Western donor organisations.

"Nowhere in Africa do volunteer organisations work, but this one does," said Mercia Davids, health programme specialist for USAid in Harare. "Fraser-MacKenzie is committed to building awareness and changing sexual behaviour He has made it his life's work. It's unique."

Fraser-MacKenzie says traditional beliefs are the biggest hurdle. "Zimbabweans are deeply conservative and secretive about sex and it's full of taboos Among some people, a wife is not allowed to see her husband naked. Faithfulness is not a major factor in traditional marriages Nor is it looked down on if an older man has a relationship with a young gul."

Tradition is also the biggest obstacle to persuading people to wake up to what Fraser-MacKenzie calls "the silent slaughter" "It is a major achievement if you get people to start talking about sex in mixed groups of men and women. It's absolutely unheard of But that's what we have to do to get people to confront the epidemic."

Yet Fraser-MacKenzie has got thousands of people to do so Renlah Musendami, 37, the farm bookkeeper, chatted comfortably with me about the technicalities of women putting on their husband's condoms for them when they were drunk. She was "shy" when she attended one of Fraser-MacKenzie's first courses, where a trainer coaxed men and women to talk about sex.

"As time went on, we all began to talk Now in my home village the grandfathers are talking to the children. Everyone knows about Aids now When I go home, I take free condoms with me for the school and the shops."

—*Sapa*

Group seeks unity on AIDS

(92) BD 12/10/99

ILO says spread of the epidemic will bankrupt Africa's social security programmes

Reneé Grawitzky

WINDHOEK — The spread of HIV/AIDS could drive social security schemes in Africa into bankruptcy, International Labour Organisation (ILO) executive director Mary Chinery-Hesse said yesterday

She was speaking at the opening of a three-day workshop on the social and labour implications of the epidemic in the workplace

Chinery-Hesse said efforts to prevent the spread of HIV/AIDS should be a collective initiative involving government, business and labour

The workshop, organised by the ILO and the Joint United Nations Programme on HIV/AIDS (UNAIDS), was attended by labour, government and business representatives from 20 African countries

The workshop is intended to develop strategies to address the social and labour implications of HIV/AIDS

She said few companies had come up with prevention and support schemes to deal with the effects of the epidemic in the workplace This was crucial as most of those being infected were from the economically active population

Chinery-Hesse said that one-third of those infected worldwide were between the ages of 10 and 24 Currently, 33,4-million people have HIV/AIDS, with the majority living in Africa

To date, 11-million Africans have died from AIDS and a further 10-million are expected to die by 2005 An ILO study found that 80% of those infected in countries such as Uganda, Zambia, Tanzania and Rwanda were between the ages of 20 and 49, and many were experienced and skilled workers

A survey among 18 companies in Zambia found that HIV/AIDS accounted not only for the death of large numbers of workers in lower and semi-skilled positions, it was also responsible for 62% of deaths among senior managers

The ILO study said the epidemic "decimates management and the skilled labour force"

The study also indicated that one out of every five miners on SA mines was HIV positive, while 1 500 new infections were being reported a day in SA.

The study also found a dramatic rise in health-care costs, medical insurance, death benefits and disability and pension payments Life insurance premiums quadrupled in just two years in Zimbabwe while in Tanzania and Zambia health costs surpassed the annual profits of many large companies

In Botswana, some companies estimated that AIDS-related costs would increase from less than 1% of salary costs to 5% in only six years due to the rapid rise in the infection rate

The ILO said employers faced daunting challenges and that many feared addressing AIDS in the workplace as it could prove too costly, while others were not sure of what approach to adopt

SA accounts for 10% of daily HIV infections

Reneé Grawitzky

WINDHOEK — THE daily HIV infection rate in SA accounts for 10% of the world's daily infection rate, Business South Africa representative Jim Murphy said at a workshop on the effects of HIV/AIDS on the workplace and economy

Speaking at the regional workshop in Windhoek on strategies to deal with the social and labour implications of HIV/AIDS, Murphy said the rate of infection in SA increased tenfold over the past five-six years

He said HIV had become a strategic business issue for a number of larger organisations that had committed themselves to implementing programmes in the workplace The present infection rate in SA was in line with trends in southern Africa which is reckoned be the worst affected region on the continent.

A representative from the Joint United Nations Programme on HIV/AIDS (UNAIDS), As Sy, said there were cases where the infection rate in the region was as high as 38%

Namibia's minister of health and social services, Libertine Amathila, said the incidence of HIV infection in the country was on the rise. Estimates revealed that 6% to 7% of the population have HIV/AIDS, with the infection rate increasing by between 7 000 and 10 000 a year

Amathila said the Namibian government has published guidelines for the implementation of a national code on HIV/AIDS in employment

During debate on HIV/AIDS it was revealed that insufficient and unreliable data existed to provide clear estimates as to its effect on African economies

SOWETAN Wednesday October 13.1999

Plan to make Aids notifiable is opposed

(92)

Sowetan 13/10/99

By Waghied Misbach
Political Correspondent

GOVERNMENT'S plan to make Aids-HIV a notifiable disease has been described as "unconstitutional" and an invasion of privacy

This is the view of Zackie Achmat, spokesperson for the Treatment Action Campaign, a non-governmental organisation that works to promote Aids awareness

Briefing the Health Portfolio Committee in Parliament yesterday, Achmat said that the Government's plan to force people with Aids to notify care-givers and their immediate families, would result in many people being excluded from the health system for fear of being stigmatised

This view was supported by the Women's Legal Centre, an organisation that is concerned about the effects of the disease on women

In its submission it said notification will "create an unsafe and disabling environment for individuals to access health services" It said notification would not result in treatment but divert resources away from treatment

The WLC also claimed that reporting to the State "potentially affects the privacy and confidentiality rights of previous or current sexual partners of the Aids sufferers"

The organisation proposed that the Government abandon its attempts to make Aids a notifiable disease, and instead to encourage sufferers to reveal their status voluntarily

People with Aids should only be forced to disclose their status if there is a "substantial risk of harm" to others or if the sufferer is involved in domestic violence in the home

Achmat also called on the Government to identify 20 high risk regions that could be provided with all the necessary resources to treat and prevent the spread of the disease

In KwaZulu-Natal, the region with the highest Aids infection rate – more than 60 percent of clinics did not have HIV testing equipment, Achmat said

Disclose HIV status – MPs challenged

DI CAELERS (92) ARG 13/10/99
HEALTH WRITER

AIDS activists have challenged MPs, to "lead by example" and disclose their HIV status

Parliamentarians were 'at risk" because they were often away from their partners for long periods and some were "known to frequent escort agencies", said Mark Heywood, head of the AIDS law project at the University of the Witwatersrand.

He was one of the AIDS activists who addressed the parliamentary portfolio committee on health yesterday in an attempt to dissuade the Government from accepting proposals to make AIDS a notifiable disease

Mr Heywood asked parliamentarians "How many of you have publicly disclosed your HIV status to your partners, never mind to the nation?"

South Africa had to create conditions for disclosure, "but even in Parliament you have not created these conditions"

"You must get your own house in order first, then lead by example," he said.

According to regulations in the Government Gazette medical practitioners who diagnose somebody with clinical AIDS – not just an HIV infection – will be required to

- Tell the patient's immediate relatives and those caring for the patient, and, in an AIDS related death, the "persons responsible for the preparation of the body'
- Report the diagnosis to the appropriate local authority

Business cannot ignore spread of HIV/AIDS

Disease will affect workers and markets throughout southern Africa, writes **Reneé Grawitzky**

(92)

WINDHOEK — Many black workers still see HIV/AIDS as a disease afflicting rich, gay white men while white employers view it as a black problem prevalent among the poor say delegates at an AIDS workshop in Namibia's capital

The Windhoek event, organised by the International Labour Organisation (ILO) and the Joint United Nations Programme on HIV/AIDS this week, aimed to tackle the labour and social implications of the disease.

It has shown that SA employers can no longer ignore the potential effects of the spread of HIV/AIDS on their workers or their local markets

The disease does not discriminate between rich and poor or between employed and unemployed The message from many delegates was clear HIV/AIDS is infecting as many, if not more professionals than those living in poverty in many African countries

Statistics show that 80% of AIDS deaths to date have been among people between the ages of 20 and 49

ILO statistician Sylvester Young adopted a far more cautious approach to many of the statistics bandied around the workshop He said in many instances countries did not even know their total populations but were able to provide data on the number of people dying from HIV/AIDS

He said more reliable data was essential if the disease was to be tackled properly in Africa. Such data included identifying which people were being affected, their occupational groups and in which industries

Despite Young's cautionary comment, SA is one of the most severely affected countries in southern Africa.

An estimated 3,8-million South Africans are believed to be HIV-positive in comparison, 500 000 people are said to be infected in western Europe. The US Centre for Disease Control and Prevention estimates that nearly 800 000 people in the Americas are HIV-positive.

While these statistics might not be totally accurate, the trend of HIV infection in SA is clear It is estimated that the new daily infection rate in SA is between 1 500 and 1 700

The disease is likely have a negative effect on skills levels and further exacerbate skills shortages where they exist

"It decimates management and the skilled labour force. Finding qualified top management and skilled line workers to replace those who die or can no longer work can be extremely difficult," says the ILO

A number of delegates said it was not sufficient for employers to distribute condoms in the hope this would reduce the spread of HIV/AIDS.

Employers had to become part of initiatives to address the spread of disease, not only in their respective companies, but in their surrounding communities, a delegate said.

In SA, it would appear from the input provided by Business SA representative Jim Murphy, medical adviser to Barlow Rand, that the larger organisations have been involved in various initiatives to combat the spread of the disease.

Despite these interventions, a critical area has yet to be addressed even in those African countries which have been grappling with the disease for many years. Benjamin Alli, head of the ILO's occupational safety and health branch said the "culture of denial" had to be addressed

He pointed out that some who spoke out about HIV/AIDS were either beaten or stoned to death. He recounted an incident where a woman was beaten to death on the street in Pretoria when she publicly admitted to having HIV

Legislation exists in SA to protect employees from unfair dismissal in the case of HIV/AIDS in the form of the Labour Relations Act and the Employment Equity Act The latter goes even further and prevents employers from conducting HIV testing without the approval of the Labour Court.

BD 13/10/99

Employers cannot conduct prevalence tests in the workplace but can encourage a worker to go for testing at local clinic if he injures himself or gets blood on someone else. This is nevertheless a cumbersome method to deal with the risk of transmission to the other employees.

An SA employer said this clause was problematic because the type of intervention work employers can do could be hampered and prove less effective.

In SA it is evident that some incentives will have to be provided to encourage small to medium-size firms to get involved in promoting HIV/AIDS education in the workplace.

Otherwise this will remain the domain of the larger organisations, which will not be sufficient to combat the spread of the disease.

Government ultimately will have to evaluate whether the provisions of the Employment Equity Act provide the right balance between protecting the rights of individuals and addressing public health concerns

Strong no to making Aids notifiable

JUDITH SOAL
HEALTH WRITER (92) CT 13/10/99

IT would cost less to give pregnant women with HIV the anti-Aids drug nevirapine than to make Aids a notifiable disease, Parliament heard yesterday

Speakers from the Aids Legal Network, the National Aids Coalition of SA, the Treatment Action Campaign and the Women's Legal Centre appeared before the Parliamentary Health Portfolio Committee to discuss proposals that would legally require health workers to tell family members and the state when they diagnose someone with Aids.

The speakers were unanimous "We agree with the government's reasons for wanting to make Aids a notifiable disease, we just don't believe it will work."

When the proposals were published in April former health minister Nkosazana Zuma said they were intended to stop the secrecy around Aids and to collect information on the progression of the epidemic.

"We support these principles," said Mark Heywood of the Aids Legal Network. "We just don't believe notification is the way to achieve them."

He said parliamentarians should get their own house in order before forcing transparency on others.

"You are at particular risk of HIV because you travel often and you are away from your partners. We also know that at least some of you frequent escort agencies," said Heywood, in an apparent reference to MP Robert McBride "Yet how many of you have been for an Aids test and publicly disclosed your status?"

Other arguments against notification include:

- People who fear they are HIV-positive will not go for treatment or tests because they are worried their families will be told of their status.
- Patients may give false names and addresses.
- It is impractical. TB is notifiable but it doesn't work — health workers are too busy to spend time looking for patients' homes.
- Notifying Aids diagnoses will give information on the state of the epidemic eight to 10 years ago — too late for proper planning
- Notification is costly, because of the extra staff needed to visit families and fill in the extra forms

Nacosa's Ashraf Grimwood said it would cost more to prevent babies from becoming HIV-positive than to give nevirapine to pregnant women with HIV He said there were cheaper and more accurate ways of collecting information about HIV

There were no speakers in favour of Aids notification.

The Health Department's Deputy Director-General Harm Pretorius attended the briefing and said he would report to Health Minister Manto Tshabalala Msimang. "It is safe to say that the regulations will not be passed in their current form," he said. He expected new regulations to be published by the end of the year.

CAPE ARGUS, **THURSDAY**, OCTOBER 14, 1999

Call to act on AIDS treatment for mums

ARCT 14/10/99

Sick children cost Tygerberg R1-m a year

(92)

DI CAELERS
HEALTH WRITER

HIV-positive children ill enough to need hospital care are costing Tygerberg Hospital about R1-million rand a year – and that is in an area with a relatively low prevalence of HIV/AIDS

Mark Cotton, who looks after children with HIV/AIDS at Tygerberg, said the economics showed why it was "absolutely urgent" that programmes to prevent mother-to child transmission be introduced

"When you look at the economics of not preventing mother to-child transmission and you look at the money we are spending looking after sick children, it becomes more than obvious that prevention of mother-to-child transmission is the way to go," he said

Dr Cotton was part of a panel discussion at the medical school last night by HIV/AIDS specialists from the University of Stellenbosch Medical faculty and Tygerberg Hospital

Dr Cotton said that the reality was that HIV in children was largely a "preventable disease" since this intervention had become possible

The Government has constantly held that the introduction of a national mother-to-child programme would be too expensive to maintain Some pilot projects are however operating in the country, including the Western Cape These are either privately funded or funded by the provincial government

Dr Cotton said that while a national programme would be costly and difficult to set up, the costs of non-treatment would be "absolutely appalling"

Francois Cilliers, who specialises in counselling of HIV patients, said teenagers aged 15 to 19 were the most vulnerable group in South Africa where, according to latest statistics, there had been a 65% increase in HIV prevalence, particularly among girls

Calling for intensive programmes in schools to combat the scourge, Dr Cilliers said there had also been a huge jump in clinical AIDS cases in the 15-to-19 age group

"What we are saying here is that 15- to 19 year olds are dying of AIDS, they are dying of ignorance because their parents have denied them access to sexuality information in schools," he said

The Medical Research Council's Walter Prozesky said HIV/AIDS was "going to cause a massive disaster – and we are on our way to that"

Last year 130 000 people died of AIDS in South Africa – 365 people a day Projections were that next year 250 000 would die and 500 000 in 2008

Professor Prozesky said Eskom had predicted that by 2012 HIV/AIDS would cost the company R4,8-billion in respect of time off from work and replacing sick employees "Never before in history has a virus been killed by drugs, and chemotherapy will never manage an epidemic, so we are looking to vaccines, the most promising of which are in the pipeline now," he said

HIV mum's words of hope, page 17

CT 15/10/99

TV show hopes to create solidarity

(92)

JUDITH SOAL
HEALTH WRITER

IF you think Aids isn't part of your world, there's something you need to see It's a new television programme called *Beat It* and it starts on Sunday on e-tv

Beat It is the first magazine programme of its kind and is aimed at South Africa's 3,5 million people who are living with the virus that causes Aids The studio hosts are HIV-positive, so are most of the audience And no, they don't look any different from anyone else

Forget the rule about worthy causes making dreary viewing, this is good television The most striking feature of *Beat It* is how positive it is about a disease normally discussed in hushed undertones.

"Until now people living with HIV/Aids have been spoken about rather than able to speak — and then we are referred to as people living with a death sentence We are addressed with pity and sometimes in a discriminatory manner," said Zackie Achmat, who conceptualised the programme "*Beat It* is our response to that"

In the first episode the studio audience is made up of 50 people with HIV who talk about their experiences with the virus. They talk of the fear and exclusion, the ignorance and stigma Then they talk about how they've taken control of their lives and the disease

Each of the eight episodes will feature a different topic This week there is a special report into the death of Aids activist Gugu Dlamini who was murdered for bringing "disgrace" to the neighbourhood by saying in public she was HIV-positive For the first time Dlamini's family and boyfriend are allowed to tell their story

Beat It also contains practical advice on food and HIV, preventing and treating common illnesses and the legal rights of people with HIV. Every week stand-up comic Mark Lottering presents "red noose" and "positive person" awards to those deserving of praise or censure

"There really hasn't been anything like this done anywhere in the world," said producer Jack Lewis "We are hoping to create a sense of solidarity around HIV and send a message to all those South Africans who are living closetly with the virus that there are other people in the same position"

● *Beat It* will be broadcast on e-tv from Sunday at 10 30am.

(92) FM 15/10/99

HIV/AIDS AND INVESTMENTS

ALARMS ARE RINGING. HIT THE SNOOZE BUTTON AND LOSE

Which companies are likely to be affected, and how?

"Southern Africa faces a human disaster on a scale never seen before," says Dr Peter Piot, executive director of the UN Aids Programme The reply from SA business, with few exceptions, has been "HIV/Aids? No big deal"

The "no big deal" is an infection rate of 23% reported at antenatal clinics nationally — about 4m people They will die and more will die as SA enters the new millennium Researchers call it Y2K+ 5

By 2005, SA's population growth will fall to about 0,8%/year and probably go into decline thereafter Aids-related deaths will climb from around 400 000/year now to between 800 000 and 1m/year, cutting average life expectancy from 68 to 48 years

"Corporate SA needs a wake-up call," says Dr Ruben Sher, Aids consultant and former head of the SA Institute of Medical Research

Karen Michael of Natal University's HIV/Aids Research Division echoes Sher's concern "Companies are not thinking beyond their own portholes"

For investors, the question is "How will my investments be affected?"

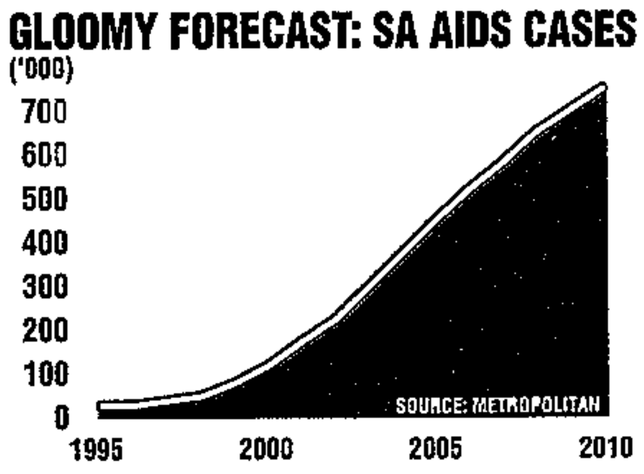
"Our market represents excellent value," cry portfolio managers — and yet p e ratios languish And why is SA not getting the foreign fixed-investment capital it needs? "Would you risk capital and your top people here?" asks Sher

That question appears to have been answered by many of SA's own top corporations Tiger Wheels, with its manufacturing expansion destined for eastern Europe, Old Mutual and SA Breweries, with primary UK listings SAB may well have outgrown its domestic market, but it also clearly sees the dangers

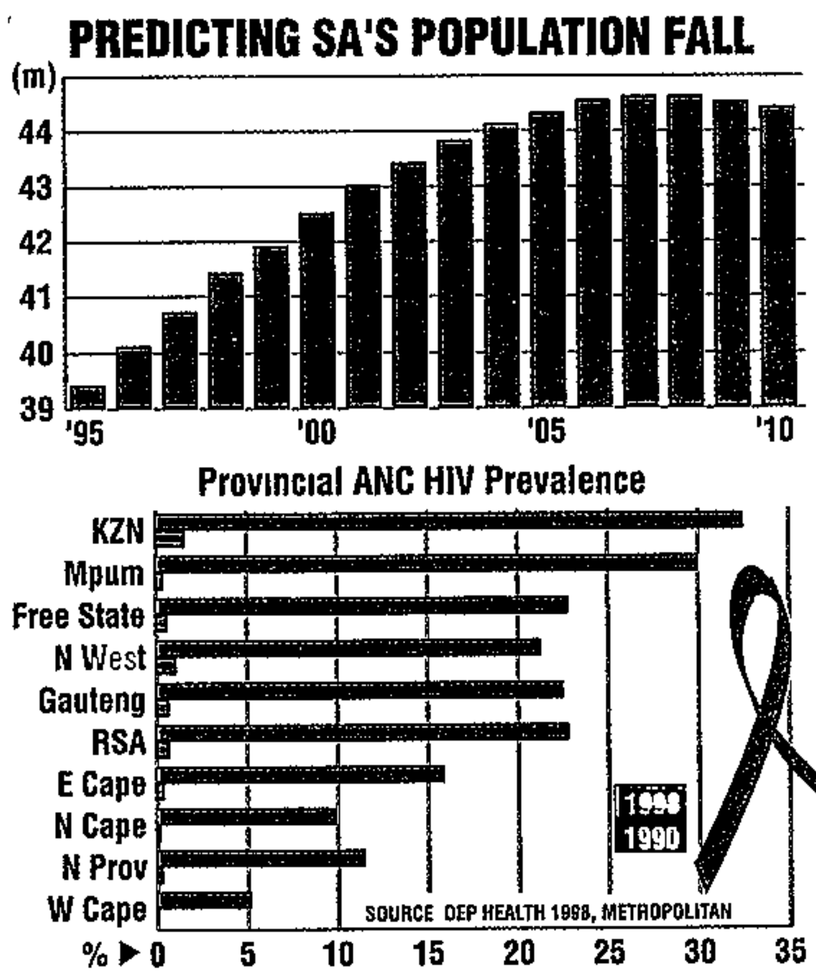
Saturation of a market by a product is a factor investors must bear in mind, particularly where the strongest demand stems from the most vulnerable sector This is the 20-40-year age group

Lower LSM (Living Standard Measures) groups 1-4 with incomes of R563-R875/month are the most vulnerable Here, chains such as Shoprite-Checkers, Spar (Tiger Oats), Metcash and Jumbo (Rebhold) are among those affected Metcash's aggressive globalisation now begins to make more sense

By 2005, 4m families with incomes of between R2 500 and R8 000/month will face a 20% reduction in discretionary spending This is the forecast of Janina Slawski, convenor of the Actuarial Society of SA's Aids committee Higher taxation to fund State medical spending and personal medical costs are among the reasons



At the bottom end of the LSM scale, Pepkor's Pep, Ackermans and OK, Edgars' Sales House and Jet and furniture retailer Ellerines will be hit But tight economic conditions have forced most retailers to use the credit carrot to draw consumers from the lowest LSMs They face increased bad debt write-offs and losses on insurance policies underwritten in-house



Wooltru is taking a serious view and receives the highest accolades from SA's Aids research experts Wooltru's chief Aids consultant, Keith Titley, says that the group's first phase of action has covered demographic impact studies and employee benefit and cost implications The next phase will study the impact on supplies and services

As Titley puts it "When HIV-infected staff members begin to take sick leave, they have to be replaced by temporary staff and later by new, full-time staff" The results are falling service standards and high retraining costs Replacing even a low-paid shop assistant or machine operator with, say, 10 years' experience is not easy or cheap

A KwaZulu-Natal group such as Tongaat Hulett, with 19 700 employees, has a higher Aids risk factor than an operation based in the Western Cape, where HIV prevalence is still relatively low

On employee numbers in the highest-risk category, the mining industry is most exposed It is also one of the foremost in its Aids impact studies and efforts to combat the effects Amplats chief medical officer Dr Les McBey says the board has declared Aids a strategic corporate issue

McBey points to Eskom, Amcoal and Harmony as other leading examples of Aids preparedness

For the average investor, the answer lies partly in following the example of the globalising SA groups Diversify risk as much as possible, placing heavy emphasis on groups with aggressive foreign expansion policies and low-number, high-skill employee profiles

Though the short-term outlook for retailers has improved because of lower interest rates, longer-term investment should probably be underweight and highly selective This also applies to heavily SA-dependent food manufacturers and distributors

But perhaps the greatest investment problem in the Aids environment is the unknown While actuarial forecasts are coming in with unnerving accuracy, little research has been done on the economic impact Until companies start spelling out their strategies, which few have, investors must rely heavily on their own judgment and commonsense

Stafford Thomas

ST(CM) 17/10/99 (92)

Business jitters threaten AIDS projects

JANET HEARD

BUSINESSES are still nervous about investing in HIV educational programmes because of the R14-million *Sarafina 2* debacle, it emerged this week

An HIV feature film and a TV series are hanging in the balance because of the failure of local corporations to come forward with sponsorship.

Tim Mahoney, creative director of Holland Moorehouse Media, said he had been working with the Department of Health for more than 2½ years to get an educational feature film off the ground "It is beyond frustrating," he said "The Department of Health got their fingers burnt with *Sarafina 2,* and now the film that was their initiative is an 'iffie' subject for the corporate sector."

Potential sponsors also hesitated to get involved because they did not want to be associated with the epidemic, Mahoney claimed

He said foreign funders had already agreed to match funds raised from South Africa However, he had so far drawn blanks locally "We have been speaking to major corporations It has been an uphill battle"

CSIR epidemiologist, Professor Brian Williams, said that although *Sarafina 2* was a disaster "the point is that companies should step in and say, okay, let's do it right next time".

The problem was part of a broader malaise, he said "We are facing an Armageddon, we are doing nothing. I am in a state of despair The neglect of this epidemic is criminal."

In a few years, up to 15 000 people could die from AIDS every fortnight if educational awareness was not prioritised "The truth is that it is not that hard to curb the spread of AIDS. But it is no good just forming partnerships, holding hands, and talking. We need significant action, we need condoms, we need education"

Williams said South Africa could have done a lot more to halt the spread of HIV. In 1990, Thailand and South Africa both had less than one percent prevalence of Aids at ante-natal clinics "Today, Thailand's rate stands at 1,5 percent and South Africa is looking at 25 percent."

It was vital that HIV information did not only educate but also encouraged people, particularly young people, to change their patterns of behaviour, said Mahoney.

The SA business community did spend money on HIV/AIDS programmes — estimated at up to R180 million per year — but they did not usually deal with prevention

The AIDS project is endorsed by the Interministerial Committee on Aids, the United States Agency for International Development and the British Department for International Development.

If sufficient funding is raised, the year-long TV series is scheduled to broadcast its pilot programme on November 22

BD 20/10/99

Industry joins fight against HIV/AIDS

(92)

Nicola Jenvey

DURBAN — The International Hotel & Restaurant Association (IH&RA) and the Federated Hospitality Association of SA (Fedhasa) launched a joint initiative yesterday to combat HIV/AIDS

The initiative aims to underline the critical role the private sector has to play in the battle

Fedhasa executive director Willem Fick said it was now accepted that businesses in southern Africa had a responsibility and incentive to tackle AIDS in the workplace

His utterances followed a meeting of the Southern African Hospitality Association representing associations in Zimbabwe, Zambia, SA, Namibia, Lesotho and Botswana, during which the disease's effect on the hospitality workforce in the region was highlighted

The AIDS and sexually transmitted diseases conference in Zambia last month heard that in Africa the disease kills more than 2-million people and infects another 4-million a year

Fick said Fedhasa had agreed to distribute widely the recent IH&RA publication The Challenge of HIV/AIDS in the Workplace A Guide for the Hospitality Industry, aimed at informing and educating the sector internationally on the implications of the disease

Co-produced this year with the United Nations Programme on HIV/AIDS, the guide was developed specifically to deal with the needs of the hospitality industry and to provide practical information for hotels and restaurants to develop AIDS policies and awareness programmes, Fick said

The manual features examples of "best practice" company policies on HIV/AIDS and provides answers to common questions about the disease that arise in the hospitality work environment — including the risks of staff becoming infected in the course of their work-related tasks and how to avoid them

M+G 15-21/10/99 (92)

HIV soldiers to fend for themselves

Khadija Magardie

The South African National Defence Force s (SANDF) skewed policy on HIV/Aids has once again come under the spotlight, after an HIV positive soldier in Durban sought legal assistance after threats to discontinue his anti retroviral therapy.

Following a letter from the soldier's lawyer the SANDF backed down stating that it would continue treating patients already on the programme, but refusing to take on any new cases. But the case raises the question of who, according to government policy, may or may not be provided with free anti Aids drugs.

According to unofficial statistics and a Metropolitan Life survey 40% of the SANDF is HIV positive, a figure the defence force says is inflated. Despite this, the South African Medical Health Services, the umbrella body for SANDF medical services, claims its position on the provision of treatment is in line with the occupational exposure policy of the Department of Health.

Occupational exposure refers to situations where people are exposed to HIV in the execution of their jobs. Nurses fall within this category. According to government policy, provided employees follow the correct notification procedure as prescribed by legislation, they are eligible to receive post-exposure prophylaxis — the 'starter pack' cocktail of Retrova and AZT — and, failing this, free anti retroviral medication.

The SANDF has confirmed that except in cases of occupational exposure, and where rape charges have been filed, soldiers are not treated for the virus.

In the case of rape, it appears that the SANDF policy contradicts the official line toed by the health department — namely that the supply of anti Aids starter kits to rape survivors in public hospitals is too costly. This is not the only contradiction of SANDF policy.

The can of worms was opened by Major Esme Cataka, a retired military practitioner who, up to June this year, was stationed at the Durban base. A professional nurse, social worker and Aids counsellor, Cataka was an ex-Umkhonto weSizwe soldier. Working as a health educator for sexually transmitted diseases and HIV/Aids in African National Congress camps in exile, she was also one of the pioneers in the formation of a HIV/Aids treatment clinic on the Durban military base in 1995.

Cataka claims that when inquiring about the availability of two anti retrovirals to treat HIV positive soldiers, she discovered that the drugs were already being supplied via the chief pharmacist, to soldiers stationed in Pretoria and in the Western Cape. This, despite official statements at the time saying treatment was too expensive.

One of the patients, a civilian working in administration, is alleged to be the brother of a prominent officer managing the defence force's HIV/Aids programme.

The pharmaceutical company which is the only known manufacturer of the drugs, refused to confirm the quantities of anti retroviral drugs being sold to the SANDF nor the period during which they were supplied. It did confirm that at least one of the drugs was on the SANDF's 'shopping list' but said 'no significant purchases of anti retrovirals were being supplied.

According to Cataka, there is discrimination within the SANDF in deciding who gets treated with anti retroviral drugs. The defence force s policy requires that in all cases, the member should test HIV negative at the time of the alleged incident of occupational exposure or rape.

In early 1999 following Caktaka s complaint regarding selectivity in treatment for HIV/Aids at SANDF bases, a batch of the drugs was ordered for Durban based patients. Following her resignation in June, the HIV positive soldiers on the treatment were told it would be discontinued. It was at this stage that legal advice was sought.

Mark Haywood of the Aids Law Project at the University of the Witwatersrand says it may appear unfair that certain soldiers are treated and others not, but he cautioned against what he called "pitting one sufferer against another".

Acknowledging the moral obligation of government bodies to provide treatment in cases of occupational exposure, he said the focus should rather be on seeking means to provide treatment to all sufferers, regardless of how the virus was contracted. In the case of rape, he said, there is "a legal obligation on a government that cannot protect its female population from rape to make available access to effective treatment".

The health department has been criticised for its refusal to provide the drugs in public health facilities, particularly to rape survivors and pregnant women.

For Haywood, part of the problem is 'the lack of a holistic HIV/Aids policy" in the SANDF. An example of this is the issue of pre-employment testing. A recruit who tests HIV positive cannot be admitted into the SANDF. This is misleading because the so-called "window period" means that one could test negative and later have the virus. There is at present no follow up testing.

In late 1997 the Department of Defence, with the Department of Health, launched the South African Civil Military Alliance to Combat HIV/Aids. The aim of the project was to raise HIV awareness among soldiers.

According to a defence force internal circular soldiers would be educated about treatment options. But for some of the soldiers at Natal Command, who were diagnosed after joining the SANDF the measure may be too little, too late.

Cape gets top AIDS expert (92)

Arg 21/10/99

DI CABLERS
HEALTH WRITER

The fact that her new mandate lands her with one of the most difficult jobs around – to effectively lead the battle against HIV/AIDS in the Western Cape – does not appear to faze Shaheen Mehtar.

The long curriculum vitae of the new adviser to provincial health minister Nick Koornhof, who will head up the ministry's new AIDS Desk, is proof Dr Mehtar is a woman who knows how to get things done.

Top priority on the doctor s what-to-do list is, in the next five years, to see the incidence of HIV/AIDS in the province levelling off, and even declining.

By the end of the year she plans to have an AIDS Council up and running – once Mr Koornhof gives it the green light – that will co-ordinate all efforts to fight the scourge in the province, from the government to grassroots.

Minimal duplication and maximum use of resources is Dr Mehtar's aim for the council, which will monitor and evaluate existing systems.

"The idea is not to police, but the reality is that the province is one of the better resourced provinces. We are not desperately poor but we could be much more cost-effective.

"If anything's not working we need to be able to admit that and think of a better plan," she said.

Dr Mehtar is brand new to the job – she started only on October 11 – and still has a foot firmly in the Southern Cape where she has been deputy director of public health since 1997.

She will continue to spend one day a week in George, carrying on the unique work in the field of HIV/AIDS she started there.

Her new office on the 21st floor of the provincial health building may have a perfect view of Table Mountain, but Dr Mehtar is unlikely to spend much time behind her desk.

HANNES THART

Talking AIDS: Shaheen Mehtar, new adviser to Western Cape health minister Nick Koornhof

Since she qualified as a doctor in Pakistan and then moved to England in 1971 with her South African husband Moosa, her work has taken her to Rumania, Uganda, Latin America and the Far East, among other places, where she has been involved in AIDS programmes.

She is a specialist in medical microbiology and infectious diseases, and at just 29 was appointed head of the department of medical microbiology at North Middlesex Hospital in London – one of the youngest such appointments in Britain.

For World AIDS Day on December 1, Dr Mehtar has planned a march of HIV positive people in George, and she has challenged other departments to support the march.

Today, Dr Mehtar is off to Kuwait to run a course on infectious diseases in her capacity as a member of the World Health Organisation's group for antibiotic resistance.

But she will be back after a week and there is little doubt that things in the Western Cape are to start working differently.

CAPE TIMES
MONDAY, OCTOBER 25, 1999

MONEY TO GO TO AIDS ORPHANS

Foster grants may be cut

CT 25/10/99 (92)

JOHANNESBURG: The growing number of Aids orphans and children infected with HIV/Aids is putting strain on funds available for their care, reports **KERRY CULLINAN.**

THE government is considering cutting grants to foster parents and channelling more money to communal childcare projects in an attempt to cope with the growing number of Aids orphans

Ros Halkett, who heads Child Welfare's national HIV/Aids programme, says a shift away from individual grants is "understandable" as it will be impossible to place all Aids orphans in children's homes or with foster parents.

There may be as many as 700 000 Aids orphans in South Africa by the end of next year, according to the UN Development Programme The Department of Welfare says there are already about 100 000 Aids orphans in KwaZulu-Natal alone

"There have to be other support mechanisms for these children," says Halkett "Perhaps foster care will have to be reserved for children who most need it, such as those who have been abused or severely traumatised "

The Department of Welfare's Maria Mabetoa says the government is consulting those concerned, and hopes to have a comprehensive strategy for assisting children infected with, and affected by, HIV/Aids by early next year

While reluctant to pre-empt policy, Mabetoa says that, in the light of the increasing number of Aids orphans, the government may have to "revise the size of the foster care grant to ensure that all affected children are protected"

The government has launched two pilot community-based care projects, one in KwaZulu-Natal and the other in Gauteng, for families affected by HIV/Aids, says Mabetoa

Also, the South African Law Commission is revising all laws on children It is paying particular attention to legal protection for children who are infected with HIV/Aids or have lost their parents to the disease

The new laws are expected to be ready for Parliament by the end of next year only

"My worry is how we deal with children now, in the absence of national guidelines and laws," says Halkett

"We represent about 170 (child welfare) societies nationally and have found that the number of children with HIV/Aids has increased by 162% over the past year By the year 2005, 14% of children under the age of 15 (more than 2,3 million) will have lost their parents to the disease "

Child Welfare is particularly concerned about children over the age of seven, as they are excluded from the government's child support grant of R100 a month It has asked Welfare Minister Zola Skweyiya to extend the grant or to devise a new strategy to cover older children Failing this, Child Welfare says, the country will face "an increase in juvenile crime"

Halkett and Mabetoa concede that they should have begun planning for Aids orphans much earlier

"We have spent a lot of time on campaigns to raise awareness about HIV/Aids and we may have spent too much time developing best-practice models (for community-based care)," says Mabetoa

"We are now under pressure to collaborate with other departments and to deliver "

Halkett says "The important thing is that we have all woken up and are working on ways to deal with the disease "

Omar takes Aids battle to taxis

Sowetan 25/10/99 (92)

By Waghied Misbach
Political Correspondent

THE transport ministry is currently formulating plans to tackle the growing incidence of HIV-Aids infection among the nation's "high risk" taxi drivers

The plan will form part of a larger multi-sectoral initiative that attempts to deal with high levels of infection among those who make their living in the transport industry

Transport Minister Dullah Omar confirmed that the taxi industry had been identified as "high risk", but his department had not yet been able to consult the relevant role players because of the "continuing climate of instability" in the sector

This situation has led the transport department to first concentrate on achieving the regulatory framework, institutional legitimacy and political unity in the industry, Omar said

"However, preparations have already been made to launch an intense campaign in this sector and my department is poised to roll out its programme as soon as the industry reaches the minimum required level of stability," he said.

Despite this, taxi drivers and passengers were also being targeted by campaigns being run by Metrorail

Metrorail has launched an internal education campaign on HIV-Aids that aims to reach all their workers who are migrant labourers living in hostels in the various townships in Gauteng This is an extension of an initial pilot project successfully launched at the Mzimhlope-Meadowlands Hostel.

The extended programme will now be carried through to the KwaMadala Hostel in Alexandra and another hostel in Boipatong in the Vaal Triangle, and to hostels in Pretoria and Benoni.

The medium-term aim is to spread the campaign on a systematic basis from area to area and province to province, until all the major population areas have been covered.

Metrorail has undertaken to negotiate more funding from the South African Rail Commuter Corporation to support an external campaign

This campaign will initially target the major nodes in the public transport system in Gauteng, so that it reaches operators and passengers in the bus and taxi sectors

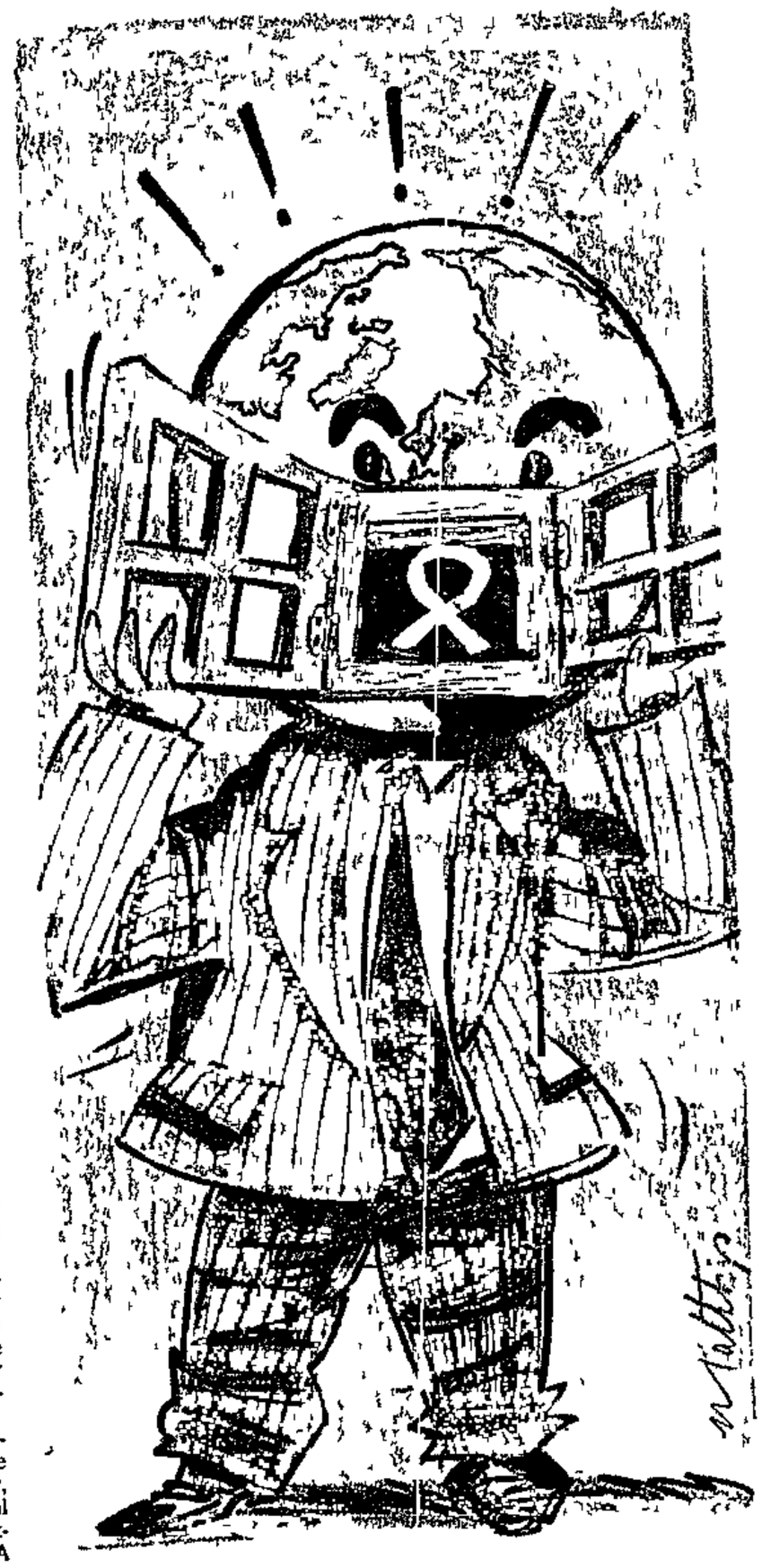
The stations targeted in the first wave will be Johannesburg, Pretoria Central and Mabopane.

"The key issue here is the critical importance of breaking the wall of silence denial stigmatisation and prejudice which surrounds HIV-Aids," Omar said

SA in denial over AIDS pandemic

Government, business and labour must co-ordinate efforts, writes **Reneé Grawitzky**

(92) BD 26/10/99



THE spread of HIV AIDS in SA is increasingly being cited as an obstacle to foreign investment And yet South Africans on the whole, remain in denial over the spread of the disease

To many the real impact of the HIV AIDS pandemic appears to be elsewhere Yet at home up to 10% of the population could be HIV positive and the infection rate is estimated as being 1 500 to 1 800 a day On current estimates up to 1 600 people will be dying of AIDS every day within the next seven to 10 years

"People do not see the reality of HIV AIDS therefore it is not so real By the time it becomes real it will be too late" said Dorothy Odhiambo a communications lecturer at Nairobi University who belongs to a network of people living with HIV AIDS in Africa

She said the full impact of AIDS has yet to be felt in southern Africa and warns "The costs will be high if people do not act now"

The International Labour Organisation (ILO) and the United Nations Joint Programme on HIV-AIDS (Unaids) organised a recent workshop in Windhoek Namibia to to develop a strategy to combat HIV-AIDS in the workplace

Workshop participants argued that strategies to combat the spread of HIV had to receive strong political leadership as well as commitment throughout the continent

The majority of African countries have developed national HIV AIDS strategies but it is questionable to what extent they are being effectively implemented Failure to tackle the spread of the disease might at times be linked to a culture of denial, but it could also be related to lack of resources, delegates said

Odhiambo said HIV might not be seen as an immediate priority in the face of other disasters such as typhoid or malaria

Last year President Thabo Mbeki launched the Partnership against AIDS Yet there is still no visible sign of attempts to co-ordinate initiatives Representatives from labour, government and business are not speaking on the same platform to fight the disease they continue with separate initiatives while infection continues to rise

Some say government is vacillating Although Mbeki and others have spoken out on the disease there still appears to be a sense of awkwardness

A business source says government should appoint a dedicated person to co-ordinate initiatives between itself labour and business

A number of African countries have reduced infection rates largely due a commitment from government and constant assessment Thailand has kept its infection rate down to 1% to 2% as a result of this strategy

Odhiambo says part of the problem of HIV AIDS is that people avoid talking about sex and sexual orientation and practices because of religious and cultural beliefs

SA business has mainly focused on large organisations where workers are either more susceptible to the disease — such as mining — or where risks of infection could be passed on to consumers as in hospitality or catering

These initiatives are restricted mainly to the immediate labour force but effective intervention has to go beyond the workplace

The ILO says some employers fear taking on AIDS in the workplace as it may prove too costly while others are not sure of what approach to adopt

Pierre Robert a United Nations Development Programme researcher in West Africa says that initiatives by big business "are of little concern since the majority of Africa's private-sector labour force is employed in the informal sector"

Labour has not taken the initiative despite repeated support for union resolutions on HIV-AIDS It has now been forced to become more vocal as an increasing number of its leaders are either being infected or dying from the disease

Issuing condoms at union congresses is not going to halt the spread of HIV-AIDS It will however, help create an awareness as will training of shop stewards as recently proposed by the Congress of SA Trade Unions (Cosatu)

More importantly, union leaders have to openly speak out about the disease and sexual behaviour

The Windhoek workshop endorsed the view that HIV-AIDS should become a collective bargaining issue and Cosatu has committed itself to putting this on the agenda for talks next year

The workshop emphasised that HIV AIDS is not only a health issue but a workplace issue and ultimately could affect development in emerging economies

"AIDS is rapidly becoming the single most serious threat to social and economic progress in Africa today", the ILO said

Despite a lack of reliable statistics, initial estimates are that the gross domestic product on the continent could be reduced by up to 1% to 2% a year

The long-term costs go beyond those faced by employers and the state in the areas of health and other social security benefits Governments could face a loss in revenue collected from taxes while also being forced to redirect limited resources from infrastructure development to health

Companies supplying local markets might be forced to rethink their marketing strategies as their potential target markets are reduced

Employers might wish to use the disease as an easy way to cut their labour force This could be shortsighted, costing more in training in the long run

ILO executive director Mary Chinery-Hesse said prevention and support schemes were crucial in the workplace as most of those being infected were from the economically active population

A third of those infected worldwide are between the ages of 10 and 24 Today about 33 4-million people have HIV-AIDS, with the majority living in Africa

About 11-million Africans have died from AIDS and a further 10-million are expected to die by 2005 An ILO study found that 80% of those infected in countries such as Uganda Zambia Tanzania and Rwanda were between the ages of 20 and 49 and many were experienced and skilled workers A survey among 18 companies in Zambia found that HIV-AIDS was responsible for 62% of deaths among senior managers

The Windhoek meeting also highlighted the critical role women could play in combating the spread of the disease

"Women need a voice, women need choice Only then can we hope to stop AIDS," Chinery-Hesse said

Uganda woke up to the disease when each family in every village either had a family member infected or dying of HIV-AIDS That is when it opened itself up to the problem Now the rate of infection has been turned around

SA has a choice It can follow the examples set by Uganda and others where openness prevailed in the face of initial denial Or it can choose to remain complacent and keep the disease "confidential" — and the silent killer will continue stalk[illegible]ately

A management problem

Planning for impact of AIDS can mean big savings, writes **Virginia van der Vliet**

THE threat of AIDS and the problems arising from it cannot be left to government and non governmental organisations alone The way forward is to accept that AIDS is a national problem at every employer s doorstep — it is a management problem "

These are the words of AL Keembe former personnel director of Barclays Bank in Zambia This quote from last year s United Nations (UN) document, Putting HIV/AIDS on the Business Agenda, sums up the growing realisation that, where AIDS is concerned, there is no escape

Business is going to have to learn to live with the disease to manage it and to attempt to preserve the health of their HIV-infected employees

Prevention packages can be particularly cost-effective For instance a peer-led education programme in 40 Zimbabwean factories, which included a condom distribution campaign, resulted in a 34% decline in new HIV infections among employees in participating businesses compared with factories that were not part of the programme

The AIDS prevention campaign cost $6 a worker On a Tanzanian sugar estate treating other sexually transmitted infections at a cost of as little as $2 11 a case reduced new HIV infections by 40%

A Financial Times survey on SA (September 20 1999) said "The most far-sighted companies — such as Unilever, Anglo American, BP and Eskom — are drawing up AIDS policies that go far beyond educating workers on the risks of unprotected sex Eskom with an estimated 11% of its workforce infected, has set up partnerships with groups as disparate as Campus Crusade and local authorities to fight the disease "

Nearly 4-million South Africans have been infected with HIV since the epidemic began in 1982 and this figure will rise to 6-million before the epidemic peaks around 2010

There is no way that an epidemic of this magnitude, concentrated in the country's 15- to 49-year-olds, can fail to be significant for employers

As workers as recipients of company benefits, as consumers and as parents of the next generation, their role in the economy is critical

Yet groups such as Eskom, Afrox and others who have become committed to fighting AIDS appear to be in the minority

Research suggests that the private sector has not yet appreciated the dimensions of the problem it faces In a recent survey of perceived problems surrounding health benefits only 48% of companies ranked HIV/AIDS among the top strategic issues, according to the UN Development Programme

They report that in a study investigating best practices in 18 SA companies "the vast majority of companies are not considering HIV/AIDS Many are restructuring and all are concerned with the new labour legislation, HIV/AIDS is not currently on the agenda for the SA private sector "

It is an understandable oversight The SA business environment must be among the most challenging anywhere at this point with the political, social and economic landscape in transition

Apart from the sea changes facing business worldwide SA must face the realities of globalisation with an undereducated underskilled workforce rapidly changing labour legislation, increasing demands around corporate social responsibility and so on

In such a climate it is inevitable that some issues end up on the back burner especially if their full effects will only be felt a few years down the line

Yet planning now can mean huge savings in financial and human capital over the next decade Effective planning of course demands facts The way HIV/AIDS will affect SA and each organisation is highly specific Some issues will be crucial to decision making

What, for instance is government planning to do about the epidemic? What specific legislation surrounding HIV/AIDS impinges on business decisions? What are the commonly accepted frameworks for handling HIV/AIDS in the work place locally and internationally? Are there successful model HIV/AIDS work place programmes that can be adapted to the specific needs of particular organisations? How can business address the issue in a consistent way that takes into account the short- to long-term needs of employees, employers and society at large?

The Economic Impact of AIDS, a conference in Johannesburg on November 4 will address these issues and open up the debate on creating a consistent private-sector response to the HIV/AIDS challenge

The workshop will provide a brief overview of AIDS in SA followed by a panel of experts who will be on hand to advise delegates on how to implement an AIDS policy within their organisations Health Minister Manto Tshabalala Msimang will be the keynote speaker

Van der Vliet is the author of the Politics of AIDS in and from London [illegible]

4

SURVEY

Disability payouts 'to increase fourfold'

BD 27/10/99 (92) (297)

Risk management strategies needed to counter effects of AIDS

DISABILITY payouts, now running at 2% of payroll, are set to increase fourfold amid expectations that AIDS-related deaths should peak between 2005 and 2010

Ralph Richardson, executive director of Momentum Risk Management Consultancy, says this could put pressure on company profits, employee benefits and ultimately the economy

Disability payouts are costing the South African economy a measurable R450m annually, but this figure only accounts for direct payments — the real cost is far higher

Richardson says that if hidden costs, such as absenteeism, loss of production, recruiting and retraining staff are factored in, the cost to the economy could be closer to R2,1bn annually

"It must also be remembered that disability is not just a case of accident or illness in the workplace, but an integral part of the social dynamics that make a nation prosperous"

Many employers have already dealt with their first AIDS deaths, but the costs of providing disability and death benefits are likely to rise by almost four times, he says

"So unless proper health risk management and monitoring strategies are adopted as a matter of urgency, increased and unmanaged claims will result in increased contributions, which will affect profits," Richardson says

However, there are basic risk management strategies that could help to contain what seems to be a trend towards increasing numbers of injury and illness payouts, while reducing the unnecessary costs to companies, he says

Risk management is a logical response to the vulnerabilities and complexities of a society such as SA's, Richardson says

Managing and monitoring the human element of risk, particularly in the workplace, requires the expertise of various disciplines

He says management has to realise that each employee needs different plans and risk products

Risk management has moral and social implications that must be recognised and included in those plans The process ensures appropriate benefits will be paid to meet the needs of individuals suffering unexpected hardships

Richardson says part of those implications relate to conditions at work Such factors as lighting, ventilation, the height and position of a production line, protective gear for use within hazardous environments, or hot or cold environments, should all be assessed by qualified occupational health consultants

SOWETAN Friday October 29 1

Gauteng's shock Aids-HIV figures

(92) Sowetan 29/10/99

By Bhungani Mzolo
Health Reporter

AT LEAST 20 000 people have died of Aids-related diseases in Gauteng in the last three years, according to statistics released by the provincial health department

The department has estimated that one out of five people under the age of 30 are already infected with HIV while one in 10 of those over 30 years are HIV positive

The statistics were released in Johannesburg yesterday as part of the report-back by the Gauteng MECs of education social welfare and of health on the Partnership Against Aids campaign

The provincial department of social services and population development said at least 1 500 government employees were infected with the Aids virus and estimated that in less than four years Gauteng will have more than 1 000 orphaned children as a result of HIV Aids

The department's MEC Mr Peter Skosana, said more than 300 of the department's staff had been trained to counsel people on Aids He said it cost at least R400 a day to care for a child who is in an institution and his department was looking at alternatives such as home based care or foster care

Children should not be sent to institutions but be cared for at home within their communities" he said

MEC for education Mr Ignatius Jacobs said about 1 000 teachers had died of Aids related diseases in the last three years He said the greatest challenge facing his department was that there was a big gap between what was taught at schools and what the youth of today actually believed

Although we are supposed to be a modern society we are extremely conservative when it comes to educating our children he said

Other partners who attended included singers Rebecca Malope Blondie Makhene and the Avante group, as well as DJ Evidence Camp of Metro FM

Makhene said people should not allow HIV Aids to destroy Ubuntu, African spirit

Speaking on behalf of Gauteng premier Mbhazima Shilowa MEC for safety and liaison Ms Nomvula Mokonyane said society should be educated to refrain from ostracising those who suffered from Aids

HIV Aids is not a mystery, it is a disease that has declared war on humanity We are duty-bound to save the human species Life cannot be normal when families are getting destroyed every day Mokonyane said

CAPE A

Mbeki raises fears on AZT – and doubts on its benefits

(92) ARG 29/10/99

CLIVE SAWYER
POLITICAL CORRESPONDENT

President Mbeki and Health Minister Manto Tshabalala-Msimang say anti-AIDS drug AZT could be harmful to health and has not been proven to be of any use to rape victims

Speaking in the National Council of Provinces yesterday, Mr Mbeki said there were legal cases pending in South Africa, the United Kingdom and the United States against AZT on the basis the medicine was harmful to health

Central government, the Western Cape government and some rape survivor activists have been embroiled in months of controversy about Pretoria s refusal to supply the drug to rape victims and HIV positive mothers and their newborn babies

Mr Mbeki told the NCOP "There also exists a large volume of scientific literature alleging that, among other things, the toxicity of this drug is such that it is in fact a danger to health.'

This was of great concern to the Government because it would be irresponsible not to heed "dire warnings" which medical researchers had made

"I have therefore asked the minister of health, as a matter of urgency, to go into all these matters so that, to the extent it is possible, we ourselves, including our country's medical authorities, are certain of where the truth lies"

He urged members of the NCOP to access the "huge volume" of literature on the issue which he said was available on the internet.

Dr Tshabalala Msimang told Sapa afterwards that there was a body of scientific research and information which indicated AZT was indeed a dangerous drug, and had not been designed for treatment of HIV/AIDS

Because it was unable to target only the human immuno-deficiency virus when it went to work in the body, it further weakened the immune system

There was also a danger that because of "mutation", mothers taking it might produce children with disabilities

Dr Tshabalala Msimang said her ministry would not like to look back 10 or 15 years down the line and find it had exposed the "vast majority" of historically disadvantaged people in South Africa to a dangerous drug

"We have to be very cautious, very sensitive," she said There was no data proving that AZT was of any use to rape victims

LEON MULLER

Time for reflection: members of the NCOP listen to President Mbeki's mid-term review as an image of the president is projected on a televi ion screen in the chamber

November
1999

SA is still in a state of denial about AIDS

(92) BD 1/11/99

Simon Barber

WASHINGTON — Stopping the spread of HIV to skilled workers is essential if the SA economy is to the weather the AIDS epidemic, says a hard-nosed internal assessment by the US embassy in Pretoria circulated to US companies by the state department.

"To the extent the disease disproportionately hits unskilled or low-skilled labour the labour can be replaced," states the report, which was cabled to Washington late last month under the signature of ambassador James Joseph.

'Unskilled labour can be replaced, the loss of skilled workers is a far greater problem'

"If, on the other hand, the disease spreads more evenly across society, the near-term economic costs could be dramatic In a country where low skill levels pose the greatest threat to long-term economic growth "

Preserving SA s already narrow skills base is seen as all the more important because of the likely effect of AIDS on the overstretched education system

"Disruption will be caused by a decrease in the supply of experienced teachers due to illness and death", while increasing numbers of students will drop out for want of fees or to head households as their parents fall sick.

A US embassy official who declined to discuss the cable citing its "sensitive" nature, did not believe the epidemic would stay contained among the economically marginal

He said a recent survey showed while more than 95% of the population was aware of AIDS and how to prevent its transmission, less than 10% was taking steps to protect itself "There's a split between knowledge and behaviour at all levels " he said.

At present, the official said, some 3,5-million South Africans are infected with HIV Most will be dead within a few years About 1 500 new infections are said to be occurring a day The highest rates are reportedly in rural areas, especially KwaZulu-Natal, Mpumulanga and Northern Province.

The embassy is hailing an initiative by the American Chamber of Commerce to show its members that AIDS threatens their bottom lines so they need to promote awareness and prevention among employees more aggressively

The embassy cable says "many South Africans still seem to be in a state of denial of AIDS. . Limited efforts by the private sector show that many are still not prepared to face the issue."

Quoting from a health ministry document, the embassy report suggests the SA government itself believes the epidemic will chiefly carry off people on the margins of the economy, tempering the impact on economic growth.

The quoted passage states "High unemployment, concentration of the epidemic among less skilled workers and the ability of business to adapt to the impact of HIV suggest that the effect (on gross domestic product) will be less the 1% until at least 2010 " It says that the effect on per capita GDP will be even smaller as HIV shrinks the population.

CAPE TIMES
MONDAY, NOVEMBER 1, 1999 ★

MBEKI REMARKS COUNTERED

Anti-Aids treatments give hope, buy time

CT 1/11/99. (92)

AIDS EXPERTS HAVE rejected President Thabo Mbeki's claims about the dangers of AZT, saying research results were misinterpreted Health Writer **JUDITH SOAL** reports.

WHEN health workers prick their fingers and expose themselves to blood from a person with HIV, the government gives them a combination of AZT and other drugs to prevent them becoming infected with the virus

AZT has also recently been given to several Cape Town children who have played with illegally dumped medical waste In Khayelitsha the health department provides AZT for pregnant women who are HIV-positive, to protect their unborn babies

Why do they do this, Aids activists asked at the weekend, if President Thabo Mbeki is unsure of the safety and effectiveness of the drug?

Mbeki said in the National Council of Provinces last week, it would be irresponsible not to heed the "dire warnings" which medical researchers were making about AZT He said he had studied references to AZT on the Internet and found evidence the drug could be harmful

But international and local Aids experts rejected Mbeki's claims unanimously, saying research results had been misinterpreted

"The trial he is referring to is one from France that found about five children whose mothers had received AZT had developed an unknown metabolic disorder," said Ashraf Grimwood, president of the National Aids Council of South Africa.

The children suffered from muscular problems and fatigue

"But the US Centre for Disease Control has followed up thousands and thousands of children whose lives were saved through AZT and not found any of the same problems," Grimwood said.

The authors of the French study pointed out that the link to AZT was not conclusive and any number of other factors could have caused the disorder

"There were over 700 children in the study and only about five were affected," said Grimwood

He said Mbeki's statements had been "unfortunate"

"What kind of message does it send out to people with HIV, health workers who have needlestick injuries or pregnant mothers who hope to save their children We must give them hope, not fear "

He said all drugs, including AZT, aspirin and paracetamol, had side-effects

"We don't stop doing by-pass surgery because there is a risk that the patient will die on the operating table We have drugs for just about everything — some of these have terrible side-effects "

Grimwood said AZT and all the so-called antiretroviral treatments for Aids were a way to provide hope and buy time until better treatments were found

The South African government has been under increasing pressure to provide AZT or its cheaper successor nevirapine to pregnant women with HIV The treatment reduces by half the number of children born to die of the virus

"They've always said the treatment is too expensive, now there is a cheaper one Now they say we don't have enough evidence that it works In the meantime 160 children are born HIV positive in South Africa every day," said Grimwood.

"Are we saying we don't want to save these lives?"

SOWETAN Tuesday November 2 1999

KZN taking care of Aids babies

(92) Sowetan 2/11/99

KWAZULU-NATAL was the first province to implement a housing policy – worth R2,5 million – for Aids orphans, provincial housing MEC Dumisani Makhaye said yesterday

Speaking at a meeting in Durban to introduce the new members of the KwaZulu-Natal Housing Development Board, Makhaye said R1 million had been set aside to build homes for Aids orphans and care givers at God's Golden Acre in Khayelihle Centre in Cato Ridge A further R1,5 million was set aside for the Lily of the Valley Children's Home in Aston

He said HIV-Aids and 20 years of political violence in the province had had devastating effects on housing

"It is within this context that the urgency of developing, managing and implementing a transitional subsidy with regards to Aids orphans and people suffering from HIV-Aids cannot be overemphasised"

According to statistics released at the weekend by the Department of Social Services, Population and Development, KwaZulu-Natal and Mpumalanga were the two provinces with the most HIV infected people

It was estimated that there were about 100 000 orphans in South Africa

Makhaye said the new housing board faced a number of challenges, including

- Promoting and facilitating delivery within the framework of the national housing policy,
- Giving priority to the needs of the poor, Aids orphans and those infected with HIV-Aids,
- Informing the population about housing assistance measures available to them, and,
- Ensuring that the housing policy was administered in a transparent, accountable and equitable manner to root out corruption and fraud

Financial institutions needed to play a more active role in low-income markets Joint ventures needed to be developed between the private and public sector and local councils

Makhaye said a workshop would be held on November 15 for members of the portfolio committee on housing, and the new members of the board would inform the government about developments in housing policy

Makhaye said his department and the board needed to become more proactive in identifying housing projects rather than waiting for submissions by private developers – *Sapa*

Burial societies cover the high cost of dying

Tradition stresses the need for proper funeral rites, but with the AIDS epidemic and soaring costs, the poor simply cannot cope

BD 3/11/99 (92) (362)

HARARE — Burial societies are baling out the poor in Zimbabwe where AIDS has reached epidemic proportions and soaring inflation has pushed up the price of burials

Suppressed during colonial times because the authorities feared the societies were a cover for political activities, they are today taking over the role of the extended family system which is being overloaded by the rising number of burials and the high associated costs

The burial societies which operate on a similar basis to stokvels in SA, have a monthly charge that can be as low as $0,70 When a death occurs the society covers all expenses which can be considerable for the member Transporting a body for burial can cost as much as $150 while a coffin costs a minimum of $30

"We invest the contributions in income-generating projects to raise more money for our club," said Abisha Madera, chairman of the Murengami Burial Society

Burial societies date back to the early 1930s when migrant workers from Malawi and Zambia on mines and commercial farms decided to pool their resources to help meet funeral expenses In those days societies were also social clubs where these migrant workers could meet to talk.

"Since we were living in foreign countries it was very difficult to meet funeral expenses as individuals We did not have any relatives in these countries who could bury us," says Jowamu Zhakami, the founder of Malawi Burial Society in Chitungwiza, a dormitory town 40km outside Harare

Zhakami remembers how difficult it was during the colonial era to organise societies The authorities he says were suspicious of black associations, fearing a political rebellion

By the early 1960s the concept of burial societies became popular but they were still dominated by foreigners

After initial suspicion about mabvakure (foreign people), local people adopted the idea which resulted in the mushrooming of burial societies in the late 1970s

Unlike those formed by foreigners, whose membership was based on the country of origin, burial societies formed by locals were based on tribal affiliations One of the main reasons for this was the difference in cultural and traditional values

There has been an increase in the number of pauper burials recently as more people are pushed out by poverty stricken families and become outcasts They die alone and in poverty

Last year an average of 1 000 people a month were given pauper's burials

Coffin maker John Dzafunwa says he performs an average of 10 pauper burials a month which are paid for by the department of social welfare.

Financial hardship is bringing about shifts in tradition, which holds the dead sacrosanct and stresses the need for proper rites at a burial

In Bulawayo the authorities have suggested cremation as an alternative because it is cheaper and saves space. However, traditionalists are against what is regarded as an alien practice, and a heated public debate has ensued. — AIA.

AIDS tops list of SA healthcare challenges

(92)

AHT 3/11/99

DI CARLERS
HEALTH WRITER

Virtually all South Africans regard the HIV epidemic as a "very serious national challenge" with more than seven in 10 ranking the epidemic as their most important health concern.

This has emerged from a major survey of health care in South Africa which shows that among Africans the urgency around HIV/AIDS is particularly apparent – no more than one in every 20 Africans surveyed named any other health problem as "most important"

However, figures show that levels of concern vary between provinces and are lower than concern about tuberculosis in the Western and Northern Cape.

The survey, a project of the United States-based Henry J Kaiser Family Foundation, is a follow up to a baseline household health survey it conducted in 1994. The aim is to provide a benchmark from which to measure improvements in access to health care, the quality of care, and patient satisfaction.

A total 4 000 households were canvassed in the latest survey

Whether or not HIV/AIDS information was reaching people was also tested, with 76% of people saying they had got "at least some information" in the past year

There were, however substantial differences between races; some 80% of Africans got HIV/AIDS information, compared with 55% of whites

The survey also canvassed the controversial topic of abortion on demand and found opposition to the notion that abortion was a woman's right – only 10% agreed. Most respondents believed abortion was morally wrong (48%) or justifiable only in the case of rape (41%)

Crime and safety were also addressed, with one in three South Africans reporting they felt "rather or very unsafe" where they lived. A total of 16% said they or others in their households had been victims of some type of crime in the past year

While respondents generally welcomed free primary health care as the Government's "best health policy", they reported they were not as healthy as they were five years ago.

In addition, a quarter of those canvassed said their health problems interfered with their daily lives

NSRI answers

Business must address AIDS risk

(92) BD 4/11/99

Serious threat as 15% to 25% of consumers are expected to be HIV-positive in next five years

Justin Palmer

THE HIV and AIDS phenomena make up the biggest risk facing SA companies over the next five years Andrew Sykes of NMG Consultants and Actuaries warns "If we were to list the top ten risks to companies, AIDS would occupy numbers one through to five," he says

Sykes says most companies ignore the one area where AIDS will have the most effect — their markets

While many companies are thinking about HIV and AIDS in terms of their internal HR issues, most of them have not considered the effect the virus and its manifest diseases will have on consumer buying patterns

Those who are going to suffer the most says Sykes, are retailers particularly those dealing in semiluxury goods, while those selling vitamins and fresh produce will do well

"The majority of people affected are the economically active population aged between 20 and 40 In the next five years about 15% to 25% of consumers will be HIV positive, and this has serious implications "

Sykes' fears are borne out by a recent survey conducted for Business Day by market research group ACNielsen MRA which found that one in every four adult South Africans (24%) personally knows someone who has AIDS or HIV

Of the remainder, nearly one in five (19%) expects that someone they know personally will contract the disease in the next five years

Actuaries have also estimated that for each employee affected by the virus employers will incur an additional total cost of three to four times the annual salary of that employee

Sykes says that companies can also expect that medical scheme costs will rocket

"Another nasty will be the impact AIDS will have on sick leave, with predictions that it will treble over the next five years to 25 days a year This will have disastrous implications for retail companies, who generally operate on thin margins as it will add 5% to 6% on to their staff cost

"Costs that are less easy to quantify are those arising from expected CCMA cases caused by management's inability to apply the law," says Sykes

The implications of HIV and AIDS for SA as a whole are also alarming

"As the epidemic continues to spread in SA, a significant impact will be felt on the economy and it is expected

Andrew Sykes AIDS is the biggest risk facing companies

that GDP growth will slow down by up to 1,5% per annum "

Even more damaging for the country, Sykes says, is that local companies are already finding it difficult to compete in a global environment but will now have the added difficulty of managing an issue that is largely confined to the developing world

About two-thirds of the world's total HIV population are estimated to live in sub-Saharan Africa

Sykes says there is no escaping the problem and that companies need to start addressing the issue at boardroom level rather than palming it off on to the HR department Ultimately, he says, AIDS will affect every aspect of the business, and once the issue has been discussed at the boardroom, the next step is to take emotion out of the equation

"Financial directors probably do not know anyone who has died of AIDS so you need to give them bottom line figures You can not appeal to them on a platform of social responsibility You need to appeal to them by explaining that money spent on the problem is a smart investment

"Companies need to develop appropriate AIDS awareness risk reduction and employee support policy which includes individual assessment of employee benefit arrangements and proactive steps to control cost increases "

By managing the problem now, Sykes feels that companies can better effect long-term savings

KZN throws everything into anti-Aids campaign

(92) Sowetan 4/11/99

By Bhungani Mzolo
Health Reporter

SOUTH African women are still reluctant to come forward to be tested for HIV, even though interventions that may help them give birth to healthy babies are offered to infected mothers

This was the view of KwaZulu-Natal health MEC Dr Zweli Mkhize, who spoke in Durban recently at the launch of Aids Challenge 2000

This programme is aimed at reducing the rate of HIV-Aids infection in the province, with the ultimate objective of creating an Aids-free generation within the next 30 to 50 years

Speaking on the topic Breaking the Silence", Mkhize said that often when women agreed to be tested, they did not return for their test results.

He said there was evidence that the fear and denial provoked by HIV-Aids extended even to people working in the health sector

He referred to a recent study in Southern Africa which sought to record the number of needlestick injuries – accidental pricks from unsterile syringes – at primary healthcare clinics Researchers had trouble uncovering these statistics

"The policy of the clinics was that anyone who reported a needlestick would have to undergo an HIV test So nurses didn t report the incidents because they didn't want to be tested" said Mkhize

KwaZulu-Natal is considered to have one of the highest rates of HIV infection in the country, with more than a million people estimated to be infected

Last year the results of a survey of women attending ante-natal clinics showed that about 32,8 percent were infected This year the figure is believed to be even higher,

Already Aids is the fifth biggest cause of death in the province Close to 50 percent of HIV-positive people are under the age of 30, a situation which has serious implications for economic development.

The epidemic has begun to take its toll on tertiary institutions as well. At one university at least 10,3 percent of those tested were found to be carrying the virus, while at another, the figure increased to 23 percent.

At the King Edward VIII and Prince Mshiyeni hospitals 40 percent

KZN Health MEC Zweli Mkhize launched the HIV-Aids programme.

of the beds are occupied by Aids patients

Mkhize believes that for every one man who is HIV positive, there are five women who carry the virus

But he is confident that, with the launch of Aids Challenge 2000, the epidemic can be slowed down

About R1,4 million a year will be made available for staffing a special provincial HIV-Aids Action Unit from the 2000-2001 financial year

The KwaZulu-Natal cabinet has also committed R20 million a year from 2001 for action against the spread of HIV-Aids The media will be used to target specific groups considered highly susceptible, for example, the youth.

One of the results of parents dying of Aids is an increase in the number of orphans The provincial government has already allocated R2,5 million for Aids orphans in God's Golden Acre in Khayelihle, Cato Ridge, and The Lilly of the Valley Children's Home in Aston.

Mkhize said neither his department nor the Government could afford anti-Aids drugs, such as AZT, but there was optimism that many lives could be saved by treating opportunistic diseases such as diarrhoea, tuberculosis, chest infections and pneumonia

According to Mkhize another encouraging development was that an increasing number of people were visiting new clinics for advice and information on HIV-Aids Consequently health authorities were focussing on health promotion, such as encouraging a healthy lifestyle

The provincial government was putting together a group of volunteers to undertake house-to-house visits to talk about Aids

The government's HIV-Aids campaign will focus on

- Increasing awareness in order to change behaviour patterns
- Creating a culture of disclosure, and
- Encouraging voluntary testing, and
- Emphasising and strengthening home-based care

The campaign will use priests as well as traditional healers to make sure people understand what Aids is, how to prevent its transmission and to ensure that the right message is passed on to people living with HIV-Aids

"We have come to a point where everybody must ask him- or herself what they are doing about Aids Ignorance can no longer be an excuse," said Mkhize

More people were dying now than those killed during the political violence in KwaZulu-Natal

The anti-Aids campaign aimed to increase awareness, encourage the use of condoms and increase sensitivity towards those infected, he said

Face up to AIDS reality — Zuma

Stephané Bothma (92)(2799)

AIDS is threatening the economic development of the Southern Africa Development Community (SADC) and as long as members refuse to accept the reality, the disease cannot be successfully fought, Deputy President Jacob Zuma told SADC health ministers yesterday

"The realisation by the health sector that territorial borders are fictitious in the fight against diseases that are common to and affect all the countries in our region can only lead to more effective control of these diseases," Zuma said at a conference at Chris Hani Baragwanath hospital

The conference, attended by 45 delegates from member states and health experts from the United Nations and the World Health Organisation, will lay the basis for decision making on possible preventative measures for HIV-AIDS

Zuma said health and development were two sides of the same coin, "Nations ravaged by HIV-AIDS and other debilitating diseases produce at a fraction of their potential"

Not since the Black Death decimated Europe and Asia had a disease so dramatically affected the lives and livelihood of so many people.

Zuma said the most economically active group between the ages of 15 and 45 was most affected Criticising the lack of openness, he said AIDS could be likened to fighting an "invisible" enemy

"We will not succeed in fighting this disease for as long as we refuse to accept reality We will continue to perish in even larger numbers"

Zuma said the only solution was vigorous research accompanied by drastic changes in behavioural patterns

BD 5/11/99

Beautiful Gate opens for Barbara

New children's home provides a haven of hope for Cape Town's orphans of AIDS

DI CAELERS
HEALTH WRITER

At just two years old, "home" for HIV-positive toddler Barbara has never had any real meaning – until her arrival this week at Beautiful Gate, a new care facility for children with HIV/AIDS in Crossroads

Safe in the protective arms of child care worker Nosivuyise Sidlaye, Bar bara hasn t been there sufficient time to begin to trust again But there is a definite sense it won t take too long.

Beautiful Gate is the product of a mission by Dutch couple Toby and Aukje Brouwer to help children in need in South Africa – and the chil dren s home will house some of Cape Town s neediest children, those with HIV/AIDS

Due to have its official opening tomorrow the home is the product of years of negotiation, consultation and training The Brouwers always knew they could never do it alone but say they were lucky Cape Town had so many specialists in the field of HIV/AIDS all willing to give their time generously

Barbara is the second child to arrive at Beautiful Gate Three-year-old Vusi arrived first and is well on his way to having his TB cured and has grown so much in a month they're considering adjusting his diet.

Both children are showing signs of illness associated with HIV, including diarrhoea chest infections and skin problems

In the past two years Barbara has had no real home, living first with her mother s family then her father's fam ily then at Red Cross Children's Hos pital, and later at Sarah Fox Children's Convalescent Hospital.

Now she will spend the rest of her life at Beautiful Gate

A glance at Vusi, playing contented ly in the peaceful gardens bonding with childcare workers and nursing staff alike, makes it is easy to believe things will work out fine for the little girl too

Vusi s mother is unemployed and homeless, and so cannot care for her ill child but at Beautiful Gate both chil dren are on antibiotics for opportunis tic infections as well as multi-vitamins to boost their immune systems Vusi is also on medication to cure his TB

Beautiful Gate is only the second children s home in Cape Town dedicat ed to caring for children with HIV/AIDS

At peace. Barbara, at rest in the arms of childcare worker Nosivuyise Sidlaye

Helping hand Vusi 3, gets a push on his toy motorbike from Dutch nurse Annet Weelink

Play time: childcare worker Nosivuyise Sidlaye swings Vusi, 3, in the playground at Beautiful Gate, a new home for children with HIV/AIDS

The Brouwers are members of Youth With A Mission, an interdenom inational international movement with 12 000 members that focuses on training, evangelism and "mercy min istry"

Through their international links they have recruited volunteer nurses social workers and cleaning staff from countries like Holland and America and women from the community work as childcare and cleaning staff in return for food vouchers.

Another volunteer is a qualified pre-school teacher and will start a nursery school for the home s older children

Mr Brouwer says they chose the site wedged between the N2, the end of Cape Town Airport s runway and the shacks of Crossroads because they believed the children should maintain links with their communities

"We ve had the most amazing response from local people wanting to work with us and already about 13 vol unteers have been through basic child care courses as well as training in terms of death and bereavement Mr Brouwer said

All the children going to Beautiful Gate do so via social workers who have already got the blessing of the courts for their transfer there

And the Brouwers say that as they get more children so too their staff will grow

Mrs Brouwer said she was adamant they would not be distracted from their primary purpose of caring for children with HIV

Among their outreach plans is to establish a foster care programme for HIV positive children who can live in communities until they become too ill, at which time they will move to Beau tiful Gate which would then act mostly as a hospice Mrs Brouwer said it was possible for these children to be part of society for many years with the cor rect love and care

"There is no way the country can afford to build homes to accommodate all the AIDS orphans we are going to see.

"We need to start supporting these children in communities."

She said they planned to properly train potential foster families and to support them financially and do fol low up visits The programme would be a pilot project that could be easily adapted to other areas.

"I know it's a tall order considering the amount of stigma that is out there. But if we don't try, and at least make a start, we will never know whether it could it work."

And for Vusi and Barbara, who without Beautiful Gate would live out their remaining years isolated, aban doned and unhappy, the fact that the Brouwers made any sort of start at all has entirely changed their lives.

■ Anyone who wants to donate money, nappies, food, educational toys, washing powder, clothing (not knitted) and outdoor play equipment should call Beautiful Gate at 371 7107

SA's efforts a complete failure, says HIV expert

(92) ARG 5/11/99

HEALTH WRITER

South Africa's HIV/AIDS prevention efforts are "completely and utterly failing", says a top expert, and no government could duck responsibility for the "criminal" way in which incidence has risen during the past few years.

This is the view of Alan Whiteside, acting director of the health economics and HIV/AIDS research division at the University of Natal, who says next year's data will be vital. If they show a similar pattern of increase, it will be proof that what is being done is not making an appreciable impact.

Speaking at an HIV/AIDS break fast in Johannesburg this week, Professor Whiteside pointed to fig ures that showed HIV incidence among the under 20s grew from 12% to 21% between 1997 and 1998 for those aged 20 to 24, it went from nearly 20% to 26,1% in the same period, and for those aged 25 to 29, from 18% in 1997 to 26,9% last year

He said South Africa had one of the worst epidemics in the world, and was one of the countries least equipped to deal with it.

He was concerned that the Gov ernment was trying to keep the HIV/AIDS problem "to itself" and said it had to find a way of making the epidemic everyone's problem.

The epidemic required lateral thinking, such as tax breaks for businesses that offered good AIDS awareness training.

"We have to find a different set of buttons to the ones we have been pushing, and business is an untapped market," he said.

He believed business would cope with the impact of HIV/AIDS and it did not make sense to look at the epidemic in economic terms alone

More important was how it would affect households and families.

Although 150 000 people had died from AIDS last year, the deaths were spread countrywide, reducing the impact "We are not seeing a dramatic impact and that dramatic impact is, I am afraid, what seems to be necessary to make politicians and leaders stand up"

Transnet to help HIV/AIDS victims

By MOIPONE KOMANE

(92) CP 7/11/99

SOUTH Africans should change their behaviour towards HIV/AIDS by ensuring that those infected are given the required support

This was said by the managing director of Transnet, Saki Macozoma, in Johannesburg this week.

Macozoma said the HIV/AIDS epidemic needed partnerships to fight it, adding that Transnet needed to deal with the disease

"The epidemic needs partnerships with employees, labour, non-governmental organisations (NGOs) and traditional healers," he said

He emphasised that the disease was not about black and white people, but about people holding hands in dealing with it

He said Transnet would ensure that those infected would be supported through various programmes, such as training of all managers, providing psychological support and forming partnerships with youth groups to ensure they were educated about the disease.

He said they were busy putting in place a process that would assist employees with regards to the epidemic.

CONCERNED ... Saki Macozoma, Transnet's MD, says everyone must try to fight HIV/AIDS *Picture: George Mashinini*

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Medicines Control Council to probe AZT side effects

Stephané Bothma and Sapa

A DECISION on AZT will only be taken by the SA government after an investigation by the Medicines Control Council (MCC) into the side effects of the antiretroviral drug is completed says Health Minister Manto Tshabalala-Msimang

Speaking at a conference at the Chris Ham Baragwanath hospital, where Southern African Development Community (SADC) health ministers met to discuss the spiralling HIV/AIDS pandemic, Tshabalala-Msimang defended president Thabo Mbeki's stance on AZT

She said the president would not make the drug freely available to pregnant women until he was satisfied that enough research had been done

Mbeki earlier raised concerns about the toxicity of AZT

Despite the drug having been registered in SA since 1989, the Medicines Control Council is to look into its side effects

BD 8/11/99

On Friday the SADC ministers also echoed Mbeki s concern, but noted scientific evidence indicating that drugs such as AZT could decrease the chances of babies born to HIV-positive mothers being infected by between 10% and 15%

While the ministers said they would consider buying anti-AIDS drugs in bulk, they were also thinking about compulsory licensing of such drugs to make them more affordable (92)

They committed themselves to immediately stepping up efforts to launch programmes in the region aimed at promoting and supporting voluntary counselling and the testing of HIV-positive people

According to Zimbabwe s health minister Timothy Stamps, his government planned to put a 3% surcharge on income and company tax to fund a national AIDS policy The charge would yield about R10bn Stamps said

Meanwhile, the British government is going ahead with plans to reduce mother-to-child transmission of the virus by treating infected pregnant women with AZT, the influential British Medical Journal stated

The magazine said AZT "greatly reduced mother-to-child transmission of HIV" and has been successful in the US.

AZT manufacturer Glaxo-Wellcome said it had been informed by SA s Medicines Control Council that all data on the drug would be reviewed.

AZT ruling may be a rights violation

JOHANNESBURG Health minister Manto Tshabalala-Msimang could be charged with human rights violations for denying pregnant women the right to anti-Aids drug AZT, the Human Rights Commission said yesterday

Commission legal advisor Mogam Moodliar said his department had received a letter of complaint from Eastern Cape doctor Costa Gazi against the department of Health on the AZT issue asking that the matter be considered as a violation of human rights

The commission is investigating the complaint.

Gazi was charged for challenging an order by the government not to provide AZT to HIV positive pregnant mothers.

Moodliar said if the government's policy not to provide the drug proved to be a violation of human rights then the minister would ultimately have to be held responsible

Gazi, the head of public health at Cecilia Makiwane hospital in Mdantsane and the secretary of the Pan Africanist Congress health desk, wrote a letter last week to the Human Rights Commission requesting that it take President Thabo Mbeki and Tshabalala-Msimang to court over the AZT issue

Head of the Eastern Cape health department, Siphiwo Stamper confirmed that the director-general of the province had laid charges against Gazi but denied they were all related to the AZT issue.

However he said one of the charges included that of bringing the department into disrepute

Gazi said yesterday "I am being accused of bringing the former minister of health, Nkosazana Dlamini Zuma into disrepute and to opposing the department publicly

"The department s decision is against the country's Constitution which guarantees the right to life and adequate health care

His case is due to be heard on December 7 — Sapa

(92) ET 8/11/99

Row over Aids fund

Government shirking its responsibility, say NGOs

Sowetan 9/11/99 (92)

By Bhungani Mzolo
Health Reporter

A ROW HAS erupted between the Department of Health and the non-governmental sector over the proposed establishment of an Aids fund.

The South Africa National Non-governmental Organisations Coalition (Sangoco), an umbrella organisation for NGOs, said the move was an indication that the Government was shifting its responsibilities of caring for people with Aids.

The accusation follows an announcement yesterday in the Gauteng Legislature by Health Minister Manto Tshabalala-Msimang that she intends setting up a trust fund to which civil society, the business sector and the Government would make donations.

Tshabalala-Msimang said the National HIV-Aids Trust Fund would go a long way to helping unemployed people living with Aids (PWAs) and poor families who have to provide for them.

"It is clear the Government can't afford to provide everything for people infected with the Aids virus nor will it be able to care for all orphans whose parents die from the disease."

She said it was important that money not only goes to the big NGOs but that individuals and families caring for people with Aids also received direct financial help

First deputy president of Sangoco Mr Signet Mashego said the Government should give AZT (an anti-virus drug) to people with Aids and rape victims before asking for public contributions.

"The Government must first commit itself to treating people with Aids by supplying drugs before inviting the public to make contributions."

With the establishment of a trust fund "the Government was saying Aids was society's problem and it (society) must deal with it"

At yesterday's briefing Tshabalala-Msimang also restated the Government's position that it would not provide AZT to pregnant mothers as this was too costly

There was also concern about its safety and the potential for recipients to develop resistance to the drug. South Africa has the highest HIV infection rate, estimated at 1 600 daily, while it is believed that nearly four million people are living with the deadly virus

Meanwhile, health ministers from member countries of the Commonwealth announced yesterday that they would ask the Commonwealth Heads of Government meeting in Durban to declare a global state of emergency on HIV-Aids

"We call the attention of the heads of government to the fact that, despite existing methods of prevention to control the pandemic, morbidity and mortality from HIV-Aids continues to escalate in developing Commonwealth countries."

AIDS biggest killer in prisons

(221) (92)

Christof Maletsky

WINDHOEK — HIV/AIDS is the main cause of death in Namibian prisons, accounting for about half the deaths in prisons last year alone, says the annual report of the prisons and correctional services ministry

"The death rate has increased twofold, mostly arising from people who are already infected with HIV/AIDS being admitted to prison," the report said

It said that of 23 prisoners who died from various causes last year, 12 deaths were due to AIDS-related diseases including tuberculosis and lung sickness

At the beginning of 1998 there were 80 HIV/AIDS patients in Namibia's 13 prisons and the number increased to 95 at the end of the year

Compared with 1997 the number of newly diagnosed prisoners with HIV/AIDS increased threefold

Deputy Minister of Prisons and Correctional Services Michaela Hubschle described the transmission of HIV/AIDS in prisons as a matter of controversy

"The activities in prisons that spread HIV, notably sex and drug abuse, are widely considered as criminal within the prison environment When these practices are discovered, they are usually met with disciplinary measures not health measures " Hubschle said

Ministers call for AIDS state of emergency

HEALTH ministers from the member countries of the Commonwealth will ask the organisation's heads of government meeting in Durban this week to declare a global state of emergency on HIV/AIDS, the ministers said yesterday

Nongovernmental organisations and other bodies affiliated to the Commonwealth are to hold a workshop on HIV/AIDS in Durban today A communique requesting a global state of emergency on the disease was compiled at the 13th international AIDS conference in May

The communique, which will be presented to this week's meeting, reads "We request heads of government to combine with others to call for the declaration of a global state of emergency on HIV/AIDS "

Today's workshop will be hosted by the Commonwealth Medical Association Trust the Commonwealth Health Professional Associations and the Commonwealth Secretariat.

The meeting starts at the Durban International Convention Centre on Friday —Sapa

MD 9/11/99 (92)

SA must intensify fight against HIV

(92) Sowetan 10/11/99

By Mark Heywood

This week the Commonwealth Medical Association called on heads of government to declare HIV-Aids a public emergency In South Africa HIV and Aids is already a national disaster

Millions of people have HIV Thousands of people die every month of illnesses that are caused by Aids Two generations, in particular are directly feeling the pain of this epidemic young people and newborn children

Many young people especially young women are being infected almost as soon as they start to enjoy their sexuality If a pregnant woman has HIV there is a 30 per cent risk her child will be born with HIV

To protect young people from HIV we have to step up our Aids awareness campaigns in schools cinemas and clubs We need to empower young women to be able to practise safer sex or to say no and young men to respect their wishes

This will be a difficult and ongoing campaign However to avoid HIV infection in newborn infants we have a slightly easier option

A drug called AZT, which must be taken by a pregnant woman with HIV for one month before delivery can reduce the risk of infection to the infant by up to 50 percent In South Africa this could potentially prevent thousands of infants from being infected with HIV

In December 1998 the Treatment Action Campaign (TAC) was launched by people with HIV TAC now has wide support including from the South African National NGO Coalition and the Congress of South African Trade Unions

It aims to mobilise a mass movement to make sure that people with HIV have access to safe effective and affordable treatment One of its first objectives was to persuade the Government to make AZT available to all pregnant women who need it

The TAC recognises that a major problem for the Government is the high cost of essential HIV Aids medicines - particularly AZT

Pharmaceutical companies are making massive profits from Aids and are unwilling to reduce their prices to make the drugs affordable in poor countries

That is why the TAC fully supports the Minister of Health and the Government in their efforts to pass laws that will make HIV and Aids drugs more affordable

During 1999 the TAC prioritised its campaign to make available drugs (including AZT) that can prevent mother to-child transmission We held productive meetings with both the present and former ministers of health At these meetings the cost of AZT was presented as the major obstacle to making this drug available

In response the TAC committed itself to campaigns to bring down the cost and to highlight the immoral profiteering of pharmaceutical companies We organised demonstrations outside Glaxo Welcome the manufacturer of AZT

We have been surprised by recent statement made by our President Thabo Mbeki about AZT His comments were ill-informed and unscientific

Sometimes it seems as if politicians play cruel tricks with the hopes of people with HIV two years ago Mbeki went to great lengths to defend a dangerous substance called Virodene – that pretended to be a cure for Aids

This raised hopes in many people all over Southern Africa Today he raises questions over the safety of AZT – a drug for which there are justifiable expectations

To now raise issues about AZT's toxicity (possible danger to the person who takes it) and its potential to create resistance in the mother to other anti Aids drugs is misleading

Research on AZT has taken place for over 10 years Concerns about its toxicity have been dealt with in clinical and pre clinical research

In South Africa AZT has been registered by the Medicines Control Council Internationally its use has been approved by the World Health Organisation

In industrialised countries such as the United States and Britain, which have very strict safety regulations, AZT has been part of the standard of care for several years

In these countries the use of AZT has almost eliminated mother-to child HIV transmission Denying AZT to poor people in South Africa entrenches inequality

The Government is part of a Partnership Against Aids" This partnership includes qualified researchers into mother-to-child transmission and people living with HIV

Unilateral statements by Mbeki on contentious issues undermine South African researchers and dash the hopes of thousands of people for whom a drug like AZT offers at least some hope

As we have argued before, the implementation of AZT or Nevirapine (a drug that is much cheaper than AZT and is in the final stages of trials) should be regarded as a public health priority

The benefits would exist not only for children who avoided infection and their parents There would also be benefits arising from the large numbers of women who could – for the first time – be offered voluntary HIV testing and counselling at ante natal clinics This would have a positive impact on HIV prevention

Obviously an effective programme to prevent mother to child transmission depends on a great deal more than drug access However around such a concrete action a genuine Partnership Against Aids can be built

Resources for training extra counsellors for improved availability of HIV testing (particularly in rural areas) and for the drug itself should be sought from the private sector international donors and pharmaceutical industry

AZT and or Nevirapine offer the Government a cost-effective HIV prevention intervention By making this drug available, the Government would be fulfilling its constitutional responsibilities to act in the best interests of the child and to improve access to health care services to the people who most need it

By not providing AZT, the Government unfairly discriminates against women and children with HIV

Each day that is lost in pointless wrangling leads to avoidable HIV infections and unnecessary suffering of the children born with HIV and their parents At the end of the day this is the Government's responsibility

(The writer is head of the Aids Law Project based at Wits University)

Human rights body targets State on AZT

Government may face Constitutional Court action as row over anti-AIDS drug grows

(92)

ARG. 10/11/99

HEALTH WRITER AND REUTERS

The fierce row over the use of the anti-AIDS drug AZT in South Africa reached new heights after the country's statutory human rights watchdog found the Government in possible violation of the constitution.

The South African Human Rights Commission (SAHRC) ruled that the Government's decision to prevent the use of AZT in the public health sector could go against the constitutional right for universal access to health care services

"The Commission determines that on the face of the complaint letter and if those facts are correct, there is a possible violation of section 27 (1)(a), ' a statement said.

The commission reacted to a complaint filed by a doctor who alleged that the denial of AZT to pregnant women violated the state's obligation to provide primary health care services including reproductive health care

The Government has stopped the use of AZT in the public health system on the grounds of cost in spite of South Africa having the fastest growing HIV infection rate in sub-Saharan Africa and the world's highest incidence of rape

President Thabo Mbeki re-ignited the issue when he doubted AZT's medical efficacy and called for further studies on the drug, made by British drug giant Glaxo Wellcome

SAHRC said it would put the allegations to Health Minister Manto Tshabalala Msimang and request information before making a final ruling.

Meanwhile, Dr Tshabalala-Msimang and Glaxo Wellcome have agreed that patients already taking AZT should continue doing so while a routine review of the drug takes place.

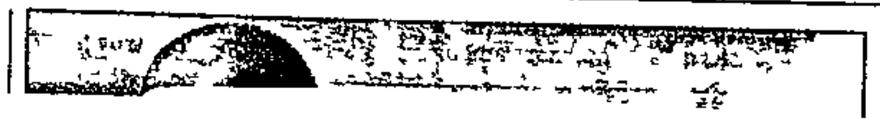
The Medicines Control Council is to review AZT

Dr Tshabalala-Msimang and health director-general Ayanda Ntsaluba, as well as other officials, met Glaxo Wellcome representatives in Pretoria yesterday to discuss the issue.

Dr Tshabalala-Msimang confirmed the investigation into AZT was being undertaken at President Thabo Mbeki's request.

Glaxo Wellcome's medical director Peter Moore said after the meeting that there was no new data to raise legitimate concerns about the safety of AZT, and consequently the company did not believe the review was necessary or justified.

Parties query firearm law process



Eikenhof ruling

'Mbeki gets international backing on AZT'

By Bhungani Mzolo and Jimmy Seepe

AMID severe criticism that he might have been misinformed about the anti-Aids drug, AZT, President Thabo Mbeki has restated his earlier statement that not enough is known about the effects of the drug

Mbeki s spokesman Mr Parks Mankahlana said the President had said nothing new about the drug, but just repeated what scientists have expressed about the toxic effect it might have and that it had the potential to produce drug-resistance.

Mbeki received messages of support from several non-governmental organisations in Europe, Germany, the United States and Australia on his stand on AZT

Mankahlana said "There is a lot of scientific evidence which points to the fact that the President was correct in raising this issue What this has done, in fact, is that the debate has been taken to a higher level, and the awareness about HIV-Aids and AZT has increased." (92)

He said research has found there were people who were HIV positive but who lived longer than those who were taking the drug

"AZT does not delay the death of someone with HIV-Aids, contrary to conventional belief" Mankahlana said.

Meanwhile, the African National Congress backed Mbeki's statement on AZT yesterday and said it was further encouraged by the preliminary report of the Medicines Control Council restating what the President and the Health Minister had articulated about the known side effects of AZT

The ANC said in light of the uncertainties about AZT, the Government needed to exercise care in taking a decision to make the drug available to patients on a massive scale.

"The ANC is anxiously awaiting findings by the Human Rights Commission on a complaint by Dr Costa Gazi (the Pan Africanist Congress health secretary) and hopes the matter can be dealt with in a manner that does not shift our focus from addressing what is in the nation's best interest," it said.

It welcomed the positive outcome of the SADC health ministers meeting "We are particularly encouraged by the call of the ministers from members of the Commonwealth requesting heads of governments to join the broad movement against the spread of HIV-Aids"

See page

Sowetan 10/11/99

R45m for Aids vaccine studies

CT (PR) 10/11/99 (92)

MARGIE INGGS

Durban – A total of R45 million would be spent on HIV vaccine research in South Africa over the next three years, Professor Salim Abdool Karim, the head of Aids research at the Medical Research Council (MRC), said yesterday

Two government departments – health, and arts, culture, science and technology – had, with Eskom, each pledged R5 million a year for three years, he said

The funds would be administered by the South African Aids Vaccine Initiative

Karim was addressing a meeting of non-governmental organisations hosted by the Commonwealth Medical Association, which focused on a report by Commonwealth health ministers calling on their governments to give greater priority to developing an effective vaccine

Karim said fears of litigation had delayed vaccine trials on people worldwide, but the MRC was conducting a preparedness Aids study in Hlabisa in northern KwaZulu Natal "If members of the local community indicate their willingness to take part in research, a vaccine could realistically be developed within the next six to eight years"

The current infection rate in Hlabisa was 33 percent The rate of infection increased by 11,9 percent last year This was nearly double the infection rate for sexually active members of the population in the rest of the country, which was estimated at between 16 and 18 percent

"Development of a vaccine is critical to control," he said

Survey finds Aids ignorance

(92)

Sowetan 11/11/99

By Noxolo Nxusani

THE majority of Soweto residents are still largely ignorant of the Aids virus and are also terrified by the increasing incidence of rape, a survey has found

The findings of the survey, titled "Change and Continuity – a survey of Soweto in the late 1990s", were released at the Metropolitan Civic Centre in Braamfontein, Johannesburg, yesterday

Conducted by researchers based mainly in the department of sociology at the University of the Witwatersrand, the survey says Soweto has a population of 1 029 485

About 26,7 percent of respondents interviewed said they did not know what Aids was, the survey reveals

Initiated in 1995 by then mayor of Soweto Mr Danny Kekana and done in 1997, the survey found that residents of hostels and informal settlements had the highest levels of ignorance about Aids and how it was spread

It also reveals that female respondents were at least five times more likely to say that a member of their households had been raped

Also, seven in 10 respondents maintained that the type of crimes or violence that worried them most – murder and rape – had increased in their neighbourhood in the last five years

Analysing the incomes of individual households, the researchers found that 60 percent of Soweto households had an income of less than R1 500 a month, and 50 percent of young people – aged between 20 and 29 – in the vast township were unemployed

Those employed mostly worked within Soweto and in Johannesburg, and were employed mainly in the service and retail sectors

About 3 000 adults, who were the heads of households and the main breadwinners, were interviewed by the researchers

Kekana was prompted by the lack of hard data on Soweto when he initiated the project

"The place was under-researched and under-analysed The last survey done was in 1974 Soweto's infrastructure was installed 50 years ago and was last maintained 20 years ago That's why many pipes are bursting now and again," Kekana said

He said the survey, apart from providing an insight into Soweto, would help facilitate planning

Unions threaten to strike over planned AIDS tax

BD 11/11/99 (93)

THE Zimbabwe Congress of Trade Unions has appealed to the government to drop a proposed AIDS tax or face the prospect of a potentially crippling nationwide strike

The congress's acting secretary-general, Isidore Zindoga, said this week that the 3% AIDS levy announced by Finance Minister Herbert Murerwa in his budget for the year 2000 would "hit workers on low salaries hard" This would come in addition to the average low-income 15% taxation they already pay on monthly salaries that often are as low as the equivalent of US$100

"We pointed out that this levy was imposed without consultation and we suggested alternatives such as a health insurance scheme or the reduction of the defence budget," Zindoga said

Other labour sources in Zimbabwe said the union's 400 000-plus members were expected to overwhelmingly endorse collective job action during consultations expected to be completed by the end of the week

Last week, the congress's general council decided to resist the government's attempt to impose the levy, which is due to take effect in January

According to official figures, about 1 200 people a week are dying of HIV/AIDS-related causes in Zimbabwe The number of people getting infected is calculated at 2 000 a week, and there are about 300 000 AIDS orphans

"The issue is so important, but there are other means to deal with what has become a family issue because it affects every family, the families of all our workers," Zindoga said

The latest issue of the weekly Financial Gazette quoted the Confederation of Zimbabwe Industries, the umbrella body for Zimbabwe's struggling manufacturing sector, as saying the levy was a "half-baked measure" which the government should revisit so as to avoid inflaming a restive population — Irin

HRC to act in Aids drug row

Sowetan 12/11/99 (92)

By Bhungani Mzolo
Health Reporter

HEALTH Minister Manto Tshabalala-Msimang may face charges of human rights violations from the Human Rights Commission for withholding the anti-Aids drug AZT from pregnant mothers.

This follows a complaint by Dr Costa Gazi of the Makiwane Hospital in Eastern Cape that Tshabalala-Msimang's refusal to give the drug was a violation of Section 27 (1) (a) of the Constitution.

This section says that everyone has the right to have access to healthcare services, including reproductive healthcare

"In considering the complaint, the commission was not concerned with whether or not AZT was the proper drug in the circumstances, but rather with the broader socio-economic question of what the state is doing to deliver of its obligations under Section 27 of the Constitution," the HRC said

Morgan Moodliar, head of the HRC's legal department, said the commission sent a letter to Tshabalala-Msimang asking for detailed information on measures taken by her department to fulfil this right.

"If the response is satisfactory, the matter ends there, but if the Health Department is not doing anything for pregnant mothers who are infected with HIV, we would want to know why," he said

"There may be litigation in suitable cases"

"Where it's appropriate, such as when there is no cooperation, or the department failed to fulfil provisions under Section 27, public hearings will be instituted or there may be litigation in suitable cases"

The Government took a decision two years ago that it would not supply AZT to pregnant mothers as it was costly

The debate on AZT received renewed public attention recently after an address by President Thabo Mbeki to the National Council of Provinces in which he said scientists needed to do more research on the effects of the drug as there was a possibility that it produced toxicity leading to physical and mental defects.

In addition, Mbeki said the drug had the potential to produce drug-resistance in patients

He subsequently received messages of support from several non-governmental organisations in Europe, Canada, United States and Australia

In a letter to Mbeki, Dr David Rasnick, president of the Group for the Scientific Reappraisal of the HIV Hypothesis of Aids, said "You must be a courageous man to stir up a hornets' nest of AZT However, I'm afraid that it will cause you a great deal of grief but what you are doing is right for your people and the world"

Glaxo-Welcome, producers of AZT, recently met Tshabalala-Msimang to discuss the Government's concerns

"The Minister of Health confirmed that the investigation of AZT was being undertaken at President Mbeki's request, and that the Medicine Control Council's review would be consistent with reviews of a variety of drugs conducted from time to time," said the company's medical director, Dr David Moore.

Professor Salim Abdul Karim of the Medical Research Council said he did not understand Mbeki's concern "There is no recent scientific information which suggests AZT has more side-effects than we have known about in the last few months"

He said AZT was recommended and licensed by the World Health Organisation and the United Nations Agency on HIV-Aids as a drug for preventing mother-to-child transmission (MTCT) of the virus

"If the Government is so concerned about the effects of AZT, then it should use Nevirapine, which is registered in this country, has a 50 percent success rate in MTCT prevention and is also much cheaper

"We need to do something to prevent mother-to-child infections and for raped women by using something that we know works reasonably and is affordable," said Karim

HIV attacks body's defence

THE Human Immunodeficiency Virus (HIV), which causes Aids, attacks the body by destroying its white cells The white cells are responsible for producing the antibodies which fight infections to the body

Once inside these cells, the virus reproduces and eventually destroys them

According to Dr David Moore, the medical director of Glaxo Welcome – the company that produces AZT – the virus has to produce an enzyme in order to reproduce.

AZT acts by blocking the action of this enzyme. AZT is an enzyme inhibitor and belongs to a cluster of drugs called neucleosides

Moore said there are two other categories of anti-Aids drugs that are commonly used; the non-neucleoside, like Nevirapine, have a different chemical make-up but work exactly the same way that AZT does

The other category is a proteas inhibitor, like Crixivan, which acts by preventing the virus from leaving the white cell.

The use of two or more of these drugs together is normally referred to as a cocktail Moore said AZT was the cornerstone of drug cocktails, as it can be used with either non-neucleosides or proteas blockers

When it is given as a short course, for instance for a month, AZT is taken in three doses Nevirapine, on the other hand, is given in one dose The drugs cost R400 for AZT, R1 400 for Nevirapine and R2 000 for Crixivan

Costs mount as 1 700 test HIV positive daily

ARG 15/11/99 (92)

DI CAELERS
HEALTH WRITER

Sick leave for HIV-positive employees is already hitting South African business as figures rise to 1 700 new infections every day

And Ruben Sher, a leading authority on HIV/AIDS, has warned that workers will be applying to be medically boarded from as young as 25, with dire consequences for companies – as well as for the insurance industry

Professor Sher said at an HIV/AIDS workshop for doctors and other medical personnel in Johannesburg last week that a whole change of mindset was needed about young people opting to be boarded rather than carrying on in their jobs as long as possible

Occupational health practitioners and doctors discussing the situation at their companies confirmed that the epidemic was already hitting hard

At Ilovo Sugar's Umfolozi Mill in KwaZulu-Natal, 82% of the workforce were saliva-based screened and 26% were HIV-positive The average age of those infected was 41,5 years

At Transvaal Suiker Beperk, which employs 3 500 at two sugar mills and on seven farms, 5% were tested, of whom 53,7% tested positive

At Barlows Southern Africa clinics, which care for about 45% of the company's 19 900 employees, just under half the deaths recorded last year were a result of either AIDS or pneumonia

An unnamed company apparently conducted an actuarial assessment, which showed that each new HIV infection translated into a R175 000 cost to that company

Muhammad Minty, company medical officer at Toyota's Prospecton manufacturing plant in Durban, said the number of employees who had been boarded as a result of HIV/AIDS had trebled since 1998 The average age of affected workers was around 33

An increase in absenteeism and poor work performance had been noted

"Management is having to cope with fewer employees to put out the same number of vehicles daily and this is having an impact on the company," Dr Minty said

Jan Breytenbach, a doctor at Transvaal Suiker Beperk, said sick leave and funeral leave was becoming a major problem His company's aim was to rather look for alternative employment within the company for HIV-positive people than to board them

"Our aim is to keep people active and working as long as possible," he said

All the companies, except for Ilovo, where workers were promised medical assistance for the disease before being tested for HIV, reported difficulty in getting employees to agree to testing

All were doing AIDS awareness, peer-group education and counselling for workers

Chris Snyman, a doctor at Shell South Africa, said coping with the economic effects of HIV/AIDS was a "juggling act where you are trying to give the employee the best without putting your business in the dustbin"

Professor Sher said "The only sure thing about AIDS in Africa is that the worst is yet to come," and added "If we can afford to host the Commonwealth (heads of government meeting in Durban) then surely we have the money to spend to give AZT to HIV-positive pregnant women"

HIV/AIDS may dash hopes for education

(92) POD 16/11/99

Academic says disease-related costs may put universities out of reach, writes **Primarashni Pillay**

THE economic effects on families of HIV/AIDS illnesses and deaths could make it difficult for people in the next five to 10 years to send their children to university, says Prof Eleanor Preston Whyte, a deputy vice chancellor of Natal University

She believes the general economic effects of HIV/AIDS could keep students out of the tertiary education sector and that it may already be happening, though it is not yet fully recognised

Studies of HIV/AIDS projections among students and staff were conducted for the university last year by Anthony Kinghorn of ABT Associates

The studies show that between last year to 2010 4 850 students could become infected with HIV while at university and an especially high incidence must be anticipated among young female students

Projections indicate that in the worst-case scenario about 50 students could have AIDS-related illnesses this year The best-case scenario would be somewhat less

In the worst-case scenario more than 250 students are projected to have AIDS in 2005 and close to 400, in 2009 In the best-case scenario about 200 students would have AIDS by 2009

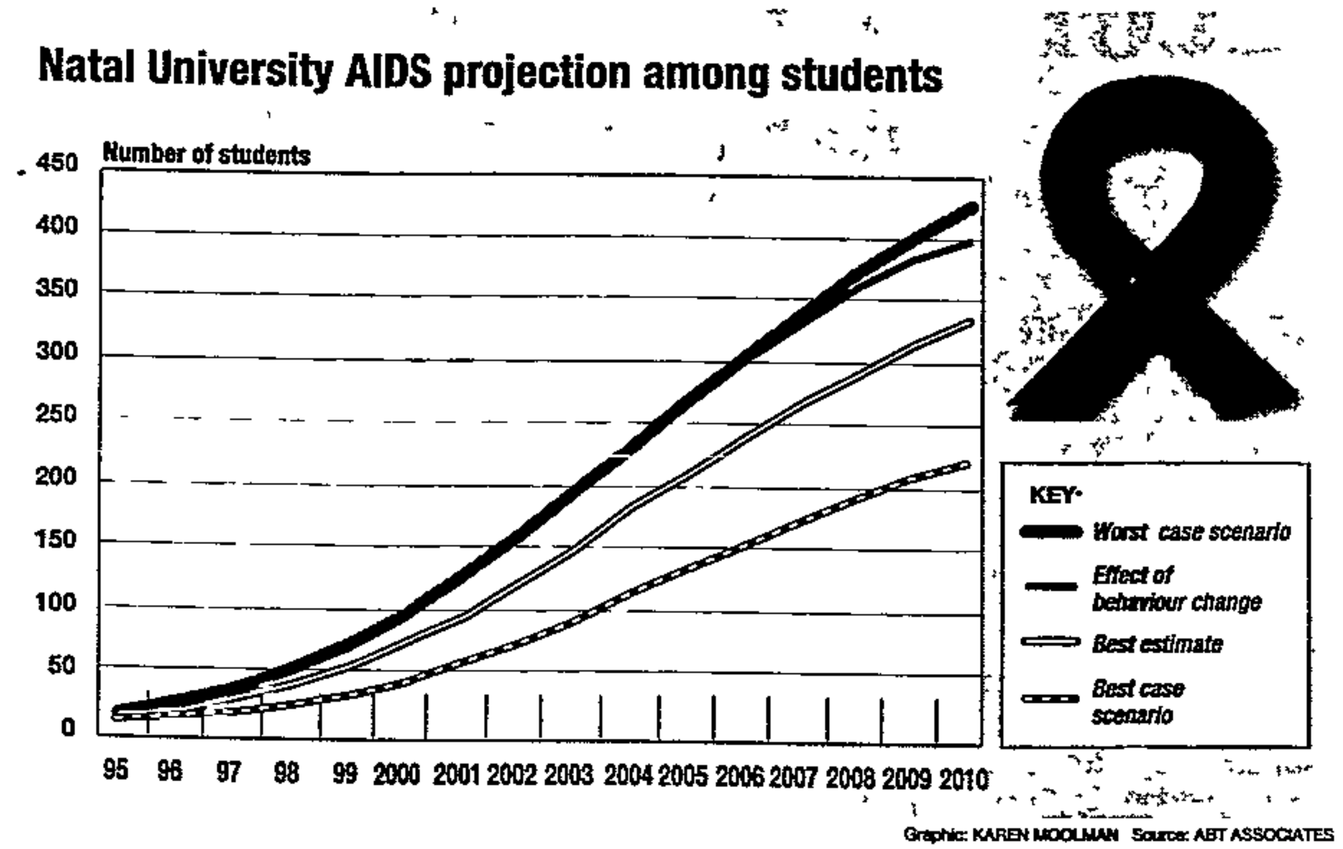
The predictions are based on the risk profile of students and this includes their age sex and socioeconomic background It would however be difficult for universities to recognise HIV/AIDS cases as students would drop out or not disclose their diagnosis

In terms of staff projections levels of HIV infection for all Natal University employees (academic and nonacademic) are estimated to be 2 3% for this year in the best case scenario and 3 4% in the worst case scenario It has the potential to rise between 8 7% and 10% respectively in the next decade

Preston-Whyte says that the most heavily hit staff are likely to be the lower skilled staff "In fact one in 10 may already be infected and this could climb to one in between five to eight within the next decade "

Senior academic staff that is professors and associate professors are likely to be least affected Preston-Whyte said they were likely to retire relatively soon

The greatest level of HIV/AIDS infections can be expected among staff aged 25-29 but all age groups under 35 can be expected to be particularly affected said Preston-Whyte.



Graphic: KAREN MOOLMAN Source: ABT ASSOCIATES

She said junior lecturers lecturers and tutors fell into the high-risk category and the next generation of teachers researchers and administrators would be hard hit

"The junior lecturer category is particularly worrying (as they are) not only the next generation s teaching staff but also our future researchers who will contribute to producing new knowledge and who should interface with industry and business in solving scientific and managerial challenges of the next decade," said Preston-Whyte.

She said the implications of students being infected would be difficulties in loan and bursary repayments which would have an adverse effect on universities

Learning would be impeded as students get ill and are forced to drop out of courses "Consideration may have to be given to extending the time allowed for a degree in special circumstances This will increase both running costs, and also the cost of loans and bursaries, and the time of repayment might have to be extended " she said

Furthermore, the likelihood of bursary and loan repayments may not materialise because of debility or death.

Preston-Whyte said research and graduate studies may become less attractive as HIV/AIDS infected students would not afford to study further and sponsors could hesitate to commit resources in their direction

She warned that the potential of graduates to find employment could be adversely affected as companies begin to consider the possibility that a spell at a tertiary institution may increase the risk of young people contracting HIV

"They may choose to recruit straight from school and put in place their own educational and preventative programmes," she said

Preston-Whyte said one way of tackling the growing problem would be a willingness on the part of academic staff to devote class time to discussing HIV/AIDS not only in the social sciences but across the academic board

She said a number of HIV/AIDS sensitive staff in the majority of the university's faculties had already included information and sensitisation to HIV/AIDS in their syllabuses.

It might be necessary, she said to dedicate staff and faculty time to developing an expertise in HIV/AIDS

Preston-Whyte says it is not only in personal mentoring that the HIV/AIDS message needs to be spread into the academic terrain. "As our students go out into the world beyond the walls of the university, they should be ambassadors and frontline troops in the informed fight against HIV/AIDS "

Kinghorn, meanwhile, said HIV/AIDS preventative measures should be emphasised at universities so that "people are aware that they are personally at risk. People need to be empowered to change their behaviour," he said

Some facts, but the big drug questions are left hanging after health minister's address

JUDITH SOAL
HEALTH WRITER

If Health Minister Manto Tshabalala-Msimang s address to the National Assembly yesterday was intended as an exercise in damage control it wasn't particularly effective

It was the first time Tshabalala-Msimang had responded to recent statements by President Thabo Mbeki that the anti Aids drug AZT was dangerous and not necessarily effective

His words caused an outcry among scientists and Aids activists, who said Mbeki was trying to justify the government's refusal to provide the treatment to HIV-positive women who were pregnant The real reason, they said, was because of the cost to the state, not any possible danger to the patient.

What was obvious from Mbeki's words and the subsequent uproar is that when it comes to discussing treatment for people with Aids the terrain is complex and the level of understanding low

Yesterday, in a clear and, for the most part sane statement, Tshabalala Msimang outlined some of this complexity She provided the detail, the difficulties and the studies that have been missing from much of the debate in the past.

Where her attempts at damage control failed, though, is that in the process she undermined Mbeki's arguments

The health minister made the distinction between treatment for adults with HIV and drugs for pregnant women to prevent the spread to their children, which Mbeki seemed to overlook. (Data on toxic side-effects of AZT have been collected in people who have taken it daily for years not pregnant women and children who take it for up to a month) She also listed the results of studies that showed how effective treatments can be in reducing the number of children who will be born with the virus The five studies on mother-to-child-transmission (MTCT as it is called) are

- A trial in the US found a course of AZT reduced HIV transmission in 68% of babies that would otherwise have been infected.
- A study in Thailand found a shorter course of AZT reduced transmission by 50%
- Trials in Ivory Coast and Burkino Fasso, which found that in women who continued to breastfeed their babies, the drop in HIV transmission was 38%
- A fourth set of studies in South Africa, Uganda and Tanzania found reduced levels of transmission of between 37 and 50%.
- The most recent study conducted in Uganda and the US found that the drug nevi rapine was more effective than AZT in reducing transmission, at a tenth of the cost.

Tshabalala Msimang was trying to counter the popular misconception that without AZT, all children born to HIV positive parents would contract the Aids virus and with it, none would Rather, as she explained, between 66 and 75% of babies will become positive from their parents and, at best, AZT will only prevent transmission in two-thirds of pregnancies.

She also outlined the problem of breastfeeding, which seems to reduce the effectiveness of the treatment Unfortunately she failed to include a recent and as yet unpublished study conducted in Durban, which found that HIV-transmission was lowest in children who had been exclusively breastfed

Every so often she threw in an attempt at backing up Mbeki's predictions of danger, like mentioning the possibility that children could become resistant to nevirapine "In all likelihood with one dose of nevirapine it is unlikely, but the scientists cannot guarantee that this will not happen," she said. (But then, has anyone heard a scientist "guarantee" anything?)

She even mentioned her concern that South Africa was the only country to license AZT for use by health workers who have pricked their fingers.

"The efficacy data (on this use) is questionable," she said. Yet she didn't explain the contradiction of approving AZT for doctors and nurses but not for women who have been raped.

She said taking AZT after rape was "at the present time, illegal aside from being dangerous"

In essence, though the minister's speech contained little new She said again that the Medicines Control Council has been asked to investigate AZT (although it has already approved the drug for use in SA) and no decision would be made on the use of nevirapine until the results of a local study are announced in March.

What she may have achieved (although this wasn't evident from the opposition parties responses) was to bring some of the facts back into the discussion

THAILAND MAY MAKE GENERIC

Challenge to AZT maker

JUDITH SOAL
HEALTH WRITER

SOUTH AFRICAN health authorities are watching closely as Thailand attempts to break international pharmaceutical companies' stranglehold on the price of anti-Aids medication

It has decided to allow a government company to produce a generic version of a drug still under patent.

The patent for didanosine (ddI) is held by Bristol-Myers Squibb (BMS)

But the government manufacturer which has applied for a licence to manufacture ddI says it can offer the drug for half the price

The same manufacturer already produces a generic version of the drug AZT (not under patent in Thailand) for a quarter of the price of the original drug

In South Africa, ddI, used as one of a cocktail of medications to treat people with HIV and Aids, sells under the name Videx at about R500 for a month's treatment

In the United States and Europe, drugs like ddI and AZT have turned HIV from a fatal disease into a manageable one like diabetes Yet in developing countries, where 90% of people with HIV live, these drugs are unaffordable Depending on the combination of drugs used treatment costs R1 000 to R2 000 a month

When South Africa tried to introduce legislation that would reduce the price of medicines by allowing local manufacturers to produce generic versions of a drug while it is under patent (known as compulsory licencing) or to import cheaper drugs from countries where the patent has expired (parallel importation), pharmaceutical companies responded by challenging the legislation in the Constitutional Court

The US, under pressure from influential pharmaceutical concerns, placed South Africa on a watch list" of countries that could face disinvestment for not respecting intellectual property rights

Although the US has recently backed down and now says it will do whatever possible to bring cheaper Aids drugs to Africa, the Constitutional Court case is still pending and the state hasn t been able to implement the legislation

Health Minister Manto Tshabalala-Msimang's special adviser Ian Roberts, a driving force behind the legislation said the ministry was watching developments in Thailand with interest.

"Our biggest health need in South Africa is getting affordable drugs for all illnesses — not just Aids " he said "We will keep on trying to find ways to do this We are aware of what is happening in Thailand and will monitor their progress."

International health group Medecins Sans Frontieres (MSF or doctors without borders) have called the licence application in Thailand an "important day for people with HIV in Thailand and for all working for increased access to medicines

The price of ddI cannot be justified by the expenses of research and development because the drug was developed by the US National Institute for Health and then taken over by BMS," said MSF's Tido von Schoen Angerer

Thailand s Government Pharmaceutical Organisation now has to negotiate with Bristol-Myers Squibb to set a royalty the company will accept as compensation

If no agreement is reached in the next month, the government will make a final decision on whether to grant the licence

The company is free to apply to the Intellectual Property Court if it does not agree with the decision

Bristol-Myers Squibb HIV manager in South Africa Donne Newbury, said yesterday her company was doing "everything possible" to keep the price of medications down

"We reduced the price of ddI by 40% last year to try to make it more affordable

We have seen that many generics being manufactured around the world cost about the same as the original drug," she said.

' So I don't believe there are great savings to be made "

Health minister takes hard line on AZT treatment

CLIVE SAWYER
POLITICAL CORRESPONDENT

Health Minister Manto Tshabalala Msimang has told the National Assembly that AZT can never be a cure for AIDS

The Government could not afford its use as part of the "triple treatment for which it was designed, she said in a special statement to the Assembly yesterday

The triple therapy would cost a patient about R6 000 a month, or R72 000 a year

"Before we can even begin to consider the appropriateness of the drugs, we fall at the hurdle of affordability," Dr Tshabalala Msimang said.

On the use of AZT for pregnant women with HIV-Aids, Dr Tshabalala-Msimang said 75% of babies born to HIV-positive mothers did not have the virus.

Democratic Party health spokesman Mike Ellis said the Government was procrastinating while people were dying.

South Africa had the worst AIDS statistics and the worst rape statistics, but the Government did not seem to take the crisis seriously

Health Minister digs in heels over AZT

By Waghied Misbach
Political Correspondent

THE Government was not prepared to administer the anti-Aids drug AZT in public hospitals until a study of its long term effects were completed and because it was prohibitively expensive

Amid widespread criticism from opposition parties yesterday Minister of Health Dr Manto Tshabalala Msimang told the National Assembly that studies had shown the drug to be highly toxic

Msimang revealed that South Africa's plan to develop a vaccine was "well advanced" and would be undertaken by the Medical Research Council

She said the World Health Organisation and the Southern African Development Community (SADC) would provide support for this development with scientific consultation and sponsorship

The Government had a responsibility to ensure that no healthcare intervention had a long-term negative effect.

"I believe that the proper thing to do is to invite both the Medicines Control Council and a group of independent scientists approved by the SADC ministers, to review the use of AZT and to inform me and the other SADC health ministers of their findings," Msimang said

She said President Thabo Mbeki had requested her to undertake the study and to report back to him

Concerns over the safety of AZT were first raised by President Thabo Mbeki in his address to the National Council of Provinces last month Mbeki said that there were legal cases pending overseas over the high levels of toxicity of the drug

Msimang said the costs of administering the drug effectively was prohibitive At current market prices the costs would be 10 times the total healthcare budget and 140 times what the taxpayer currently had to pay

Mike Ellis from the Democratic Party said the Government had no real policy on AZT other than a policy of not supplying the drug to public hospitals He also refuted claims by President Mbeki that legal cases on the drug's dangers were pending overseas

United Democratic Movement's Sipo Mzimela said that he did not know of any drugs without side effects but this did not stop them being administered in state hospitals in the country

Sowetan 17/11/99

Urgent moves to help army of AIDS orphans

Urgent moves are under way to finalise a national strategy to address the financial, medical and emotional needs of South Africa's hundreds of thousands of AIDS orphans

Representatives of various non-governmental organisations and the departments of welfare, health, education and agriculture have formed a task team to draft the final National Strategic Framework

In 1999 alone, predictions are that between 100 000 and 150 000 children will be orphaned by AIDS, but hopes are high that the national strategy will be up and running as early as January

Yesterday the parliamentary portfolio committee for welfare considered the draft "National Strategic Framework for children infected and affected by HIV/AIDS"

The document came out of a request at the end of August by the inter-ministerial committee on AIDS, and was also workshopped more broadly earlier this month

The report points out that about 5% of children in South Africa are currently affected by HIV/AIDS and that that figure is likely to rise to about 16% A survey in 1997 found there were 100 000 orphans in KwaZulu Natal and that if current trends persisted, it could rise to 250 000 in that province alone in the next few years

AIDS meant children were losing one or both parents, raising the risk they would be forced into child labour and would be unable to attend school, as well as the real fear they too would contract the virus

Other problems were that older people would come under increased pressure to care for children, as well as for sick adults, a situation that would be exacerbated by the loss of financial support by their children

The report said vulnerable children were cared for by vulnerable families, living in vulnerable communities

"Unless families and communities are strengthened and provision is made for adequate resources and supports, the number of children orphaned as a result of HIV/AIDS will place an unmanageable strain on extended families and an overwhelming pressure on government and community resources," it said

The special needs of infected and affected children were identified as

- Medical care,
- Alternative care, preferably community-based,
- Basic needs such as food, clothing, shelter and general nurture,
- Education,
- Life skills and vocational training,
- Protection from discrimination and an exploitative environment, and that
- Their psycho-social needs have to be understood and appropriately addressed

Ashley Theron, chief director of Welfare Services, told the committee it was critical that a two-pronged approach be applied in South Africa, the care system had to be transformed, and family and community strengths needed to be identified and built on

Mr Theron said they believed it was much better to keep children in families and communities, rather than in institutions One possibility was to take money away from subsidies to children's homes and route it instead into professional foster care

DI CAELERS
Health Writer

PRESS 18/11/99 (92)

SEX, YOU AND AIDS

On December 1, World Aids Day, the Cape Argus, in association with BP, will publish a full colour wall chart showing how you can deal with the AIDS crisis

'Aids will raise crime levels'

By Claire Keeton
Feature Writer

WITH the Aids epidemic, South Africa s juvenile population will increase disproportionately to the rest of population aggravating the country s crime levels

This warning was given by Martin Schonteich of the Institute for Security Studies (ISS) at a seminar in Pretoria on Tuesday about the impact of Aids on South Africa

Schonteich's research suggests that in 10 years time every fourth South African will be aged between 15 and 24 the age group that commits the highest number of crimes

Among the juveniles will also be a high number of orphans a group at greater than average risk of engaging in crime after being exposed to trauma and often poverty

His presentation at the ISS seminar concentrated on the impact of Aids on crime over the next five to 20 years

South Africa at present has a relatively young population with about 40 percent of the population under the age of 16

The Aids epidemic will exaggerate these demographic patterns by reducing the number of babies and the middle-aged population

"The early teens to 20s age group will increase in proportion to the rest of the population This is important to crime as crimes are mainly committed by this group Schönteich said

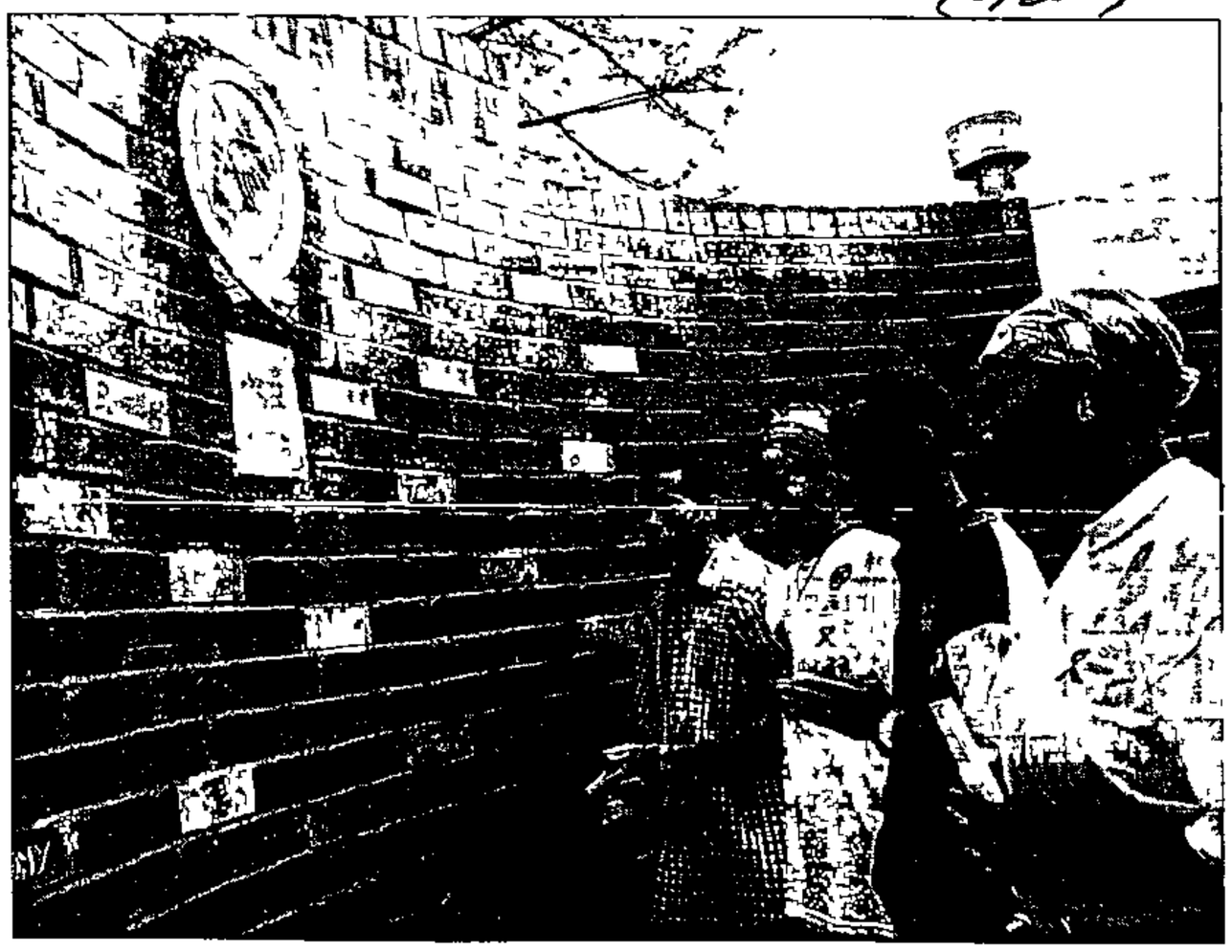
He referred to a local survey by the University of South Africa (Unisa) as well as to international criminological studies which prove this point.

The Unisa study analysed a sample of some 4 800 offenders convicted during 1993 with previous convictions Most were first convicted when they were aged between 17 and 19

It is apparent that the higher than average propensity of juveniles and young adults to engage in criminal activity is the same in South Africa as it is in the rest of the world

"Teenagers and people in their early to mid 20s commit the bulk of all crime Schönteich said.

He said the Department of Health predicts that children orphaned by Aids – expected to number about one million by 2005 and to double by 2010 – could be at higher than average risk to engage in delinquent behaviour



Students study on a wall the names of people who have died from Aids at the Market Art Centre near the Market Theatre in Johannesburg. It is estimated that nearly four million South Africans are infected with HIV
PHOTO LEN KUMALO

"As (orphaned) children under stress grow up without adequate parenting and support they are at greater risk of developing antisocial behaviour and of being less productive members of society according to a Health Department publication

Schonteich expanded on this saying in South Africa orphans were likely to grow up more impoverished than other children and may be drawn to property crimes to survive

Also they are likely to have suffered the trauma of losing not only one parent to Aids but both parents

"They will be another lost generation and the state does not have the resources to assist them Schönteich warned

"This will not only negatively affect the crime rate but the political stability of South Africa and the whole Southern Africa

He said traditional crime-fighting measures would not be effective to counter the rise in juvenile related crime and instead, advocated that the Government prepares a programme of action now involving all departments to respond to the problem

"Moreover relevant non governmental organisations and organs of civil society should get involved in developing effective strategies Schonteich said

Professor Alan Whiteside the director of the health economics and HIV-Aids research division at Natal University, presented a similarly bleak picture of the impact of Aids on South Africa – although he argued that effective Aids intervention was possible with committed leadership at all levels

Sketching the scale of the problem in South Africa, with statistics on rising levels of infection across the provinces Whiteside observed. "What we are doing is measuring the water level with unerring accuracy as the ship sinks"

He said nearly four million South Africans were infected with HIV a rate only exceeded by India

Nearly 1 600 South Africans are infected daily with about 550 000 being infected every year

Levels of HIV infection measured at antenatal clinics in South Africa rose from about 0 76 in 1990 to 22,8 percent last year This means about 18 to 19 percent of the broader adult population are HIV positive

"The under-20 age group had the largest rise of HIV infection (from 12 to 22 percent between 1997 and 1998), which means HIV prevention in South Africa is not working yet," Whiteside said

His research shows there were about 165 000 Aids cases in South Africa last year and about 120 000 deaths from Aids

Whiteside estimates more than 200 000 people will die from Aids next year compared to the normal rate of about 300 000 deaths a year

"By 2002 there will be more deaths from Aids than from any other cause in this society

All the (provincial) epidemic curves are still on the increase. We should be near the top but it could get worse" he said.

Whiteside pointed to Botswana, where antenatal surveys indicate a 35 percent level of HIV infection.

He said no economist could know what impact Aids will have on South Africa.

But he said (The impact) will be extremely adverse, long-term, complex and surprising

"The greatest impact will be felt on households and families Most important is that parents will die leaving behind generations of orphans."

Whiteside also referred to the major impact Aids will have on the health and education systems, and on the private sector He said the major cost to business would be reduced productivity, particularly through absenteeism.

Government and the private sector would have to adapt and would be confronted by "enormous choices" according to Whiteside.

For example it costs the same to educate 10 primary school children as to treat one HIV patient.

"There are no quick-fix solutions," he said But with commitment and leadership from all sectors of society he added "the impact (of HIV/Aids) can be reduced We can prevent new infections and manage the impacts

Fighting Aids in hostels with song and dance

(92)

Sowetan 19/11/99

By Joanne Bloch

AS DUST swirls 22 members of the Jouberton Dance Theatre gyrate stamp their feet, whistle and sing They are performing a traditional Tswana dance at the Jabulani Hostel amphitheatre on a Sunday afternoon

Performances like this take place regularly at most of Gauteng s hostels but today's event is rather different This is the launch of a unique educational initiative

Here the well-established cultural forms of traditional dance and music are being used to spread information about HIV and Aids among hostel residents

The traditional song *Nenebuye* being sung by the Jouberton group has been modified to include a warning on the dangers of HIV-Aids A responsive audience cheers the performers on.

The African Cultural Music and Dance Association (Acumda) have developed the project, which is funded by the Gauteng health department and set to run into the first quarter of next year

Project director Thulani Mtshali explains "Statistics show that our members rural people living in hostels in Gauteng, are at high risk of infection by HIV-Aids

"We decided that it was time to combat the spread of this life-threatening illness

'Our first step was to invite 15 Acumda-affiliated traditional dance and music groups based in different hostels to nominate a member to attend a five-day educational workshop run by the Esselen Street Aids Clinic in Hillbrow

"These individuals then went back to their groups and shared this information. The groups then wrote songs and developed dramatic dances that aim to educate the audience about HIV-Aids These were the groups we asked to perform at the project launch.

"In the next phase, the groups will visit 40 different hostels around Gauteng Their performances will educate hostel residents, and hopefully also inspire them.

'We are holding a competition in each hostel in which local groups are invited to create their own songs and dances about Aids

Margaret Mndebele is the leader of the group Ubuhle Bomhlaba based at Denver Hostel and she attended the Aids workshop Mndebele says she learned a lot at the workshop and shares the information with others

"I tell the women at the hostel to try to take only one partner to use condoms and to have regular check-ups at the clinic I also keep a supply of condoms from the clinic in my room for the women to take when they need them.

"Several women at our hostel have died of sicknesses related to Aids There is a sick woman there at the moment who I am trying to help and educate about good nutrition and a healthy lifestyle

I also tell her that she is just the same as me the only difference is that she is ill"

Mndebele adds that she is happy that her group will be performing with an Aids message. "Too many people are dying and there are too many orphans, We need to do something"

Mzwakhe Kgagudi from the Jouberton ,Dance Theatre also attended the workshop "It was very useful in clarifying how to get the message across most successfully

"Using culture to inform people makes it so much easier – if they can't understand a more complicated explanation, the message comes across easily when they watch actions"

The potential audience for messages expressed via the dance and music culture of the hostels is a large one. As Sipho Ncalane of the group Izingwe Ezimnyama points out, those who are conscientised are bound to spread the message to the rural areas when they return home.

"This is so important," he says, "because most people say things like, 'No Aids isn't a big thing, you can go to a doctor or a herbalist and they'll fix you up'

"So we like the idea of using singing and dancing to teach people safety and awareness"

Acumda's initiative has potential positive effects that go even further than alerting hostel residents to the terrible health risks they face if they remain ill informed.

By focusing on an epidemic which knows no boundaries political divisions – which until now have seemed insurmountable – can be transcended.

Thulani Mtshali explains "While the hostels have traditionally been a terrain dominated by one party, this project is being recognised by all concerned as a way to bring all of us together and forge a way forward united in our fight against HIV and Aids"

Members of the Jouberton Dance Theatre perform traditional dance and songs related to HIV and Aids for residents of Jabulani Hostel. PHOTO BEYOND AWARENESS CAMPAIGN

AIDS eating away at company money

(92) CP 21/11/99

By MALOSE MONAMA

AN alarming picture of the economic costs of HIV/AIDS was this week painted by health minister Manto Tshabalala-Msimang this week. She said she hoped the sheer size of the epidemic and the severity of its financial impact would persuade business to join in the Partnership Against Aids campaign

Tshabalala-Msimang was addressing a briefing of the top 100 SABC advertisers on the devastating effects of HIV/AIDS.

She listed several alarming figures that emerged at a recent workshop for health practitioners attached to companies

■ Of the 82 percent of the workforce at Illovo Sugar Mill who underwent a saliva-based screening, 26 percent tested HIV-positive.

■ At Transvaal Suiker Beperk, which employs 3 500 people, five percent of the staff were tested, of which 54 percent were HIV-positive

■ At Barlows Southern Africa's clinics, which care for about 45 percent of the company's 20 000 employees, just under half of the deaths recorded last year were as a result of AIDS or pneumonia, an opportunistic infection closely associated with AIDS.

■ At Toyota's Prospecton manufacturing plant in Durban, the number of employees who had been affected by HIV/AIDS trebled between 1998 and 1999 The average age of those affected was 33.

Tshabalala-Msimang said that there had been an increase in absenteeism and in poor work performance because of the disease. Sick and funeral leave were becoming major problems According to current estimates, one in every 10 South Africans is already infected with HIV and a further 1 500 are being infected daily, many of whom are economically active

"AIDS-related illnesses and deaths of employees affect businesses severely by increasing expenditures and reducing revenues Businesses and industries that rely on a high level of skilled labour are most-vulnerable"

Tshabalala-Msimang said the main effects of AIDS on business and industry were through increased labour costs and the decreased availability of skilled labour

She said companies also faced significant increases in staff costs because of absenteeism, illness and family bereavement, higher labour turnover as a result of illness and death, increased recruitment and training costs, and the higher costs of health, pension and insurance benefits

Monday November 22 1999 **SOWETAN**

Minister adamant AZT is highly toxic

By Charity Bhengu

HEALTH Minister Manto Tshabalala-Msimang this weekend repeated her claims that the anti-Aids drug AZT is toxic to humans

"This is a critical issue and until we are convinced that it is safe, the Government will not commit itself," Tshabalala-Msimang said

She was speaking at the breakfast launch of the Partnership Against Aids initiative between the Government and SABC in Rosebank, Johannesburg, at the weekend

The partnership was formed in response to President Thabo Mbeki's call for the nation to join the Government in the fight against the Aids epidemic The SABC has set up a National Aids Trust

Tshabalala-Msimang said AZT was not a cure and was never meant for HIV It was developed for cancer patients, most of whom became toxic and never even finished trials

South Africa was the only country in the world that registered the drug for use by health workers This despite the fact that several independent studies had reported life-threatening toxic effects in humans treated with AZT

During trials some patients had developed a serious bone-marrow disease and blood or liver side effects

Although AZT may improve immune responses and slow disease progression, there had been reports of viral resistance to the drug

Tshabalala-Msimang said there was no substantial data from which the Government could formulate a policy on AZT "When we tried to do our own study at Chris Hani Baragwanath and other hospitals, we received conflicting data which was not useful to formulate a policy"

The spread of HIV-Aids has exceeded projections, with 16 000 people being infected daily worldwide

"Even more frightening is that one tenth of these new infections are happening in South Africa

"When we see this against the background of there still being no cure for Aids, it is very clear that Aids is a social and economic dis-

Companies starting to feel cost of HIV-AIDS

(92) BD 22/11/99

Pearl Sebolao and Nomavenda Mathlane

THE cost of HIV-AIDS infections is starting to hit SA companies despite the fact that the worst of the pandemic has yet to be seen, according to Health Minister Manto Tshabalala-Msimang

She said at the weekend that an actuarial assessment conducted by one company estimated that each new infection translated into a R175 000 cost to the company

The company, which did not want to be identified, said this included medical and funeral costs, sick leave, compassionate leave, decreased productivity and insurance.

Tshabalala-Msimang said a recent workshop on HIV-AIDS, attended by health care professionals attached to companies, heard that the average age of boarded employees at Toyota's Prospecton plant in Durban was 33 The number of employees boarded as a result of the disease had trebled since last year

At least 53,7% of the 5% of staff tested for HIV-AIDS at Transvaal Suiker were positive, while just less than half of the deaths recorded at Barlows Southern Africa's clinics last year were attributed to the disease.

Susan Shabangu, Minerals and Energy deputy minister, said the mining industry had the fastest growing infection rate in SA.

Tshabalala-Msimang said it would, however be "irresponsible of the government to give HIV-AIDS sufferers AZT" as SA did not have "substantive studies to formulate policy" for the dispensing of the drug

The appropriateness of the drug was in question because of its toxicity and carcinogenic properties "It is a known fact that the drug attacks the marrow," she said

Tshabalala-Msimang said SA was the only country which gave health care workers AZT and it was "very doubtful whether we are doing the right thing"

Affordability also prevented the health department from providing AZT because if it were to do this "it won't have money to do anything else" she said

Shabangu said the number of people infected with HIV in SA was growing rapidly, with more than 1 500 new infections a day

She said her department would play an active role in reducing HIV infection in the mining industry "This will include the education of mineworkers and changing of their respective cultural beliefs "

A meeting of leaders in the energy industry is to be convened to deal with the problem, while the transport and health departments are drawing up legislation to tackle the situation

GETTING IT RIGHT

GENSEC is not owed money by The Business Bank, as reported on Friday However, the value of its equity investment may have declined due to the bank's exposure to Macmed.

Spur Steak Ranches (Spur) and Spur Holdings (Spurhold) will delist from the Johannesburg Stock Exchange on November 26 and the new entity, Spur Corporation, will list on November 29, rather than the 19th and 22nd respectively.

RIGHT TO SUE OLD MUTUAL

Historic victory for Aids activists

JUDITH SOAL
HEALTH WRITER

AIDS activists have claimed a landmark victory after a young Khayelitsha woman won the right to sue insurance giant Old Mutual for discriminating against her because she is HIV-positive

The woman, who prefers to be known only as Zanele, was excluded from the company medical aid after a routine medical test found she had the virus that causes Aids

She received no counselling, before or after the HIV test, and was not informed of the result until she asked why her medical aid contributions had not been deducted from her salary

"We chose to sue Old Mutual, not the three medical funds directly, because we believe the company is in a position to change the rules if they want to," said the Aids Law Project's Fatima Hassan

"But Old Mutual claimed that they were not the correct party to sue "

The dispute was taken to the Cape Commission for Conciliation Mediation and Arbitration (CCMA), which recently ruled in Zanele's favour

"This is a landmark decision for people with HIV and Aids," said Hassan

"It means large companies will have to take responsibility for these practices "

The CCMA said Old Mutual was responsible since it had provided Zanele with a limited choice of medical aids to join and was not prepared to consider other service providers or offer alternative benefits of the same value

DISCRIMINATORY: Aids activist Zackie Achmat

Speaking on the Aids awareness television programme *Beat It* on e tv yesterday, Zanele said Old Mutual's offer of a job had been conditional on her joining the medical aid and having a medical examination.

"When I was offered a permanent position at Old Mutual they said it was compulsory to belong to the medical aid, but after I got my first salary cheque I saw that there were no deductions for medical aid and I queried this," she said

The human resources department then "recommended" she speak to her family doctor It gave the results of her test to the doctor

(92) ET 22/11/99

"That's how I found out I was positive," she said "I had no pre-test or post test counselling

"They told me I was being excluded because they believed I would abuse the medical aid."

The new Medical Schemes Act stops medical aids refusing membership to HIV-positive people and stipulates a list of minimum services that must be covered by the scheme

The Employment Equity Act also prohibits employers from discriminating against employees on the grounds that they are HIV-positive and outlaws pre-employment screening for HIV unless permission is received from the labour court.

Unfortunately for Zanele, these laws were passed after she got a job at Old Mutual.

The Treatment Action Campaign's Zackie Achmat said "At the time she was employed the Labour Relations Act was still in force, which outlaws 'arbitrary' discrimination against employees

"There is no doubt that what happened to her was discriminatory.

But even with the new legislation, many employers continue to screen prospective employees for HIV

Aids groups say they are aware of widespread discrimination against people with the virus.

"All it will take will be for a few large companies to be sued before employers and medical aids realise they can't get away with this any more," said *Beat It* presenter Mercy Maknamela.

Old Mutual could not be reached for comment yesterday

Circumcision may cut to core of AIDS

Millions 'could be saved'

ARL 23/11/99

(92)

JEANNE VIALL
STAFF REPORTER

Circumcision could save millions of men and their partners from becoming infected with HIV, reports *Lancet*, one of the world's top medical journals.

Researchers have put the relative risk of heterosexual HIV infection, the primary way AIDS is spread through out Africa and Asia, at two to eight times higher for uncircumcised men

But health professionals have been reluctant to provide the information and resources needed, say the authors

Several studies had shown an associ ation between uncircumcised men and HIV transmission, but training and resources for the procedure were lack ing in the countries hit hardest by AIDS, said Daniel Halperin, assistant professor of community health sys tems and medical anthropology, and Robert Bailey, professor of epidemiolo gy in the School of Public Health and of anthropology at the University of Illi nois in Chicago

"The evidence is so compelling now it shouldn't be ignored," said Dr Bailey "We have limited tools against the AIDS epidemic Circumcision could have a huge impact in many develop ing countries "

The authors said 32 studies from eight countries found a significant association between lack of male cir cumcision and HIV infection Recent findings from three additional coun tries reported similar results

In addition, dramatic discrepancies in regional HIV infection rates could be partially explained by circumcision practices In most West African coun tries, for example, where male circum cision was widespread, HIV prevalence levels were between 1% and 5%

This compared with infection rates of nearly 25% in many of the predomi nately non-circumcising east and southern African nations, and similar patterns in south and south-east Asia

South Africa had one of the most complex situations in the world, said Dr Halperin

The high HIV incidence in KwaZulu Natal bore out the findings because few Zulu men were circumcised Then fig ures in the Eastern Cape began rising

Dr Halperin believed that, while more research was needed this was because many urbanised Xhosa men were no longer circumcised, or it was done in the late teens when they may already have been infected

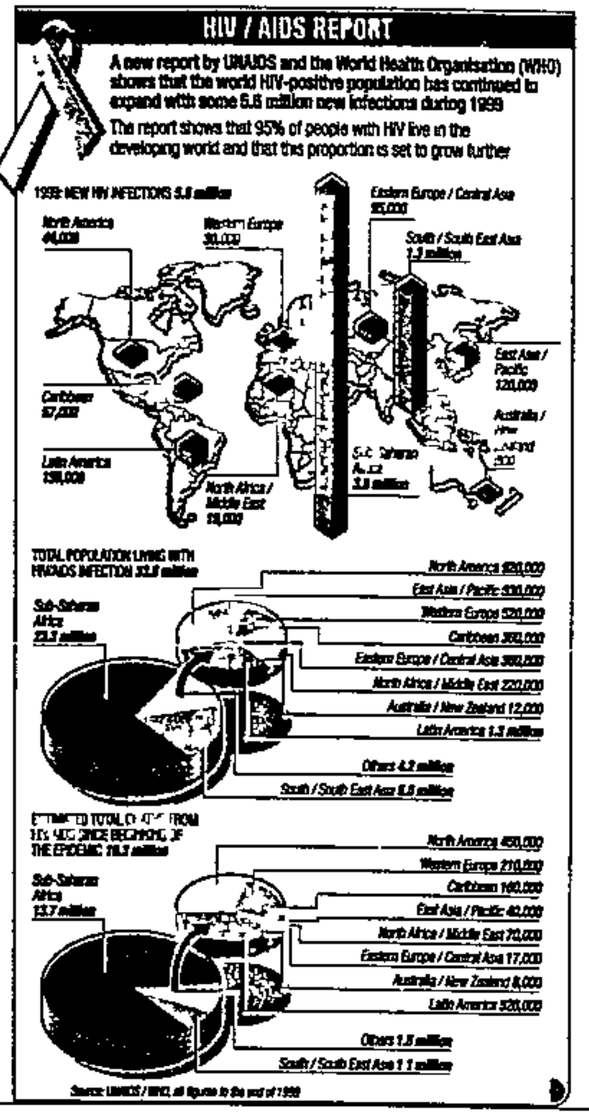
Also, many young men had sex soon after circumcision, before they were properly healed, and this made them more vulnerable to infection.

The increased risk of infection in uncircumcised men was attributable to the foreskin of the penis, which provid ed a vulnerable portal of entry to HIV and other pathogens The foreskin was susceptible to small scratches and tears during intercourse and contained a high density of Langerhans cells – the primary target cells for HIV

An intact foreskin also exposed a man to other sexually transmitted dis eases such as syphilis, herpes, and chancroid, which were known co-fac tors for HIV infection

Anecdotal evidence suggested that circumcision could lead to better pro tection against HIV through an increased use of condoms as well, said Dr Halperin Uncircumcised men seemed more likely to find condoms uncomfortable and prone to breakage, although further research was needed to substantiate these claims

■ The Cape Argus and BP will pub lish a chart on sex, you and Aids on December 1 to coincide with World Aids Day



Grim warning on AIDS epidemic

Latest report paints bleak picture of life-expectancy for SA victims

NRG 24/11/99

DI CAELERS
HEALTH WRITER

Fewer than half the total men, women and children alive today in South Africa will live to the age of 60 as Sub-Saharan Africa, home to 70% of the global total of HIV-positive people, continues to bear the brunt of HIV and AIDS

Of the 23,3 million people living with HIV/AIDS in Sub-Saharan Africa, most will die within the next 10 years, joining the 13,7-million lives already claimed by the epidemic – leaving behind shattered families and poor prospects for development.

This is the picture painted in the December 1999 AIDS Epidemic Update, released yesterday by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation, in advance of World AIDS Day next week.

It shows that AIDS deaths reached a record 2,6-million worldwide this year, and that new HIV infections continued unabated with an estimated 5,6-million adults and children testing HIV-positive

Life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 years in the early 1990s, is set to drop to just 45 between 2005 and 2010 because of AIDS

The report calls for African leaders to "massively expand" successful approaches to hindering the spread of the virus

"For some years it has been clear that Africa, especially south of the Sahara, is the area of the world worst affected by HIV and AIDS

"Infection levels are highest, access to care is lowest, and social and economic safety nets that might help families cope with the impact of the epidemic are badly frayed in part because of the epidemic itself," the report says.

Although the region is home to only 10% of the world's population, it carries the burden of almost 70% of people infected with HIV/AIDS

And as prevention efforts elsewhere in the world reduce the number of babies acquiring HIV, the African continent's lead in terms of child infections is more compelling than ever Latest estimates are that nearly 90% of the 500 000 children born with the virus or infected through breast feeding this year were living in Sub-Saharan Africa.

Worse still, 15 new studies of HIV prevalence in the general population conducted in various African countries suggest that antenatal estimates – anonymous blood screening that has previously been the basis of accepted HIV/AIDS statistics – tend to underestimate the real levels of HIV infection in women. The reason for this is that infected women progressively become less fertile – the longer they live with HIV, the less likely they are to fall pregnant.

New information also suggests that between 12 and 13 African women are currently infected for every 10 African men.

The report calls for "massive" national and international efforts to end the "stifling silence" that continues to surround HIV in many countries

The report reveals that the world's steepest HIV curve this year was recorded in the newly independent states of the former Soviet Union, where the proportion of the population living with HIV doubled between 1997 and 1999, fuelled mostly by unsafe injection of drugs.

In the larger region comprising these nations, as well as the remainder of Central and Eastern Europe, the number of HIV-infected people rose by more than one third this year alone to reach an estimated 360 000

In the Russian Federation, nearly half of all reported cases of HIV infection since the start of the epidemic were recorded in the first nine months of 1999

AIDS in 1999

NEW INFECTIONS AND DEATHS

People newly infected with HIV	5,6 million
Total AIDS deaths	2,6 million

TOTAL AIDS STATISTICS

World total number of people living with HIV/AIDS	33,6 million
Total number of AIDS deaths since the beginning of the epidemic	16,3 million

SUB-SAHARAN AFRICA STATISTICS

Total people living with HIV/AIDS	23,3 million
Infected women aged 15 to 49	12,2 million
Infected men aged 15 to 49	10,1 million

Eskom leads by example

DI CAELERS
HEALTH WRITER

The AIDS Update points to Eskom in South Africa, which this year saw some 5 000 staff members volunteer to be tested for HIV/AIDS, as an example of how large companies can, with careful preparation, conduct anonymous worker testings

Eskom, according to the report, worked with unions and employees for 18 months before carrying out the survey of HIV levels in its workforce

The company will apparently not publish the results of the study, but rather use them to plan better for its own training and recruitment needs.

The report said AIDS was hurting companies doing business in Africa, which were already bracing themselves for far worse as their workers sickened and died.

It said while it was inevitable that massive rises in deaths among young, economically-active adults would affect national economies, that effect was not easy to measure

Forward-thinking companies had to look beyond prevention to the inevitable dent the disease would make in their workforces and their bottom lines

11,2M ORPHANS

(92)

Gloom as Aids toll rises

CT 24/11/99

REUTER
LONDON

MORE than 2,6 million people died from Aids this year — the highest number since the epidemic began — and the death toll is set to rise, experts warned yesterday

UNAids, the UN agency charged with combating the spread of the deadly HIV virus, reported 5,6m new infections this year, bringing the global total to 33,6m.

"Aids has emerged as the single greatest threat to development in many countries, Peter Piot, executive director of UNAids said.

"The epidemic is far from over The crisis is actually growing.

"Since the beginning of the Aids epidemic in 1981 roughly 50m people have become infected in the world," he told a news conference to launch the agency's annual update of the disease.

East European and Central Asian regions had the steepest HIV curve in 1999, mainly due to intravenous drug use, according to the report produced with the World Health Organisation.

Sub-Saharan Africa, home to 10% of the world's population, has almost 70% of the world's HIV/Aids sufferers.

Almost 20 years after the epidemic first hit, the agency predicted worse was to come unless big efforts were made to end the stigma and complacency that surrounded Aids in many countries.

Almost half of all people with the disease were infected before they turned 25 Half would die before they reached 35

"This age factor makes Aids uniquely threatening to children."

By the end of 1999, the epidemic had left a total of 11,2 million Aids orphans, defined as those having lost their mother before reaching the age of 15

An estimated 570 000 children are HIV-positive and more than 90% of them were infected by their mothers at birth or through breast feeding.

In Africa girls are generally infected younger than boys. The infection is more easily transmitted from men to women.

For every 10 African men with the disease there are 12 infected women.

"Clearly, older men, who often coerce girls into sex or buy their favours with sugar-daddy gifts, are the main source of HIV for the teenage girls," the report said.

The virus is expected to reduce life expectancy in southern Africa from 59 in the early 1990s to just 45 between 2005 and 2010 — only slightly above the levels achieved in the 1950s.

"Life expectancy is going down dramatically as a result of Aids," Piot said.

Even in industrial countries where anti-retroviral drugs have extended the lives of sufferers, the report details a misplaced complacency among gay men.

Prevention is still the best policy

"The disease remains fatal and information from North America and Europe suggests the decline in number of deaths due to anti-retroviral therapy is tapering off," the report said.

Despite the success of powerful drug cocktails in reducing HIV to undetectable levels, studies confirmed what doctors had long suspected — that it will be difficult, if not impossible, to eradicate the virus in patients.

SAA for labour court over Aids test claim

CT (BR) 24/11/99 (92)

ADELE SHEVEL

Johannesburg – The Aids Law Project, a legal service for people discriminated against for being HIV positive would take South African Airways (SAA) to the labour court in May next year Mark Heywood, the head of the project, said yesterday

This was because the airline had conducted HIV tests on a prospective employee.

Pre-employment HIV testing contravenes the Labour Relations Act and Employment Equity Act passed in August this year

The prospective SAA employee had satisfied all criteria except the HIV test in his pursuit of employment as a cabin attendant, said Heywood speaking at the Healthcare Writers Forum

Madelain Roscher, the senior manager corporate communications at SAA said since the new equity law had been passed the airline had refrained from testing prospective employees

SAA has conducted HIV tests among other medical tests on prospective flight crews since 1987 Flight crew need to be 100 percent fit to serve our passengers and to serve on all our destinations ' said Roscher

'Certain routes require our employees to receive yellow fever inoculations and with this live virus being injected into their system it can have detrimental effects on HIV positive employees. This practice is not unique to SAA and is followed by many other airlines worldwide."

A similar case has been taken to the High Court on the basis that it contravenes constitutional rights But the SAA case will be the first labour court hearing revolving around pre-employment testing. "This is set to be ground breaking," said Heywood.

The treatment of HIV patients involved ethical and legal issues, said Heywood

"South Africa is one of the most protective legal environments for people with HIV any where in the world. The irony is that it is protective yet there are acts of lawlessness and abuse.

"Despite the legal environment, people are doing what they like in terms of experience."

Pre-employment HIV testing was widespread until the new employment act.

"Testing as a criterion for employment is unlawful," said Heywood.

The manner in which Aids testing was conducted was important, said Heywood If human rights were not respected HIV would be driven underground.

"Key public health strategies are held up by failure to address human rights issues," said Heywood.

Shock Aids figure for Gauteng govt employees

(92)

Sowetan 25/11/99

By Bhungani Mzolo
Health Reporter

AT LEAST eight percent of employees of the Gauteng government are already infected with the Aids virus, MEC for health Dr Gwen Ramokgopa told a media briefing yesterday

Speaking about World Aids Day, which takes place next Wednesday, Ramokgopa said her department had trained 600 people to undertake the eventual education of all provincial employees

"Our department's managers will be expected to facilitate expansion of this programme in 2000," she said

World Aids Day will focus on the youth with the theme "Listen, Learn and Live"

The campaign has two aims – to raise awareness about the need to listen to the concerns of children and other young people, and to strengthen HIV-Aids programmes among children and young people

She said while 10 action areas to meet this objective had been identified, "a crucial area is the participation of young people in decision making, development of policies and programmes, and programme implementation"

Ramokgopa said young people were a force for change "Their great enthusiasm, energy and ideas allow them to make a significant contribution to slowing down the HIV epidemic"

She said more than 5 000 volunteers would be involved in the distribution of condoms, information, stickers and posters

Targeted will be the youth, informal settlements, taxi and bus terminals and shopping malls

Ramokgopa said "In Gauteng, the response of the youth has been spectacular

Among the youth, the campaign to prevent Aids is taking on the character of a mass movement"

She said the need to focus on young people was demonstrated by the fact that one-third of the 33 million people living with HIV-Aids were young people aged between 15 and 24

A number of activities are planned throughout the province, including at Johannesburg Station, Joubert Park, Orlando Stadium, Pretoria Church Square and Dobsonville Stadium

People wanting more information regarding the activities should contact the department's spokeswoman Ms Jo-Anne Collinge on cellular number 082 574 5510

Ministry says 45% of local mineworkers are infected with HIV

(212) (BR) 25/11/99 (92)

FROM REUTERS

Johannesburg – About 45 percent of South African mine workers were infected with HIV the virus that causes Aids Susan Shabangu the deputy minerals and energy minister said yesterday

Launching an education programme targeted at reducing the rampant spread of HIV infection in the mining industry Shabangu said the problem in the mines was compounded by a high incidence of tuberculosis.

"Indications show that 45 per cent of South African mine workers are HIV positive she said

Shabangu who challenged mining firms to back the education initiative by setting up safe sex education plans at their mines said the epidemic was partly being driven by migrant labourers who in turn spread the virus to their countries when they returned home.

South Africa has the fastest growing HIV infection rate in sub-Saharan Africa with an estimated 1 600 new infections a day

The problem is worse in the mines where most workers live in single-sex hostels and the virus is spread easily through prostitution.

Janina Slawski of the Actuarial Society of South Africa's Aids committee told a recent mining seminar that the epidemic was threatening to kill up to 10 percent of the mining workforce a year.

South Africa is the world's leading miner of gold and platinum and a major producer of coal and base metals

The industry has suffered a wave of retrenchments in recent years but the mining industry still employs close to 500 000 people and is South Africa's biggest earner of foreign currency.

MAIL & GUARDIAN
November 26 to December 2 1999

M+G 26/11-6/12/99

Truth and lies about AZT

(92.)

With the Aids crisis at the forefront of health issues, **Aaron Nicodemus** *examines Minister of Health Manto Tshabalala-Msimang's stand on AZT*

At an Aids breakfast sponsored by the SABC last week Minister of Health Manto Tshabalala Msimang once again dismissed the anti retroviral drug AZT She said it is too expensive and that even with a significant discount provided by manufacturer Glaxo Wellcome providing the drug to the nearly four million HIV positive South Africans would break the health budget Based on all the evidence that statement rings true

However hardly anyone is asking the government to do that Slowing the disease s spread would be more realistic What about providing anti retroviral drugs to HIV positive pregnant mothers to cut down on the transmission of the disease to their children? Or to health workers infected by tainted needles? Or perhaps most controversially, to victims of rape?

The minister said: "There is not substantial data that AZT stops the transmission of HIV from mother to child There is too much conflicting data to make concrete policy

South African government officials might deem the data on AZT too conflicting to make a judgment but other governments have not Based on a landmark 1994 AZT study in the United States and a US sponsored study completed in Thailand in 1997 the US Center for Disease Control has a written policy of providing AZT to HIV positive mothers In the US women receive four weeks worth of anti retroviral drugs to cut down the possibility that the child will become infected

Providing anti retroviral drugs to HIV positive mothers has become standard treatment in Canada Britain and most western European countries. For 10 years, AZT has been registered with the Medicines Control Council in South Africa for the purpose of cutting down HIV transmission rates from mother to child

Peter Cooper head of paediatrics at Johannesburg hospital and the University of the Witwatersrand, said the minister s statement ' is complete nonsense He said that providing AZT to HIV positive mothers could cut in half the estimated 60 000 children born with HIV in South Africa every year

Anti AZT. Minister of Health Manto Tshabalala-Msimang

Cost and the logistics of distributing AZT are legitimate concerns he said but no one in international scientific communities is questioning the drug s effectiveness It s like believing the earth is flat," Cooper said.

The minister said. ' South Africa is the only country in the world who gives AZT to health workers for needle-stick injuries It's very doubtful that we're doing the right thing "

Not true The US Center for Disease Control s standard policy on treating needle stick injuries is a 28-day course of anti retroviral drugs of which AZT is currently the most prominent Britain s National Health Service made a similar recommendation earlier this year

The minister said As to rape victims I have engaged in a dialogue with Glaxo Wellcome, and checked all of their policy documents Nowhere does Glaxo Wellcome advocate using AZT to prevent the transmission of HIV to rape victims

The company s medical director for Sub Saharan Africa Dr Peter Moore, said the minister s statement is technically true There are no studies on rape victims and AZT because it is nearly impossible to conduct conventional drug trials with rape victims Despite that the US Center for Disease Control recommends that patients and their doctors consider using AZT for rape victims after weighing the risks and benefits for the individual patient The centre allows that there are legitimate arguments to be made on both sides But without clinical trials, the agency cannot make a definitive policy statement in these circumstances

The minister said. "The fact is that some of the mice [tested on with AZT] have contracted cancer It attacks bone marrow It is very toxic

Moore said AZT's toxicity has been well documented In the 28-day treatment of pregnant mothers and for needle-stick injuries, Moore said several studies have found no evidence of permanent side effects. Long term use of AZT does contain risks including cancer, anaemia and a reduced white blood cell count These side effects develop in about five percent of patients who use the drug for more than six months Moore said. "One has to look very carefully at the possible effects and benefits of any drug he said Why is AZT being singled out?"

Charlene Smith, a journalist who has been campaigning to have the government provide anti retroviral drugs to rape victims, said the answer is simple Stop giving AZT to the damn mice and start giving it to people."

The minister said. "AZT was never meant to treat HIV It was meant to treat cancer and, when it was discovered to be toxic, the drug companies stopped clinic trials of the drug because it was so toxic Is this drug really one we want to use? '

The minister's version of events leading to the development is misleading, Moore said AZT was developed as an anti cancer agent in the 1960, but it was not found to be effective. It was shelved When Aids came on the scene decades later, the drug was screened against the virus and found to be effective, he said. ' This is nothing new If AZT is not safe, why has it been allowed on the market in South Africa for 10 years?"

The minister said that 75% of HIV positive women do not transmit HIV to their children Only 25% of those children contract HIV, she said "Could you, with a clear conscience, introduce those toxic drugs to a woman and her child? I say no "

In other medical interventions, averting disease in 25% of patients is viewed as exceptionally good South Africa provides vaccinations for measles, for example, when less than 10% of children would ever contract the disease Less than 1% of children contract whooping cough, yet vaccinations are offered to all children in South Africa With any vaccination there is a chance of side effects

What doctors and patients should do is make a judgment call about whether the benefits of taking the drug outweigh the risks

On this score she is wrong," said Professor Salim Abdool Karim head of Aids research for the Medical Research Council Public health is based on the principle [of benefit versus risk] If she doesn t agree with that principle she might as well shut down the health department and go home."

Recent medical research contradicts the minister s statement Studies based in the US and France indicate that AZT can cut the transmission of HIV from mother to child by between 50% and 75%

The long term side effects in children have also been studied A US study conducted by researcher Mary Smith for the Nucleoside Safety Review Working Group was presented to the Montreal Mother to-Child HIV meeting in September of this year The study tracked 15 500 HIV negative children whose HIV positive mothers were given a four-week treatment of AZT Over the course of five years, the children were found to have contracted no adverse side effects, including cognitive function, hearing and overall health

Another study published in the *Journal of the American Medical Association* in January 1999, followed 332 infants for more-than five years The study also found no long term side effects associated with children whose mothers took AZT during pregnancy

The minister said: Until we are convinced that the drug AZT is safe, as a responsible government we will not move in that direction "

Researchers hospital administrators NGO directors and Aids counsellors are baffled at the government's, outright refusal to consider any anti retroviral therapies in the fight against Aids They can offer no explanation for the missionary zeal", with which now two health ministers, have condemned a therapy that is widely established internationally in the fight against Aids.

But let's assume for a moment that Tshabalala Msimang is right about AZT, that it is simply the worst and most dangerous possible drug for use in curbing the country's ballooning Aids epidemic AZT is merely one brand name in a field becoming populated by more choices What about a generic equivalent? What about the German drug Nevirapine, which has been found to be just as effective as AZT, less toxic and less expensive?

But the government has already weighed in on the new drug, expressing concerns about "resistance" What exactly is the government waiting for?

In discussing AZT, Tshabalala Msimang has mentioned that a vaccine for Aids is being developed in South Africa Karim, who is heading up that project said the vaccine, if proven successful is seven to 10 years away from being widely available Should the government not consider some other medical intervention for HIV during that intervening decade?

Or should it only wear Aids ribbons, provide condoms and stand aside as the world's fastest growing Aids epidemic continues to claim millions of victims?

Nearly half of mine staff HIV positive

STATISTICS indicate that 45 percent of the country's mineworkers are HIV positive, a situation further compounded by a high prevalence of tuberculosis among the miners, Deputy Minister of Minerals and Energy Susan Shabangu said this week.

Speaking at the launch of her department's Aids programme for mineworkers and their communities in Welkom on Wednesday, Shabangu warned that the country faced a labour crisis if the epidemic was not brought under control "We will experience a situation in which the productive population will not have the physical energy to perform its daily tasks," she said.

"The country could as a result stand to lose foreign investment." Sowetan 26/11/99

Her department will train Aids counsellors to educate mining communities in schools, clinics, and recreation centres The department's medical inspectors will encourage mine sex workers to practice safe sex – *Sapa*

(212) (92)

INSIDE MINING

CT (MR) 26/11/99

Aids takes its toll on Zambian copper belt

(360) (98)

The sun is less than two hours above the horizon in the Zambian copper belt town of Kitwe and people are already sheltering in the shade Among them is a group of three streetchildren sitting under a tree Two of them are Aids orphans

"Some Mondays you come in and no one has died Just this morning I came in and they told me two people had died over the weekend," says the underground manager of a Zambian copper mine

Others working on the same mine say the death rate from Aids is lower – fewer than 20 a year – but that it is still worryingly high

This week Susan Shabangu, our deputy minister of minerals and energy, warned that up to 45 percent of South African mineworkers could test HIV-positive

Officially, Zambia's general HIV infection rate is between 30 and 35 percent, not fundamentally different from South Africa's Yet, the increase in the infection rate is showing no signs of slowing in Zambia, even as the newspapers fill with the obituary notices of people who have not yet reached their 35th birthdays

JONATHAN ROSENTHAL

The picture painted in Zambia is a frightening glimpse into South Africa's most likely future, since Zambia is believed to be about five years ahead of South Africa in terms of the spread of the disease

And already it is beginning to hit the Zambian mining industry hard

Dr Hector Sensenta, the chief medical officer at the Nchanga South Mine hospital, says the mortality rate from "natural causes" – in general a euphemism for Aids-related deaths – runs at about 1,5 percent a year among the mine's employees

That means about 15 in every 1 000 Zambia mineworkers on the copper belt die every year from Aids-related illnesses

In any given month about three of those who die are Sensenta's patients In a different context, about one in a 1 000 South African gold miners dies every year from mine accidents

A cynical view holds that, humanitarian concerns aside, the impact of the disease on the pool of skilled labour will be muted in an era of downsizing and retrenchments But even this early on in the Zambian epidemic this view does not hold water

Sensenta, whose hospital admits about 50 Aids patients a month out of about 180 general admissions, argues that the epidemic takes its highest toll of victims from those who have money – in other words those who are better educated or more highly skilled

"The infections are prevalent among those who have been to college, who are earning money women go into relationships with these guys because they have money when the rest are very poor," Sen senta says

The financial manager of another copper belt mine says that when he recently interviewed people to hire a bookkeeper, two of his shortlist of three candidates were HIV-positive Although it is against the law in Zambia to discriminate against those with HIV, the HIV-negative candidate got the job Similarly, one out of two information technology specialists shortlisted for a position tested HIV-positive

"If you need 10 electricians you have to train 12 because two will have died by the time they are trained," says another manager on the mine

It may already be too late for South Africa to avoid the painful experience Zambia is going through, but it is not too late to act

Mines need to begin quantifying the cost of Aids to their operations and spending that money on slowing the spread of the disease

Spending money on Aids prevention now will save thousands in death benefits, downtime and training in five years' time

SA business 'dragging its heels on planning for effects of AIDS'

(92) ARG 29/11/99

HEALTH WRITER

Within five years about 20% of South Africa's workforce will be HIV-positive – but research shows business is still barely planning for the effects of the AIDS epidemic, or at best making token attempts to create awareness

This is the view of Kirshni Totaram, actuarial researcher with Metropolitan Life's AIDS Research Unit who was speaking at the launch of the Cape Metropolitan Council's AIDS clinical care manual.

The manual was prepared by Dr Beth Harley in collaboration with the Municipal Health Policy Working Group, the CMC's STD/HIV/AIDS Working Group, and the provincial administration's health department. It is intended to provide basic principles and guidelines to help primary health care workers in Cape Town deal with patients with HIV/AIDS.

Direct costs to business would be felt through escalating employee benefits and medical scheme costs.

The cost of an average set of benefits was expected to double for many schemes by 2005 and triple by 2010.

Ms Totaram said South African companies had largely ignored the indirect costs of AIDS too, which included:

- The increased cost of recruiting and training staff given the extra deaths and disabilities expected.
- Cost of additional sick and compassionate leave.
- Negative impact on staff morale.
- Costs of ensuring occupational health and safety standards were adequate.
- Loss of turnover and profits due to the impact of HIV/AIDS on clients.

"We estimate that indirect costs could add a further 10% to the remuneration budget of a typical manufacturing company by 2005 and 15% by 2010," she said.

Ms Totaram said a 1998 survey had shown that, with a few notable exceptions, business was either not planning for the epidemic at all or making only token attempts to create awareness around HIV/AIDS.

- On World AIDS Day on Wednesday Metropolitan Life will launch a new website which will be a comprehensive source of information about HIV/AIDS. Look for it at www.redribbon.co.za.

R20 000 AWARDED

CT 29/11/99

HIV patient 'teaches his doctor a lesson' (92)

JUDITH SOAL
HEALTH WRITER

IN the latest of a spate of legal actions brought by people who late HIV positive, a young Pretoria man has won R20 000 in an out-of-court settlement with his doctor.

The doctor still faces a disciplinary hearing, which has implications for all GPs who do HIV tests.

The man, known only as Ronnie, brought a civil case against the doctor after she tested him for HIV without telling him.

"She took my blood — she never mentioned it was for an Aids test," Ronnie said on the television programme, *Beat It*, yesterday. "Even when she got the result she didn't tell me."

When Ronnie received his account he noticed he had been charged for an HIV test. He phoned the doctor, who "strongly recommended" that he go for a test.

"She didn't counsel me, before or after. She didn't even ask me," he said.

"I went to court because I thought she must be taught a lesson. No other person should be tested without their permission. It is unacceptable and it is illegal."

Ronnie was suing for R100 000 but agreed to accept R20 000 in settlement of the civil case.

"I didn't want to settle — I wanted the case to go on," he said, "but my health is weak and I was worried I would not last until the end. It is not about the money, it is the principle."

Ronnie has also lodged a complaint against the doctor with the Health Professions Council of South Africa.

She is to appear before a disciplinary hearing before the end of the year and faces possible suspension. She may not be named until the public hearing begins.

Fatima Hassan of the Aids Law Project said testing a person for HIV without their consent violated civil law, the Constitution and the medical profession's code of conduct.

"It is an invasion of the person's right to bodily integrity and privacy," she said. "No doctor can do anything to a patient without the patient's informed consent."

A recent test case established that "informed consent" required thorough counselling before and after an HIV test.

"Yet we know that most GPs don't do proper counselling, even when the person knows they are being tested," said *Beat It* producer Jack Lewis.

"How many times do people go for testing for insurance reasons and not receive any counselling at all?"

In other cases involving discrimination against people with HIV, a man is suing Wimpy for unlawful dismissal, a Khayelitsha woman is to sue the Old Mutual for refusing to grant her medical aid benefits and SAA is being challenged over its policy of testing prospective employees for the virus that causes Aids.

Hassan said there were many more cases in the pipeline.

"In South Africa we are increasingly getting legislation that protects people from discrimination, but our practice hasn't kept up with this.

"The Aids Law Project is working on lots of similar cases that will come to court in the near future."

Hassan said high-profile cases helped to educate the public about their rights and professionals about their responsibilities.

"I don't think that the discrimination will ever stop, but (these cases) will make people think twice about what they do."

Fighting an uphill battle

(92) Sowetan 30/11/99

Despite numerous awareness campaigns, the world is still grappling with keeping HIV infections down with very little success. **Doug Alexander** explains why ...

LONDON – In Thailand, many prostitutes make customers wear condoms as part of the government's "100 percent condom policy"

In Zimbabwe, hard-hitting songs about Aids by local singer Oliver Mutukudzi are all the rage across the airwaves

And in countries where the music channel MTV is available, viewers can catch Brazilian football star Ronaldo telling viewers that "with HIV-Aids you play with your life Play hard, play well, but above all play safe!"

Despite such awareness and prevention campaigns, rates of HIV infection and Aids deaths continue to rise around the world

An estimated 5,6 million adults and children became infected with HIV in 1999 and Aids deaths reached a record 2,6 million, according to the latest figures from the United Nations Programme on HIV-Aids (UNAids)

The failure to stem the epidemic raises the question of whether the millions spent on prevention programmes are value for money

Some campaigns are misdirected "There's a focus of attention in urban centres, the easy-to-reach areas," says Eka Esu-Williams, president of the Society of Women and Aids in Africa

"When you go down to the grassroots, there's very little information getting out there"

Other programmes miss the target because they do not touch people's day-to-day lives She recalls watching condoms being handed out in a village by a man on a motorbike without any information to the villagers on what the condoms were for or how to use them

Campaigns designed by outsiders are particularly prone to failure

"They are not really part of the social fabric or people's day-to-day lives," Esu-Williams points out

"To do good Aids work, you have to get the people who are part of the community – who are dying or feeling the awful impact – to be part of what's going on

"It is important to have high-level political support, but it's also important to not overemphasise it"

"Official" messages often suffer from an unwillingness to address sexual topics directly She cites a Zimbabwe government official who referred to "the third method of prevention" after abstinence and marital fidelity, but "never actually called the condom by its name"

Another stigma – unwillingness to admit the extent of injecting drug use – is inhibiting progress in parts of Asia, even though many leaders now belatedly acknowledge the seriousness of the Aids problem

Shared needles have fuelled epidemics in Myanmar, Vietnam, Nepal, Malaysia, China and north-east India

Malvern Primary School pupils promoted Aids awareness in the community earlier in the month. People throughout the country are gearing up for World Aids Day tomorrow.

PHOTO LEN KUMALO

In some countries, campaigns have increased awareness of the threat of Aids, but people have not changed their behaviour

A seven-month safe-sex project in Nairobi in 1995, for example, involved 119 medical students

At the end of the programme, nearly 19 percent were still too embarrassed to discuss condoms with their partners

And although all knew about the dangers of HIV transmission, the percentage of students having sex with multiple partners jumped from 19 to 26

"It may be there's much knowledge but not much understanding of the implications of that knowledge," says Dr Olive Shisana of the World Health Organisation

Shisana calls for a review of prevention messages and greater participation of local people in prevention programmes

Europe and North America have seen the emergence of another problem hindering the message about HIV and Aids complacency A feeling that the threat has subsided has replaced the headline-grabbing spectre of Aids that scared a generation in the 1980s and early 90s

"In general in the West there is a perception that the Aids epidemic is over because we've got drugs," says UNAids executive director Dr Peter Piot, adding that such indifference could fuel a resurgence of Aids

However, he points to successes in Uganda and Senegal, where governments tackled the issue of HIV infection and Aids head-on and managed to push back the epidemic

"We have evidence (of success) on a smaller scale," Piot said "The challenge is to scale that up"

One reported success story is from Kenya where 2,4 million people viewed a film about Aids screened from a mobile van In a subsequent youth survey, the number of sexual partners among respondents showed a 50 to 75 percent drop between 1994 and 1996

Moreover, 41 percent of respondents had sex with only one partner in 1996, compared with 25 percent in 1994 The study concluded that the awareness campaign from this film had changed behaviour

The International HIV-Aids Alliance, an international group that focuses on community-based initiatives, also insists that prevention programmes work – in the right circumstances

"Where we've seen a serious investment, the right policy framework and a good balance of community-based programmes, prevention works," says executive director Jeffrey O'Malley

"But what we've seen in most of the world is a lack of investment, a lack of political leadership, poor policies and far too few community programmes"

He argues that rich countries need to boost aid by two to three times for Aids, which has already infected 50 million people and claimed 16 million lives "We're not talking about amounts that the international community cannot afford" – *Gemini News*

AZT and its new, cheaper rival (92)

ART 28/11/99

As the brouhaha about the AIDS drug dies down, LAURICE TAITZ takes a sober look at the pros and cons of using it

IN A speech to the National Council of Provinces last month, President Thabo Mbeki stunned health workers by describing AZT as "toxic" and "a danger to health" The speech led to a backlash with AIDS activists, researchers and scientists defending the drug s use, and reinforcing the perception that the battle against AIDS hinges on AZT

But the truth is that the drug is neither toxic, nor the miracle cure it is made out to be

Dr Des Martin, head of the Southern African HIV Clinicians Society — an association of doctors from the public and private sector involved in treating people with HIV/AIDS — says "It was the first drug used for HIV so there is a considerable body of evidence on it a lot of new anti-retroviral agents have been introduced since, but AZT is commonly used "

Dr Leon Regensberg, clinical co-ordinator of the Aids for AIDS benefit management programme administered by Medscheme, which has about 3 000 members, half of whom use AZT, says "AZT is not always a very pleasant drug to take. But it has side-effects in common with many drugs used to treat HIV "

He says "Our experience is that [fewer] than five percent of our patients experience serious toxicity Most tolerate it well I believe AZT is still an important component of long-term combination therapy But we are always looking at alternatives "

Regensberg says patients using the drug are carefully monitored "One has to tailor the drugs to the individual We use AZT cautiously and in much lower dosages than it was used in the past It may not be as prominent as it once was as new drugs are coming on to the market but it will be a long time before it disappears completely

"We don't hesitate to approve AZT for short-course mother-to-child transmission it is a very important component of our programme "

CONTROVERSIAL. AZT's usefulness in combating mother-to-child transmission of HIV/AIDS is defended by many

He says the debate about AZT has diverted attention from the real issue of preventing mother-to-child transmission of HIV and the promise shown by the drug Nevirapine.

This week Nevirapine's manufacturer, German-based company Boehringer Ingelheim, applied to the Medicines Control Council to register it for this use — the first application for this type of registration of the drug worldwide

In this critical area Nevirapine is threatening to eclipse the use of AZT For one thing it is cheaper, for another it is easier to administer

Results released earlier this year from a study by the US National Institutes of Health and UNAIDS found that just two doses of Nevirapine — one to the mother at the onset of labour and one to the baby, reduced the transmission of HIV to a level 50 percent lower than AZT

But most importantly, the risk of transmission can be cut to a level 50 percent lower than AZT for a paltry R24 By contrast, AZT would cost R300 per mother and child and is more complex to administer, with the drug having to be taken over a number of weeks

Following Mbeki's attack on AZT, Health Minister Dr Manto Tshabalala-Msimang said South Africa could not afford to give AZT to people with HIV and AIDS She said the administration of AZT to South Africa's four million people infected with HIV would cost "10 times the country's total health budget" But it is clear that not all those infected with HIV need or can use AZT

With no cure in sight, for now the government is pinning its hopes on another strategy — the development of an affordable AIDS vaccine

The South African AIDS Vaccine Initiative has full Cabinet backing and the promise of R100-million over three years It aims to produce a vaccine by 2005 — the year in which the epidemic is expected to peak in South Africa with at least one in four people infected

But until then there seem to be few alternatives

Mark Heywood, head of the AIDS Law Project at the Centre for Applied Legal Studies, says "Seventeen years into this epidemic and five years as a government, and there are still no standard treatment guidelines on HIV/AIDS The government says it can't afford anti-retroviral therapies, but what about treating all the illnesses associated with infection? It's a terrible omission that health workers have no guidelines on how to deal with common opportunistic infections "

Sharoni Ekambaram, Gauteng co-ordinator of the Treatment Action Campaign says "We are afraid this is a strategy by government to avoid implementing pilot programmes for preventing mother-to-child transmission "

She says "We were very shocked by the President's statement and subsequent statements by the minister of health as throughout our ongoing discussions with government they never raised this issue Instead they encouraged us to step up our campaign against the big drug companies to make them lower drug prices "

She says "As part of our World AIDS Day campaign we are going to focus on calling for AZT to prevent mother-to-child transmission "

December

1999

Politicking threat to W Cape AIDS fight

New NP's Marais and DP clash over new advisory group in health ministry

DI CAELERS
HEALTH WRITER

AIDS activists fear the fight against HIV/AIDS in the Western Cape could be set back as politicking between the Democratic and New National parties intensifies

They are afraid the work of the provincial inter ministerial committee on HIV/AIDS will be the loser in a dispute between the DP controlled provincial health ministry and the New NP's Peter Marais, who chairs the committee.

At the fourth meeting of the committee in Cape Town yesterday, Mr Marais and Shaheen Mehtar, adviser to provincial health minister Nick Koornhof clashed over a new ministerial advisory group in the health ministry.

The problems started yesterday when Dr Mehtar introduced the advisory group. She said they would like to link closely with the inter ministerial committee and invited a committee representative to join the group.

A clearly irritated Mr Marais retorted that 'if anyone should attend anyone's meeting you should attend ours not us attend yours". He said the committee was established in terms of a provincial cabinet resolution and while Mr Koornhof was entitled to have as many advisers as he pleased, "the health department is a delegate here, we are not a delegate to whatever the minister of health establishes'.

"We can't have a situation where different ministers establish their own advisory committees," he said.

Concerned AIDS activists said everyone had worked hard to make the committee an apolitical structure and that it had operated in that way until now.

Ashraf Grimwood, national chairman of the National AIDS Convention of South Africa, said. "I appeal to people to look at the big picture. It's a time of partnerships, not points scoring, and ultimately we have no time for this."

Mr Koornhof denied there was any political motive in setting up his own advisory group. The group was no challenge to the inter ministerial committee. he promised his full co operation and hoped to be an active member of the committee.

"I would never ever politicise AIDS. it is important that I be advised by a group of experts which way my policy must develop.

"With the HIV desk in my ministry we will now be in a position to make a better contribution at committee level," he said.

LEON LESTRADE

Lighting the way: a massive neon red ribbon on top of Tygerberg Hill aims to raise awareness in greater Cape Town of the AIDS epidemic. It will be lit for a week.

'No African Renaissance if virus goes unchecked'

DI CAELERS
HEALTH WRITER

If the AIDS epidemic is allowed to run its course South Africa will never experience the African Renaissance but rather a steady decline into abject poverty and hopeless misery.

This was the warning from Tygerberg mayor Clifford Sitonga at a ceremony last night to light up a massive neon red ribbon on top of Tygerberg hill, clearly visible from the N1 highway at night.

The switch-on ceremony marked the start of the City of Tygerberg's campaign to mark World AIDS Day today. The AIDS emblem will be lit every night until December 6.

Mr Sitonga said no-one could afford to ignore AIDS. "If the disease is left to run its course the result will be devastating for our country. We owe it to our youth and the many still-to-be-born South Africans, to make this beautiful country of ours AIDS-free."

Today he will visit the sisters of the Missionaries of Charity in Khayelitsha who care for people with HIV/AIDS and at lunch time lay a wreath at the Parow Memorial in memory of those who have died of AIDS.

AIDS Day DIARY

A number of events to mark World AIDS Day have been planned for today. They include:

- At noon, Barry Schwartz, of the Salvation Army and a marathon runner were to start a run at the Salvation Army community centre in Mitchell's Plain, finishing with a "big bash" at the Sea Point Pavilion at 6.30pm.
- Wola Nani was putting up 1 000 posters around Cape Town and wrapping the new wing of Parliament in a red ribbon until December 7. At noon, National Assembly speaker Frene Ginwala was to start the "unveiling" ceremony and "cut" the ribbon.
- The Cape Clothing Industry Health Care Fund was organising a human chain of workers at 1pm in front of Industria House, Victoria Road, Salt River.
- Working for Water was launching its HIV/AIDS awareness programme.
- A ceremony organised by the Langa health committee, the Treatment Action Campaign and Vukani AIDS and Youth Development Group was taking place at Langa Civic Centre at 5pm.

Dismay as pioneer medic resigns after 'very difficult time'

HEALTH WRITER

Saadiq Kariem, head of the Western Cape's AIDS programme, has effectively resigned and non-governmental organisations are appalled.

Dr Kariem has asked for a transfer to the Department of Community Health at the University of Cape Town/Groote Schuur Hospital, and from the end of January will no longer be involved with HIV/AIDS in the province.

Although Dr Kariem's letter requesting a transfer gives no clear reasons for his resignation – and he declined to discuss them – sources said he had long clashed with his superior chief director of health care in the province Fareed Abdullah.

Dr Kariem would say only that "it has been a very difficult time" and he would become an academic for the next three years at least.

It was Dr Kariem who mooted the idea of the inter ministerial committee on HIV/AIDS which has been hailed as a major step forward in fighting the battle against the epidemic in the province bringing local government ministers non governmental organisations and other roleplayers into the same room.

He has also driven the establishment of South Africa's only public sector funded mother to-child transmission programme which could serve as a model for other programmes here and in the rest of Africa.

Dr Kariem asked in his letter that he be allowed to continue co-ordinating the programme in Khayelitsha, but his request was refused. He would not elaborate on the reasons given.

Luann Hatane provincial manager of the National AIDS Convention of South Africa said Dr Kariem would leave a huge gap in the province's capacity to fight the epidemic.

She commended him on the relationships he had built with non government organisations. We are very concerned about why he is leaving," said Ms Hatane.

Keep staff informed with AIDS charts

Many employers have put their money where their mouths are by buying copies of today's Cape Argus with the AIDS chart to distribute to their staff.

They are Alplas Shutters, B&B Furniture Manufacturers, Blackheath Wood Mouldings, Cape Antique Industries, Consol Glass, Credin Bakery Supplies, Easipack, Food Can (Paarl), Furnwood Sales, Gilbeys James Children's Home, Kohler Carton and Print, Litho Savers Cape Meditec hemco, M-Net, Mondi Pak, Naledi Corrugated, Nampak Polyfoil, Packaging Materials Reeme SA Salesian Institute Sanlam Sonday's Bakery and Southern Life.

If you would like bulk copies of the chart at a discount price call our sales team on 488 4877.

Counting cost of not treating HIV

sowetan 1/12/99

(92)

By Mark Heywood

ON November 30 1998 African National Congress and Aids activist Simon Nkoli died of Aids Since then so have at least 100 000 other people in South Africa

Their names are not known But mothers and fathers, lovers and children who have lost loved ones in the prime of life remember them well

World Aids Day 1999 will attract more attention and activity in South Africa than ever before Government Ministers will hand out condoms at taxi ranks and businesses will let employees take part in activities A National Aids Council will be established Church bells will toll

But at the heart of all these activities something fundamental is still being ignored – the need of people with HIV Aids for access to effective treatment and care

Why?

In 1998 then Deputy President Thabo Mbeki said that people with Aids had a moral entitlement to mercy treatment He wrote that the cruel games of those who do not care should not be allowed to set the national agenda'

But despite these strong words very little has happened The Government has made a financial commitment to HIV vaccine research and questioned the profiteering of drug companies

But there are still no national guidelines on the treatment of HIV Aids and interventions – such as making available the drugs that can reduce the risk of mother to-child HIV transmission – have been delayed

Judging by Mbeki s recent statements, it would now appear that South Africa has given up the battle for affordable treatment Have we succumbed to the idea that people in poor countries must inevitably die of Aids?

If so this must not be allowed It is not true that South Africa cannot afford to offer treatment

According to a senior member of the Gauteng health department in 1998/99 Gauteng spent R500 million on caring for people with HIV Aids in the public health sector

This was not spending that was deliberately targeted at HIV-Aids care Instead, it was money spent on providing ineffective medicines caring for people hospitalised with HIV-Aids-related illnesses that could be prevented with treatment and tending to dying infants whose HIV infection could have been avoided

In years to come, this amount could increase dramatically

In reality, by not treating Aids the Government is not saving money In fact, it is legitimising the waste of scarce healthcare resources

The question that a government that is obliged to promote the constitutional values of equality, dignity and life should be asking is What is the cost of not treating and trying to manage HIV and Aids?

The cost of not treating HIV and Aids must not be measured only in the rands saved by refusing to buy drugs that are effective in managing some aspects of HIV infection (AZT Bactrim Fluconazole and Gancyclovir)

It must also be measured in the replacement of teachers in the declining productivity of the workforce and in the emasculation of the generation of youth upon whom the South African renaissance directly rests

Above all, the failure to implement a clear policy on treatment is a cost to effective HIV prevention

The Ministry of Health has created a divide between HIV prevention which it says it can afford and treatment, which it says it can't But this is a mistake – it leaves the immediate interests of 3,5 million South Africans out of the national Aids strategy

Most people do not know whether they have HIV and the perception that "there is nothing that can be done for people with Aids" is still a strong deterrent to voluntary HIV testing

On the other hand, providing reasonable treatment would be a strong incentive for people to find out their HIV status But the failure to undertake this task is not just the Government's responsibility

On the scale of culpability for the HIV-Aids holocaust, the morality of the pharmaceutical companies and their shareholders (in whose name much of their intransigence is justified) must be challenged

It is a fact that these enormously wealthy companies are withholding essential drugs

Admittedly, the price of drugs is not the only barrier to providing treatment But if prices were lower, the Government would be robbed of excuses to continue to refuse treatment

Lower prices would also allow public expenditure to be directed at improving other essential parts of the health infrastructure

In rich countries drugs have brought life back to people with HIV Last year there was a 48 percent drop in Aids related deaths in the United States By contrast in poor countries drug companies have become gatekeepers to life for millions of people who are trapped in their defence of profits

The Government has been criticised for passing legislation that 'contemplates 'compulsory licensing" of some of these drugs to make them affordable

But, the Government's actions are justified Imagine how governments would respond in a war if arms manufacturers priced guns at unaffordable prices.

Aids is an emergency that threatens life on a scale not matched by even the worst wars of the twentieth century Recently, a senior employee of the US Centre for Disease Control warned that "Aids would have as serious an effect on development in Africa as slavery"

Why is this happening? This question will puzzle historians 50 years from now And, just as those who were in power 50 years ago permitted the holocaust and then conveniently forgot what they allowed to happen, so too will those in power now try to seek excuses for their inaction

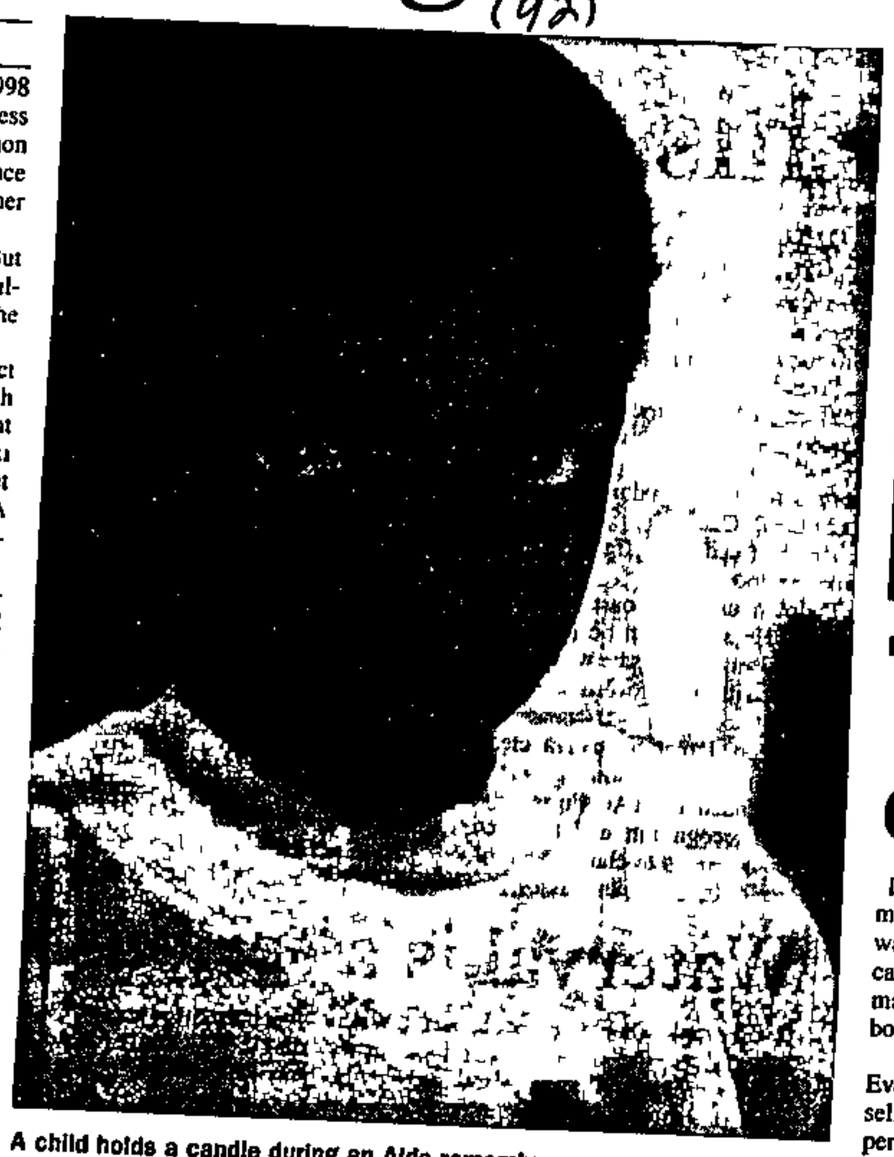
The truth is that Aids has become the most acute reflection of the late twentieth century gulf between rich and poor For people with money and power, the recent breakthroughs in treating Aids have been an enormous relief

They can now view their own risk with the knowledge that should they ever be infected, they can buy treatment and life

Tragically, this seems to have removed any personal sense of urgency to resolving issues of treatment for the poor

The Government, with a fresh mandate to tackle poverty and inequality, should reverse this trend Now is the time

(The writer is the head of the Aids Law Project based at Wits University)



A child holds a candle during an Aids remembrance event in Johannesburg earlier in the year World Aids Day today will attract more attention in South Africa than ever before

PHOTO MAKGOTSO GULUBE

focus ON HIV/AIDS

Jeannette Ramtomono some people wear a mask and don't take Aids seriously

PHOTO GISELE WULFSOHN/BEYOND AWARENESS CAMPAIGN

Telling it all ended my anger

Jeannette Ratonono disclosed her HIV-positive status on World Aids Day in 1995 Susan Fox spoke to her four years later .

I THINK it was the anger that made me go public I grew up in a family that was strict about boyfriends When I came to Welkom, I started having many friends and got involved with a boy

'He was the only one I slept with Even if you say you will protect yourself you don't know what kind of person you are in love with

"I was crying a lot then because he was my first boyfriend I was so angry at lots of things Then I started thinking, why should I hide it because I didn't do anything wrong!

"I didn't sleep around with many boys I only had one partner Why should I hide it? It's something you can't shake It just happened so I had to speak out

'After I found out I was HIV positive I said to myself If I can get HIV with one boyfriend what happens to girls who have two or three? I have a younger sister and I had to do something to protect her

When I disclosed (my status), it was six months after I found out I was HIV positive I was invited to speak to people at a World Aids Day event.

"When they invited me, I didn't feel well and was depressed I said 'No ways, how can I speak to people? How am I going to live my life after that?' I finally said I would think about it About two days ahead of time, I told them 'Yes, I want to come out.'

"It was the day of a huge campaign in Welkom There were about 700 people There was the Minister of Health, the Minister of Education and ministers of many different churches. I felt important, because all the people were listening to me – even the ministers

"I was nervous at first but as time went on I wasn't nervous I was crying because I wasn't really sure whether the people would accept me I had some friends there and I didn't know if, by doing this, they would still accept me afterwards

'I was hoping that by speaking I would get rid of my anger And it worked After I heard I had HIV, I think I overloaded on stress I didn't speak out for six months, so something in me was relieved to speak

"After I spoke to the audience, I felt great I know they listened to me because after I spoke they asked questions

"In 1995 Aids was not really something people accepted When they saw me they wanted to see someone with Aids So when I spoke to them they were surprised.

'It was the first time people in Welkom saw someone with HIV Some believed it and some didn't when I told them

"At the time I spoke, I was having skin problems They saw I had skin problems and was a little thinner so it was easy for them to believe

"Then, when I started to get better and got rid of the skin problems, they said How can you be HIV positive anymore?'

Other people responded well They wanted to hug me and tell me things would be OK After I spoke to them I started to gain weight and relax All the questions I was asking myself – the answers were there

I had been asking myself why God chose me because I was working for Him as a Sunday school teacher There is a Bible passage that says sex without marriage is a sin

"As a teacher I knew that but I didn't take it seriously After I became sick I started to ask 'Why didn't I listen to the Scriptures or take some measures to prevent it?'

"There have been some negative responses At church the minister threw me out when he heard I was HIV positive Other churches were accepting

"It was hard when people didn't accept me I wanted to speak to them but they didn't want to listen Even some of my friends rejected me

"If people don't accept you, how can you accept yourself? I have learned to accept myself first and now my friends have started being my friends again

"I want people to take me as any body else If somebody invites me somewhere I don t want them to feel sorry for me I want them to take me as they do anyone else, not as somebody with HIV or Aids

"Speaking up about HIV was important for me because some of my friends are dying They committed suicide just because their relatives didn't show support

'Some people are wearing a mask because they don t want to see the truth Sometimes I feel angry because people don t take Aids seriously They say the Government has sent me to come out and lie to them and that's not true We're coming out for the sake of them."

Up to third of youth may die of Aids (92)

By Bhungani Mzolo
Health Reporter

SHOULD South Africa develop a vaccine against HIV-Aids by 2005 at least six million people will already have been infected with the deadly virus Aids experts have said.

In addition, an estimated one million children will have been orphaned as a result of their parents dying of Aids or related diseases

Dr Walter Prozensky, head of the South African Aids Vaccine Initiative, which is under the Medical Research Council, said that with the development of a vaccine they hoped to prevent every person from being infected.

"We hope to produce a vaccine that is inexpensive so that everybody will be able to afford it," Prozensky said The vaccine initiative has been funded by the Government in partnership with the private sector

He said five candidate (trial) vaccines were being developed in South Africa and another was being developed in collaboration with the University of North Carolina and Alphavax in the United States

It is anticipated that at least the latter candidate vaccine will enter the phase one clinical trial in KwaZulu-Natal before the end of October next year Prozensky said

This phase involves testing the vaccine on selected people to see whether it is safe and effecive

However, Aids experts predict that by next year more than four million South Africans will already be infected and project that this figure could reach 6,5 million by 2005

About 20 percent of the total population is believed to be infected with HIV while in KwaZulu-Natal it is estimated to be 30 percent. The Chamber of Mines recently said that about 40 percent of their workforce had the Aids virus.

The 1998 HIV infection rate for mothers attending ante-natal clinics in each province were Mpumalanga 30 percent, KwaZulu-Natal 32.2 percent, Gauteng 22,5 percent, Eastern Cape 15 9 percent, Northern Cape 9 9 percent Western Cape 5 2 percent, Northern Province 11,5 percent Free State 22,8 percent, and North West 21 3 percent.

The Gauteng health department warned earlier this year that there were communities that would lose 25 to 30 percent of their young people in the next 15 years

DP proposes AIDS body

Stephané Bothma (92)

PRETORIA — Responsibility for HIV/AIDS should be taken from the health department and put in the hands of an independent commission Democratic Party (DP) leader Tony Leon said yesterday

Citing the Sarafina II and Virodene blunders Leon accused government of having been lured by the notion of a "quick fix" Only a national commission empowered to drive an anti-AIDS campaign with vigour and resources would succeed

Launching the DP's new AIDS policy at the Pelonomi Hospital outside Bloemfontein Leon said government should also guarantee treatment to pregnant women infected with HIV/AIDS and to rape victims

Leon offered to assist government by entering negotiations with major drug companies to ensure that, "in a sensible and lawful" manner the cost of the most effective drugs, namely AZT and Nevirapine, be reduced.

He said the resources of the 660 nongovernmental organisations (NGOs) should be mobilised to focus on three crucial elements — eradication of discrimination against people with AIDS patient care and prevention.

According to DP health spokesman Mike Ellis the commission should focus on increasing knowledge about infection rates and on giving more resources to NGOs

BD 1/12/99

CAPE TIMES
★ WEDNESDAY, DECEMBER 1, 1999

Internal fighting mars Aids work in the Cape

(92) CT 1/12/99

JUDITH SOAL
HEALTH WRITER

IF you're wondering why, after all these years and all those millions of rands, South Africa has the fastest growing HIV epidemic in the world, yesterday's events in the provincial Aids committee may contain some clues.

Add to that the recent resignation of the head of the Western Cape Aids programme and you're probably starting to understand.

There are over 3,5m people living with HIV in South Africa — a number that grows every day — yet yesterday's Western Cape Provincial Inter-Ministerial Committee concentrated on discussing which particular Aids committee was the most important.

If they hadn't been talking about Aids it might have been funny

In the one corner was the Inter-Ministerial Committee (IMC), chaired by former Health MEC Peter Marais of the NNP In the other, the new Minister's Advisory Group on Aids (MAG), established this week by current Health MEC Nick Koomhoff of the DP

The tension started when Koomhoff's new Aids adviser, Shaheen Mehtar, told the IMC about the MAG

"This committee will look at operational issues and monitor whether or not policies are working," Mehtar said.

"But that is exactly what this committee does," snapped Marais.

"Not quite," countered Mehtar "The function will be different, I think you should watch this space"

"I will be watching it very carefully," replied Marais slowly

Marais, now head of Social Services in the province, elected to remain as head of the IMC even though he was no longer head of health. Koomhoff didn't oppose this publicly, but insiders say he feels he should chair the committee. The Marais camp believes Koomhoff's decision to form the MAG is an attempt — to undermine the IMC.

It didn't help when Mehtar invited the IMC to send a representative to the MAG

"Let me just get one thing straight," said Marais. "This committee was established by order of the cabinet. Yours was just set up by the decision of a minister If anybody is to attend anybody's meetings you attend ours, we don't attend yours."

Marais said Koomhoff, who was not at the IMC meeting, was entitled to establish whatever committee he pleased. "But when he comes to these meetings he comes like any other minister"

He said he intended having a "fireside chat" with Koomhoff.

The pair seemed to have forgotten they are partners in the alliance that governs the province.

After the meeting, which spent more time outlining questions that need to be answered, changes that needed to be made and policies that needed to be developed than seems proper for a country that has lived with the virus for so long, the resignation of the province's top Aids official was confirmed.

"Yes, I am leaving," said Saadiq Kariem, who has been responsible for all Aids work in the Western Cape, including the programme to provide AZT to pregnant women in Khayelitsha.

"I don't want to say much more but I am moving to UCT"

Sources said the health department was losing one of its most effective Aids workers because of "personal differences" within the department.

In the meantime, 1 600 people contract the virus that causes Aids every day

Call for affordable HIV drugs

JOHANNESBURG The HIV and Aids Treatment Action Campaign and the Pharmaceutical Manufacturers' Association have asked the government to help make drugs for fighting HIV and Aids more affordable

Speaking at the associations's offices in Midrand yesterday, action campaign spokesperson Zackie Achmat said that although the government had access to the world's cheapest medicines, it had not tendered for more affordable drugs.

At least two types of medicine that are at present unaffordable to most Aids patients could be imported from Thailand and India for a third of the cost of medicines provided by the government and were guaranteed to be as effective, according to the World Health Organisation, Achmat said.

The chief executive of the association, Mirryena Deeb, said the government's support was "sorely lacking" in finding affordable drugs.

However, the focus on prices was not the only issue that needed to be dealt with and society needed to take responsibility through a national government-led programme that included the public and private sectors.

Members of the public placed flowers and crosses bearing the names of people who had died of Aids outside the association's building — Sapa

MAIL & GUARDIAN
December 3 to 9 1999

Clinton gives in on Aids drugs for 'poor' countries

MTG 3-9/12/99 92

Aaron Nicodemus

The United States has done an about-face this week on the issue of intellectual property rights for Aids drugs, a development welcomed by Aids activists and researchers

On World Aids Day, President Bill Clinton announced that the US will develop a co-operative approach on health-related intellectual property matters in order for "poor" countries to gain access to affordable medicines

The announcement means that the anti-retroviral drug AZT, which has been found to reduce mother-to-child transmission of HIV by 50%, could become widely available in countries devastated by the Aids epidemic

The announcement is a dramatic turnaround from the US government's position on the issue only six months ago Earlier this year, Vice-President and presidential candidate Al Gore was caught out by Aids activists for lobbying on behalf of the US pharmaceutical industry Gore was part of the team that was pressing South Africa not to allow "parallel exports" of generic drugs At the time, the US was attempting to protect its powerful pharmaceutical industry, which views generic drugs as a threat to profits

Clinton said in his announcement "the US trade law related to intellectual property [should] remain sufficiently flexible to respond to legitimate public health crises" He called upon the US trading partners to join his effort "to improve access to medical treatment" The announcement specifically mentioned HIV-related treatments

Morna Cornell, director of the Aids Consortium and leading local activist against the previous US position, called the change of heart "a step in the right direction" She noted that local and international activism on the issue made the US government's stance untenable

"It shows the power of popular opinion and people making their voices heard," she said "It also is a sign to the American government that there are issues more important than profit "

A leading Aids researcher was less sure that the victory would translate into tangible benefits for South Africa "The US is very strict about intellectual property rights, be it McDonald's or a drug like AZT," said Salim Abdool Karim, head of the Aids vaccine research for the Medical Research Council

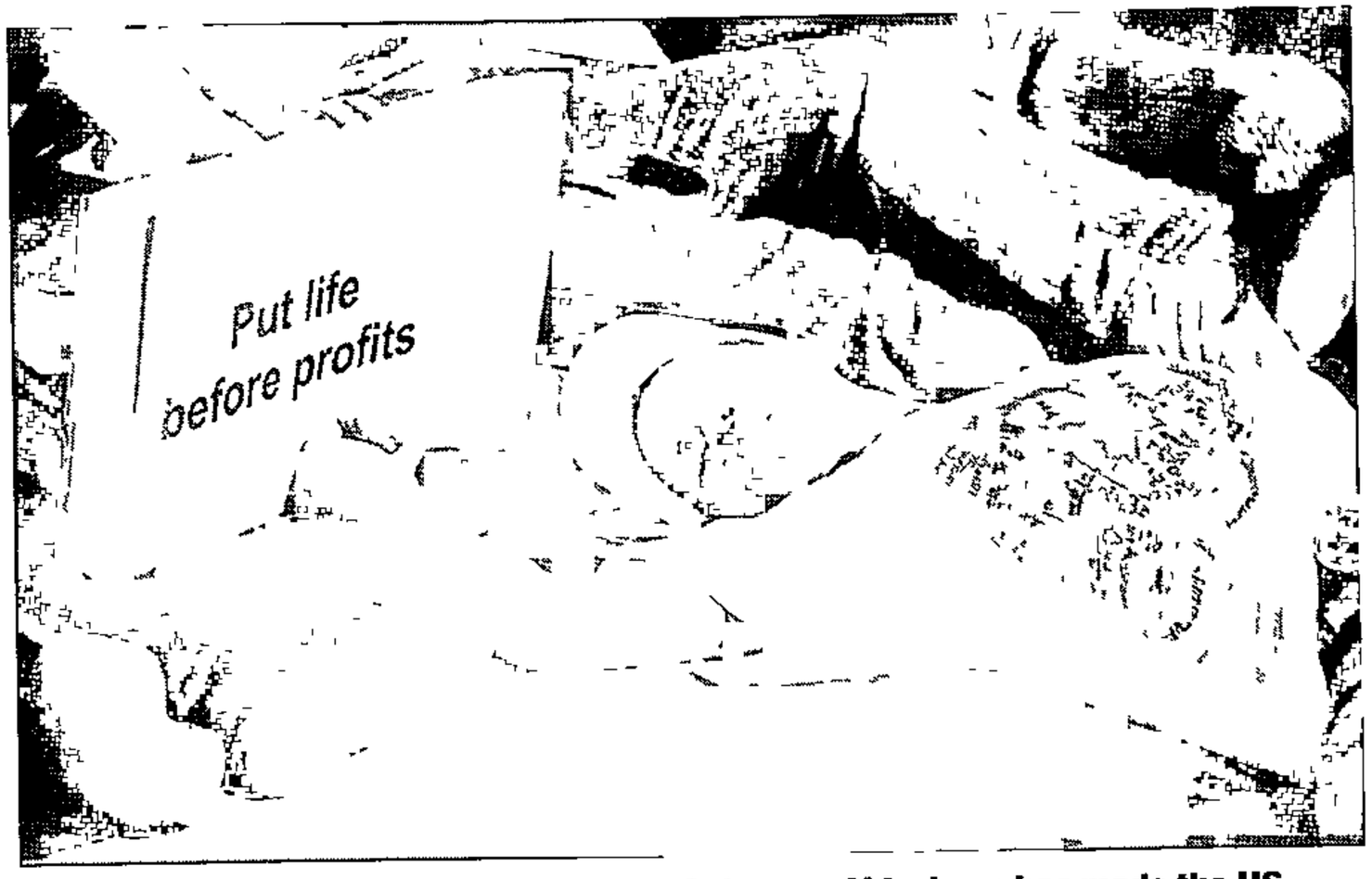
"Will it mean that South Africa will be allowed to manufacture a generic equivalent of AZT, or at least import generic drugs from other countries? I really can't see it allowing us to bypass Glaxo-Wellcome's patent on AZT"

The latest estimate to provide AZT to every HIV-positive person in South Africa, even with Glaxo-Wellcome's offer of a 70% cost reduction, is R80-million a year. Abdool Karim said "generic equivalents could reduce that cost significantly"

Glaxo-Wellcome's medical director for sub-Saharan Africa, Dr Peter Moore, was cautious in his assessment of the announcement. "If there is a co-operative agreement that provides less expensive drugs while also respecting companies' intellectual property rights, we welcome it."

Moore said Glaxo Wellcome would want to be sure its "rights are guaranteed" under any new agreement on intellectual property rights

'I am HIV-positive', PAGE 42



Making an impact: Activism on the issue of cheaper Aids drugs has made the US government's previous stance untenable. PHOTOGRAPH: NADINE HUTTON

Cost of AZT

not really that high

(92) sowetan 3/12/99

A three-year-old boy with full-blown Aids sits in his cot at a home for Aids orphans. There is renewed debate in South Africa on providing the drug AZT to pregnant mothers in an effort to prevent the spread of HIV to unborn babies

PHOTO: REUTERS

By Judith Streak

In 1998 the national and provincial departments of health in conjunction with the Medical Research Council undertook the ninth annual HIV survey of South Africa's pregnant women

To gather data, every pregnant woman visiting selected public clinics for their first antenatal checkup between October 1 and October 30 1998 was tested for HIV. According to the results the national prevalence rate of HIV among pregnant women was 22.8 percent

The number of births in South Africa is estimated at one million a year

If we use this as a proxy for the number of pregnant women and the estimated HIV infection rate among women is 22,8 percent, this means there are 228 000 HIV-infected pregnant women in South Africa.

The transmission of HIV from mother to infant is about 40 to 50 percent in sub-Saharan Africa and 30 percent in South Africa. This means that without treatment, the number of babies being born HIV positive in South Africa is at least 68 400

According to Dr Peter Cooper head of paediatrics at the Johannesburg Hospital providing AZT to HIV-positive mothers could cut this figure in half Other medical studies suggest that AZT can reduce the transmission from mother to child by 75 percent.

Children born with HIV do not usually live longer than seven years During their short lives they often suffer from lack of access to effective healthcare services and have poor health in general

Humanitarian considerations seem to dictate that if an antiretroviral drug like AZT is so effective in reducing mother to child transmission of HIV Government should provide it

The Department of Health's decision not to provide AZT to pregnant women appears to rest on three separate arguments

The first is that AZT is not effective in reducing the transmission of HIV from mother to child. This argument has been challenged on the basis of international evidence on the performance of the drug

The second argument is that the drug has many side effects, including cancer Whether AZT has serious side effects for mother or child, has been questioned by medical experts All medical interventions involve risk the question is the size of that risk relative to the potential benefit of the intervention

It seems, therefore, that the primary factor behind Government's decision not to provide AZT to pregnant women is argument three that a government-administered and financed AZT programme for pregnant women is just too expensive

What would be the cost of giving HIV-infected pregnant women AZT? Research estimates that the cost of giving a woman a course of AZT during the last four weeks of pregnancy plus administering the drug during childbirth is between R230 and R459

These estimates are based on a course of 168 tablets in the four weeks prior to labour and nine tablets taken during labour The cost of one tablet varies enormously from R1 30 to R2,60

Using these estimates it would cost the Government between R50 million and R100 million to provide our estimated 228 000 HIV infected pregnant women with AZT to reduce the number of babies being born with the virus

The 1999 intergovernmental fiscal review estimates the combined health budget for all provinces to be R22 878 million for the year 1998-99 At first sight it does not appear that giving pregnant women and their unborn children AZT is ruled out by budget implications

To be exact if one takes the estimated price of one AZT tablet as R2 60 and the number of HIV-infected pregnant women as 228 000 the total cost of the intervention works out to be slightly less than one percent of the combined provincial health budgets for 1998 99

Why then has the Department of Health highlighted the cost implications of administering AZT to pregnant women? This could be because one should not focus only on the price of the drug when working out the cost implications of such a programme

HIV positive pregnant women have to be identified One therefore needs to factor in the cost of HIV testing when working out the budget implications of a programme involving government provision of AZT to pregnant women

The costs associated with an education and information programme aimed at encouraging voluntary testing and counselling for those who are found to be HIV positive would also need to be added in

The department's position may be based on the fact that these costs are very large compared to the cost of between R230 and R459 for the course of AZT What are the costs of the other interventions needed to launch a programme involving the use of a drug such as AZT to dramatically reduce the number of babies being born HIV positive? An answer to this question is needed before we can make an informed choice about whether South Africa can afford to use AZT to reduce mother to child transmission of HIV

An additional factor we need to consider is the cost of an AZT programme (or of a programme involving a similar yet cheaper drug if it becomes available) relative to the cost associated with providing health and other services to babies born with the HIV virus

According to some researchers, the costs associated with the preventative programme involving provision of AZT may be lower than those associated with looking after the large number of HIV positive babies and young children who would need assistance in the absence of the preventative programme

A more detailed breakdown of the costing involved in the Department of Health's decision on the administration of AZT to pregnant women is needed to inform the debate over cost effective public action that can be used to contain the impact of the HIV-Aids epidemic.

(The writer works for the Budget Information Service of the Institute for Democracy in South Africa in Cape Town.)

'Good' and bad news on AIDS in SA

ST 5/12/99 (92)

THE bad news is that South Africa has been judged to be at the epicentre of the world's AIDS explosion writes BONNY SCHOONAKKER from London.

However at an international conference held in London this week, South African strategies for fighting the disease won the admiration and respect of the world s leading anti-AIDS campaigners

With countries such as China still banning condom advertisements and European and other Asian nations showing signs of complacency, South Africa has won recognition for its attempts to come to grips with one of mankind s most destructive scourges

"South Africa has taken the lead in AIDS-awareness programmes and its programmes have been among the most effective in the world," delegates to the annual conference of the Global Business Council on HIV AIDS were told

At an earlier briefing, Peter Piot, the executive director of Unaids the United Nations and World Health Organisation s joint AIDS programme singled out the high standard of the programmes run by both the government and private sector

The council, under the patronage of former President Nelson Mandela, was established in October 1997 to promote the greater involvement of employers and businesses from around the world in the fight against AIDS Each year it holds a conference to coincide with World AIDS Day on December 1

At its annual conference the council confers awards in recognition of private-sector efforts made to combat the disease. This year, it went one step further by making Eskom a member of the council in recognition of its long-running AIDS-awareness programmes which began in 1989

Standard Chartered Bank, one of the largest in Southern Africa was similarly honoured

The total cost of Eskom s AIDS strategies were not stated at the council s awards ceremony, but figures quoted included $750 000 (about R4 5-million) spent each year on preventive and care programmes for employees and their families $5-million (about R30-million) invested in vaccine development, and $99 500 (about R600 000) donated by the Eskom Foundation to hospices children s homes, youth educational programmes AIDS trusts and non-governmental organisations

Anglo Coal a division of Anglo American was one of five companies honoured with an award from the council for its AIDS-awareness work. Singled out were its work in developing community strategies at its nine collieries and for its participation in Eskom s Kriel project, which targets "sex workers" and their clients

Anglo Coal estimates that shifts lost to AIDS-related illnesses have doubled in six years and that the disease will cost the company R156-million this year

Despite such successes in South Africa, the Unaids annual report for 1999 painted a depressing picture of AIDS's progress through Africa, where it has overtaken malaria as the leading cause of sickness and death

More than 11 million people have died from AIDS in Africa, where another 22 million are estimated to carry the disease — two-thirds of all the world's cases

In addition to the loss of human lives, the continent is also predicted by the council to lose 25 percent of its gross domestic product over the next five years to the disease s ravages

Such forecasts are made on the basis of figures including a 61 percent decline in Zimbabwe s rural maize production, a 15-fold increase in absenteeism due to funerals at Zambia s largest cement manufacturer; a 50 percent increase in death and funeral benefits claimed from its insurers by "a major South African retail chain", and a six-fold increase in AIDS-related mortality at a Malawian tea estate from 1991 to 1995

Faced with such devastation, AIDS-awareness programmes such as those being pioneered by Eskom and Anglo Coal may seem too little too late, but in the absence of an effective vaccine and given the high cost of drug therapies, it's the only hope Africa has got

Doctor to face disciplinary committee today

THE East London doctor who opposed former Health Minister Nkosazana Dlamini-Zuma's decision not to provide the anti-AIDS drug AZT to pregnant women will face a disciplinary hearing in King William's Town today

Costa Gazi, the head of public health at the Cecilia Makiwane Hospital in Mdantsane, is facing several charges for criticising Dlamini-Zuma in the media

Five charges and six alternative charges have been laid against Gazi in terms of the Public Service Act, including those of misconduct and bringing the health department into disrepute

In April, Gazi said Dlamini-Zuma should be charged with manslaughter for refusing to give AZT to pregnant women

He disagreed with Zuma's decision and accused her of condemning to death thousands of people infected with HIV

Gazi confirmed yesterday that he would appear before a disciplinary committee of the health department at the Zwelitsha Magistrate's Court in King William's Town —Sapa

(92) BD 7/12/99

'SA is losing Aids war'

Sowetan 7/12/99 (92)

By Charity Bhengu

THE health systems of South Africa have been compromised to the point of not being able to cope with the casualties of HIV-Aids, Professor Robert Shell of Rhodes University said at the Third African Population conference yesterday

Held at the International Convention Centre in Durban, the five-day conference – hosted by Minister of Welfare and Population Development Dr Zola Skweyiya – was attended by 1 500 high profile local and international scholars

The conference serves as a scientific forum to discuss the challenges facing the population of Africa as we enter the 21st century

Shell, of the population research unit at Rhodes University, delivered a paper which explores the speed of the spread of the HIV-Aids pandemic in the country

"The pandemic has caught the new South African state unawares as the state was justifiably preoccupied with the successful transition to full democracy in 1994," said Shell

He said by 2009 about six million South Africans will have died of Aids

"And if the HIV-Aids pandemic was war, South Africa would have to consider surrender," he said

He said there was no way South Africa could fight the pandemic if it does not understand why and how it spread.

A war we can win, but lose miserably

(92) CT 8/12/99

CLEM SUNTER

THE HIV virus versus humans It's a deadly war Far worse than the one being waged against the millennium bug

Whereas the latter may cause some minor inconveniences in the economy, the HIV bug kills men, women and children indiscriminately It takes no prisoners

South Africa already has four million "casualties" out of a total population of 40 million Most of the four million are still perfectly healthy (but infectious) The number of sick and the dying will only mount in the next century as people convert from HIV to full-blown Aids

Certainly, when walking the streets, you don't get the impression that we are at war But that's precisely why HIV is such a deadly adversary. Stealthily and slowly, it is insinuating its way into fresh bodies, while we all have our guards down

Imagine if we had a human enemy threatening to kill 10% of our population what precautions we'd take — a resurrection of the citizen force and the procurement of new tanks, artillery and aircraft. But how do you mobilise the nation against an invisible bug which leaves you healthy for a reasonable time, particularly when people value tomorrow so much less than they value today?

We still have members of the medical fraternity arguing that the enemy (HIV) doesn't exist Aids, they claim, is caused by malnutrition, trauma and generally bad living conditions which weaken the body's defence mechanisms in Third World countries

I just don't buy this theory because too many experts take a contrary view and I just feel that something sinister and different is stalking the world

Every time a new weapon in the form of a new drug is added to the armoury, our hopes rise and are then dashed, either as the new drug is exposed as a sham or as HIV builds up a resistance against it

Even drugs which have been around a long time have been the subject of controversy as to their effectiveness and cost One thing is sure We cannot wait around for a cheap cure or vaccine because, unlike the US cavalry, it may arrive too late

The media has grown tired of this war. Very seldom does it merit a headline When the latest statistics of casualties are published, the article is usually buried in the middle of the newspaper

It's only when there's a scandal about the authorisation of costs for a musical about the war that the media suddenly bursts into life

Despite the fact that we are clearly losing the war, and nobody has any idea of what the ultimate casualty rate will be, nobody has articulated a sensible strategy to turn the tide

We appear to be in a state of denial, because HIV is associated with sex and we don't like talking about sex. It is a taboo subject

Our energy — quite understandably — is focused on caring for the wounded If only we gave the same level of attention to seeing that people aren't wounded in the first place

Maybe it's only when the war moves into its next phase and we witness a multitude of the war's victims dying in the streets, that we will be goaded into action

The terrible tragedy is that, although the enemy is ruthless and deadly, this war can be won relatively easily by teaching abstinence and safe sex

Our ultimate defence against the enemy involves no costly weapons, indeed no weapons at all All that is demanded is a change in behaviour — like the one that has taken place in smoking

Many wonderful local initiatives around the country are demonstrating how much can be achieved with a little education

Nevertheless, like all wars since man started killing man, it requires visible leadership from the top to pull the whole act together in order for victory to be gained

Through the ages, great wars have produced great leaders who have inspired their fellow citizens to display exceptional courage and discipline in the line of fire This war is no different

● *Clem Sunter is a director and scenario planner for the Anglo American Corporation*

New AIDS council must be restructured

BD 9/12/99 (92)

Nongovernmental organisations have not been consulted about body, writes **Sandy Kalyan**

WHILE President Thabo Mbeki was out of the country on World AIDS Day last week, he left acting president Mangosuthu Buthelezi to disclose government's most recent plan to tackle SA's exploding AIDS epidemic

Whether through inertia or unwillingness to address sensitive issues forcefully the health department is convincingly losing the battle against AIDS

Mbeki s latest plan to reinvigorate government's effort is a 25- to-30 member National AIDS Council that will take over the prevention function from the department The Democratic Party's (DP's) AIDS plan involves a commission broadly similar to the president s plan and we applaud the recognition that AIDS prevention should be in the hands of a more suitable body than the health department

If prevention campaigns are going to work they must involve every component of society

A body that speaks for and to all these parts is the logical answer — and has proved to be the right answer in Uganda, where anti-AIDS efforts are much more successful than in SA.

So why do we believe that Mbeki's new weapon will fail?

If the council is not to join a chorus of other ineffective government talk shops it must fulfil certain criteria. It must be independent of government and it must have the authority to demand action from government and override inappropriate decisions.

It must also have the backing of nongovernmental organisations (NGOs) and other private-sector organisations of which there are more than 660 fighting AIDS, because it must be able to elicit their co-operation.

It must also have clearly defined functions and powers

Although minimal details of how the commission will operate are available, warning lights are already flashing The members of the council are to be appointed by the president, details of administrative and logistical functioning are to be worked out by the cabinet

Even the most prominent AIDS NGOs have not been consulted about membership and neither have they been consulted about the council s structure or functions One has to ask how the details of a body that seeks to represent and manage so many different groups can be determined by a tiny elite and in such secrecy

These are hardly the workings of a democratic government.

But there is more to this than a philosophical point about democratic practice. After many years of government neglect SA's AIDS campaign is made up of many organisations and individuals working largely on their own

Many of these efforts are highly valuable, but there is no cohesive strategy or effective leadership to sustain them and build on them.

If the council is to succeed in taking on this leadership role it must have the respect and acceptance of these organisations

Government s clandestine strategising is a stinging slap in the face for the NGOs

The fact that the council members are appointed by the president does not augur well for its independence from government.

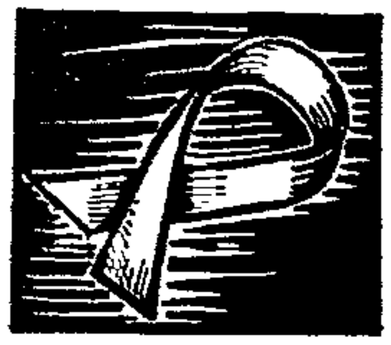
Memories of former health minister Nkosazana Dlamini-Zuma s axing of her AIDS advisory council in 1997 because she did not agree with its advice are still fresh

Admittedly, Health Minister Manto Tshabalala-Msimang has not shown the despotic tendencies of her predecessor But Mbeki s free rein does tend to suggest that the council will be little more than an extension of government

The DP believes that the powers and functions of the council and the line of command must be set out in an act of Parliament This legislation should also specify terms for appointment of members Rather than leaving this in the hands of the president the legislation should allow AIDS organisations to delegate members to the council Only under these circumstances can we be sure that this body will have sufficient authority and muscle to be effective.

The lack of clarity on what the council will actually do only adds fuel to our concerns Unless it has real powers to distribute funds according to its priorities and objectives it will be nothing more than a talk shop But there is no suggestion that this body will have this capacity in anything but the most limited sense.

Finally the launch of the council was shoddy AIDS workers have known for many months that a council along these lines was in the pipeline. But the scarcity of detail and obvious lack of planning suggests that this time has not been put to good use. It is highly unprofessional to launch a new plan when so many details remain unclear One cannot help but feel that



something was flung together as a delaying tactic to allow government to wal'o v in its inertia for a little longer

Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS, says that the kind of leadership required of governments involves "informing, advocating, even provoking"

With this in mind, the council needs to be rethought, restructured and rebuilt.

Kalyan is the DP's spokesman on AIDS.

Aids plan echoes Zuma

(92)

BD 9/12/99

YESTERDAY'S Impumulelo award ceremony was intended to highlight innovation in the government, which it did. But it managed to showcase some ignorance in the government at the same time.

Keynote speaker Presidential Affairs Minister Essop Pahad used the occasion to talk about SA's greatest challenge — HIV — and to justify one of the country's most puzzling plans to tackle it by forcing doctors to tell relatives when someone has died of Aids.

"I didn't realise, until I was told by former health minister Nkosazana Zuma, that the virus that causes Aids can live up to a week in your body after you are dead," said Pahad. "In African and Muslim communities it is traditional to lay out the body after death and these people don't know that it could be infectious.

"If you don't know these things you wonder why there is a whole group of women of a certain age who are becoming HIV-positive for no apparent reason."

Pahad was repeating what Zuma said when she explained why her department was introducing regulations to compel health workers to inform relatives when someone died of HIV

The new Health Minister, Mantombazana Tshabalala-Msimang, hasn't made it clear what she intends to do about the regulations, but Pahad's statement

ECHOES OF ZUMA: Essop Pahad of the President's office

shows that the response from scientists hasn't reached government.

UCT virologist Anthony Keen said Pahad's claims were highly unlikely "I suppose it is within the realms of theoretical possibility that a body could be infectious up to a week after death, if it were kept in a fridge, but I doubt anyone would be infected in this way Handling a body is not the way you get HIV"

Keen and other Aids workers have not heard about the group of women Pahad had referred to "I would be sceptical about their existence How could you prove they had not contracted the virus another way? (It is) important to advise families to wear gloves when touching any body There is a much greater risk with diseases like Hepatitis B or tuberculosis." — Staff Writer

BD 9/12/99

Human rights allegations

(92) BD 9/12/999

Health minister has 14 days to reply to charges about AZT for pregnant mothers

Pat Sidley

HEALTH Minister Manto Tshabalala-Msimang has 14 days to respond to a Human Rights Commission (HRC) allegation that she is violating human rights by not supplying AZT to pregnant mothers with HIV/AIDS to prevent transmission to unborn children

In her response, Msimang is likely to draw on the Constitutional Court case that allowed a Durban hospital to refuse dialysis treatment to a patient on the grounds that the right to health can be limited in certain circumstances if the treatment is too expensive The patient later died

The HRC s request will focus the AZT debate on whether it is more cost-effective to supply the drug to pregnant women than to allow HIV-infected children to be born and have to be treated as the disease progresses

The HRC threatened to subpoena Msimang after she failed to respond to two faxed letters Her special adviser, Patricia Lambert said the minister had not received the faxes The HRC replied it had proof the faxes arrived at the ministry

The HRC s move was prompted by an allegation during this year s election campaign by Costa Gazi PAC spokesman on health and head of the public health department at Cecelia Makiwane Hospital in East London Gazi accused the previous health minister Nkosazana Dlamini-Zuma of violating the right to health — particularly the right to reproductive health — by not supplying AZT

Gazi faces four disciplinary charges by the Eastern Cape health department for raising the issues the way he did

Gazi says the HRC s letter asks Msimang to explain what action has been taken to alleviate the problems of transmission of HIV infection by pregnant mothers to unborn children

Mogan Moodliar, head of the HRC's legal department, said Gazi s accusation met the requirement that there had to be a prima facie case of a human rights abuse for the matter to be taken further

The allegation had to be put to the minister to answer before the HRC could decide on whether to proceed.

Gazi said yesterday that there was "plenty of material" to show that it was cheaper in the long run to supply AZT to prevent mother-to-child transmission of the infection.

"The cost of allowing the virus to be transmitted is far greater than using AZT to prevent it."

He said he believed the disciplinary charges against him had been "trumped up" and that three of the original seven charges had been dropped.

However, he still faces possible dismissal.

Glaxo-Wellcome's anti-AIDS drug AZT became the subject of controversy recently when President Thabo Mbeki said it had seriously toxic side effects.

Responding to questions, Msimang also told Parliament that the drug was too expensive for the state to use in the treatment of all HIV sufferers.

CCMA ruling blasts Zuma

MFG 10-16/12/99 (92) ~~(103)~~ (89)

Aaron Nicodemus

A labour arbitrator has reinstated two top officials from the Medicines Control Council (MCC) who were ousted during a purge of the drug regulating body's management in March 1998

The former minister of health, Nkosazana Dlamini Zuma, axed the officials after the MCC's refusal to approve clinical trials of the controversial Aids drug Virodene.

But the Commission for Conciliation, Mediation and Arbitration (CCMA) has now instructed the MCC to reinstate Johann Schlebusch as director of medicines registration and as registrar of the MCC

The CCMA has also awarded Christel Brucker her old job as deputy director of medicines registration back.

Dlamini Zuma herself has come in for a drubbing, the CCMA ruling that the Department of Health, then under Dlamini Zuma's control, "acted in a frivolous and vexatious manner' in defending its dismissal of the two employees

The CCMA said the department 'should have known from the outset that its conduct was wrong and unfair The arbitrator in the case noted that the former health minister had refused to attend the hearing, and had refused to disclose a report that might have shed some light on the matter

At the time of their firing, there was considerable speculation within the MCC that Schlebusch and Brucker had been targeted because of their opposition to the government's efforts to advance trials of Virodene

Instead of pushing ahead with the trials, the MCC prompted a police investigation into the illegal use of Virodene by HIV positive people Virodene, whose main component is an industrial solvent used in dry cleaning, was later found to have little or no effect in controlling the Aids virus The drug has proven to be a continual source of embarrassment for the government

The two MCC officials were removed along with then MCC chair Peter Folb, after a review team concluded the MCC needed to be completely restructured The team's report recommended that top management be removed in order to make the changes possible Folb later took a position in the pharmaceutical department at the University of Cape Town, while Schlebusch and Brucker were each reassigned to different jobs within the Department of Health

A representative of the Department of Health, Nothemba Dlali, said this week the department was "considering" the arbitrator's findings, but would offer no additional insight

The CCMA noted that "it is clear that reinstatement of Schlebusch and Brucker will cause great turmoil in the department They have been replaced and new systems installed

"They will not be received back with open arms and they can expect to be met with great resistance."

The arbitrator noted that upon their dismissal the employees "were unceremoniously removed from the office, escorted from the premises and treated like criminals"

The arbitration hearing involved many top officials in the MCC, including MCC chair Helen Rees and current registrar of medicines Precious Matsotso

Since the March 1998 dismissal of top management, 16 employees have resigned from the MCC and one committed suicide as a result of job related stress, according to testimony before the CCMA

The backlog of submissions for drug approvals to the MCC has increased from between 400 and 800 before the management bloodletting to currently over 2 600

ANC rift over anti-Aids drug AZT

Health secretary backs PAC-aligned civil servant, who publicly opposed government stance

GLYNNIS UNDERHILL

(92) ARG 11/12/99

Rifts in the African National Congress are deepening over the government's refusal to supply the anti-Aids drug AZT to HIV positive pregnant women.

The ANC s secretary for health in the Western Cape Saadiq Kariem, has sent a strongly worded message of support to Pan Africanist Congress health spokesperson Costa Gazi, who this week faced a disciplinary hearing for publicly opposing the government's decision on this issue.

Dr Kariem was in the news recently when he resigned as head of the Western Cape s Aids programme, although at the time he declined to elaborate on his reasons for doing so

But in an e-mail message of support to Dr Gazi Dr Kariem spoke of ANC pressure on him after he started a pilot programme in Khayelitsha to give AZT to HIV positive pregnant women.

Dr Kariem said that having started the intervention programme, which was funded by the Western Cape provincial government in contraven tion of the policies of the national government, he knew he would be in for a "rough time"

"Thus far I have managed the pressure, as national health secretary for the ANC, it has not been easy First Nkosazana (Zuma), Manto (Tshabalala-Msimang), then deputy (Jacob Zuma), now President (Thabo Mbeki) .. However the pressure is finally too much," he wrote.

Everybody wanted to claim "victory" for the mother to-child AZT intervention programme, but no-one was "prepared to handle the heat"

"That's when it's convenient to point the proverbial finger at me and say 'There, that's HIM' But my comrade a casualty I might have become but it does not mean that we give up the fight. I still believe this is the correct way to go "

Dr Kariem said Dr Gazi had from a health point of view done well by opening the AZT constitutionality issue. Dr Kariem said his e-mail could be forwarded to "whomsoever you wish"

"I have nothing more to lose he wrote

SUPPORT Saadiq Kariem backed PAC man Picture GARTH STEAD

FACED DISCIPLINE Dr Costa Gazi opposed government on AZT issue

Dr Gazi was this week brought before an internal provincial health department disciplinary hearing in the Eastern Cape on 11 charges, including one of being disloyal to the republic

Seven of the charges were dropped and the remainder involve speaking to the press and criticising former Health Minister Nkosazana Zuma for not supplying AZT to HIV positive pregnant women

Dr Gazi is also charged with misuse of his position as a medical practition er to contravene the policies of Dr Zuma.

If found guilty, Dr Gazi could be given a warning or be fired from his position as head of the department of public health at the Cecilia Makiwane Hospital in Mdantsane in the Eastern Cape Judgment is expected later this month.

But Dr Gazi said he was confident he would win his case and was happy it had again thrown the issue into the public arena.

"These actions against me are so much like the old days The charges have been trumped up to silence me, but they will not succeed. The public's reaction to the charges laid against me has shown they want AZT made available to pregnant HIV-positive women. I have had a lot of support on this issue "

Dr Gazi said he had been surprised and delighted by the support from the highly regarded Dr Kariem.

Next year Dr Kariem will take a transfer to the department of community health at the University of Cape Town and Groote Schuur Hospital.

Non governmental organisations have expressed dismay that he will no longer be involved with HIV/Aids in the Western Cape.

Dr Kariem was away on business this week and Saturday Argus could not reach him for comment.

Ashraf Grimwood, national chairman of the National Aids Convention of South Africa, said the organisation supported Dr Gazi's stance on giving AZT to HIV-positive pregnant women.

'Charges have been trumped up to silence me but won't succeed'

"We do support the fact that there needs to be intervention at that level, which includes AZT If there is intervention, we will see a significant reduction in the mortality rate of infants We certainly need to focus on intervention, and not worry about distributing balloons, caps, rulers and T-shirts This rah-rah has not turned anything around."

Dr Grimwood who is also a principle medical officer for the City of Cape Town, said he believed it was unethical not to intervene with mother-to-child transmission of the HIV virus.

"It is unethical to do nothing about intervention and it verges on being part of a systematic genocide," he said.

The ANC-led government's decision not to supply AZT to pregnant women flies in the face of research which has shown that giving the drug to pregnant HIV infected women reduces the rate of HIV transmission to infants by 51%

Dr Gazi came under fire from his provincial health department after threatening in a newspaper interview to lay charges of culpable homicide and negligence against Dr Zuma for refusing to supply AZT to pregnant women.

The South African government has been offered a 70% reduction on the cost of AZT for HIV positive pregnant women by manufacturer Glaxo Wellcome, which is the lowest price being offered in the world

ST 12/12/99 (92)

second opinion

COSTA GAZI

Lack of AZT threatens rights of the poorest

THE whole of human history reveals a tapestry of epidemics that arise quietly, sweep across vast areas and die down after killing large numbers of people

Smallpox was one such disease that used to kill hundreds of thousands of people globally The only form of control was isolation of cases, until a vaccine was developed about 200 years ago It was extremely effective and was easily administered by scratching the skin under a drop of the vaccine

But there was resistance to vaccination from many quarters — and because the vaccine was made from cows, a belief spread that vaccination could turn you into a cowl This was contrary to all the scientific evidence available at the time, yet the belief held sway among a minority

Today we are in the middle of a nasty and stealthy epidemic It strikes silently and lies dormant for years while spreading via intimate contact It then randomly hits out to kill its victim

The HIV/AIDS epidemic is challenging our ingenuity and our very existence

It needs to be vigorously and effectively confronted There is no vaccine against this epidemic as yet but we do have many drugs that slow down the spread of the virus One of these drugs is called AZT It has been successfully used to reduce the spread of the virus from mother to child The World Health Organisation has endorsed a short course of AZT for HIV-positive pregnant women which protects about 50 percent of the babies

In South Africa we have about one million births a year, and about 20 percent of mothers are HIV-positive Without AZT, 100 000 babies would be born annually with the virus and most would die of AIDS by the age of seven Giving AZT would save about 50 000 babies and there would be no expected serious side-effects

A programme of screening and offering AZT would cost about R100-million a year, that is, R100 for each birth This is far less than the cost of using AZT to protect the children

The government has continued to deny this medication to public patients — 80 percent of the poorest of the population

My concern, and that of my party, led us to threaten to charge the previous Minister of Health, Dr Nkosazana Zuma, with negligence and culpable homicide That announcement prompted the Eastern Cape's Health Department to bring 11 disciplinary charges against me The hearing was held this week. The presiding officer — a regional magistrate — threw out seven of those charges and will be judging the remainder in a month's time I fully expect him to find me not guilty

My belief is that the charges were trumped up to silence me and to intimidate the medical profession into refraining from public disagreement with the AZT policy black doctors would not want to be considered disloyal, and white doctors would not want to be called racists The anti-AIDS non-governmental organisations have been reticent in opposing the government publicly, and ANC members have been pressured to conform

Fortunately, the truth is emerging from different and disparate sources Cosatu approves of AZT, and the National Union of Mineworkers has even said it is going to provide the drug for its members who need it Most NGOs have now spoken in favour of it, though the drive to obtain the drugs more cheaply has not been abandoned

President Thabo Mbeki's claim that the drug may be too toxic and needs to be further tested has been exposed as merely another delaying tactic He and his Cabinet have an agenda they are devoted to the Growth, Employment and Redistribution policy, which demands cuts in public expenditure on health and welfare before foreign investors will invest here The global corporations are also going to benefit from privatisation and gobble up our utilities with job losses and price increases

Neither AZT nor the newer and cheaper Nevirapine are going to eradicate the HIV/AIDS epidemic They will only save thousands of little lives which would otherwise just wither away from exotic pneumonias and diarrhoeas, which are expensive to treat In most cases, the mothers of these babies will still be alive and looking on

The other big advantage of the scheme is that it will provide the opportunity to effectively spread the message about the disease, something that free condom distribution does not do And who would deny that it has humanitarian benefits?

The PAC perceives the R30-billion arms deals as wasteful A chunk of it should be held back for research into indigenous African remedies and a long-term search for a vaccine It is also an outrage that the Growth, Employment and Redistribution policy demands that the odious apartheid debt be repaid, slashing 20 percent off the budget For if migrant labour, crime and poverty are not eliminated, this epidemic will relentlessly continue to spread

The prevention of HIV/AIDS demands a stable society that is not sending its soldiers across its borders to spread and receive the virus

The fight to make AZT available is only a skirmish in the war against HIV/AIDS Raped women need the same preventive anti viral drugs and, ultimately all those who are HIV-positive. A new Africanist morality from the youth will certainly be essential to keep the infection at bay

I fought against apartheid and accepted the consequences of being jailed fired and forced into exile I cannot be intimidated in this new era, when the poorest of the poor are being ignored while a handful of new fat-cats protect their privileges

AZT is the closest thing we have to a vaccine It works, and it is affordable for pregnant women The health budget this year was effectively cut by five percent by the minister's own admission This is killing off the redistribution of wealth as well as thousands of innocent lives Sooner or later, the people will cotton on to this government s betrayal of their best interests

Demanding AZT is, in reality a wake-up call to the ANC and to the public at large

● *Dr Gazi is the secretary of health and welfare for the Pan Africanist Congress of Azania*

Aids orphans problem grows

(92)

By Charity Bhengu

SOUTH Africa should brace itself to cope with at least 100 000 orphans by the end of this month as a direct result of deaths related to Aids.

This is according to Dr Robert Shell of the population research unit at Rhodes University, who was speaking at the Third African Population Conference in Durban, KwaZulu-Natal, last Friday.

This situation is expected to worsen dramatically with expectations that by the year 2009 six million parents would have died as a result of Aids. According to Dr Shell, many of the children left behind might also end up being abandoned.

"Aids orphans will always be a visible and permanent feature of South Africa's street life. No doubt some will see them as a nuisance," he said.

Shell said one of the worst consequences of Aids was that large number of children, as young a 11 years old, were left to head households after losing both parents.

He says: "The socio-economic impact of HIV-Aids and the impact of the growing epidemic on children and families are severe and has a disorganising effect on families. This is because Aids becomes a family disease in that children are directly affected by [illegible] every adult case.

"The health, development [illegible] and nature of the children may be neglected as [illegible] extended family and even communities may be willing or able to carry the burden of [illegible] many orphaned children," he said.

Supporting the study, the SA National Council for Child and Family Welfare said the increasing social and economic burden of caring for these children could not be adequately met by the extended family, which was already experiencing great stress and [illegible] demands were being made on the Child Welfare Movement to meet the need of alternative placement for children infected, affected or orphaned by Aids.

This system is already overburdened due to a lack of human and financial resources, said the council.

Chief director of the national population unit of the Department of Welfare Population and Development, Mr Jacques van Zuydam said: "We must be careful of approaching the Aids orphanage thing from a Western nuclear family perspective and [illegible] it out to be a new phenomenon in the [illegible] but the truth [illegible]

Spectre of Aids haunts the future

Sowetan 17/12/99

(92)

By Charity Bhengu

THE Aids pandemic poses a threat to the economy and business environment, and based on the latest estimates the worst is yet to come in the new millennium

In the 21st century, if this country fails to act, the reallocation of resources will reduce the rate of economy growth over time and overseas investment in South Africa will dry up, according to a study by Rhodes University

The study revealed that the costs of Aids are going to be borne by citizens, business and the Government but the major impact will be felt by Government coffers at national and provincial level

If AZT costs remain stable, the minimum medical costs of medication alone a year will exceed R51 600 to treat advanced Aids cases, according to a Glaxo study in 1999 The cost of treating a terminal case of Aids with a monthly AZT cocktail will be equivalent to placing 19 children in a primary school per month

Dr Robert Shell of the Rhodes University says "This is the numbing, budget-breaking burden of the future financing of health services, which will impose horrible decisions on every health policymaker of the country"

On the other hand, the measurement of the impact of Aids on business is more complex because the costs of Aids cases to employers vary in terms of productivity which has already been affected through increased labour costs and the decreased availability of skilled labour

Shell says medical aid schemes will probably suffer first as their profits are dependent on narrow actuarial assumptions of healthy populations Medical aid schemes will have to increase deductions from their salaries to adjust their premiums Costs and expenditure will increase as employers scramble for safe, supplementary medical aid cover

Training costs will multiply when one in five workers dies three years after completing a course Aids will affect macro-economies through the illness and death of millions of productive members," says Shell

Three of South Africa's major local corporations – Anglo-American, SA Breweries and Old Mutual – have already moved offshore, probably on the advice of their worried actuarial departments

Spokesman for the Old Mutual Saul Burman said as the epidemic grows, employers will be forced to meet the cost of the increasing number of sick and compassionate leave days taken and the extra cost of recruiting and training staff

"With this in mind Old Mutual has adopted a policy that aims to provide support for HIV-positive individuals where possible while at the same time ensuring the business and economic needs are addressed," he said

In most cases when someone wishes to take out a life cover policy, they are asked to submit HIV tests and where the test is positive, the life insurance company will decline the business

"The reason the business is declined is because accepting it at normal premium rates would become too expensive for the company and prospective policyholders

"In other words, the large number of death claims likely to result from HIV-positive entrants would need to be met by much larger premiums from all policyholders or the company would be unable to pay the claims," said Burman

In the past, insurance companies responded to Aids by placing exclusion into their contracts, which stated that claims that were Aids related were not eligible for payment The Old Mutual approach now is to provide full cover to HIV- negative applicants There is a separate product designed for HIV-positive applicants

The following is the status of other affected businesses

- At Illovo Sugar's Umfolozi Mill in KwaZulu-Natal, 82 percent of the workforce underwent saliva-based screening, and 26 percent of workers tested HIV-positive
- At Transvaal Suiker Beperk, which employs 3 500 people, five percent of its staff were tested and 53,7 percent of them tested HIV-positive
- At Barlows Southern Africa's clinics, which care for 45 percent of the company's 20 000 employees, just under half of the deaths recorded last year were as result of Aids-related diseases
- At Toyota's manufacturing plant in Durban, the number of employees who had been boarded as a result of HIV-Aids trebled between 1998 and 1999

AIDS to exacerbate SA skills shortage

BD 28/12/99 (92)

Belinda Anderson

ALMOST 9% of SA's highly skilled labour force and about 19% of skilled workers are expected to be HIV-positive by 2015, slowing the country's economic growth by worsening the skills shortage

This is according to a research report by ING Barings on the effects of the AIDS epidemic on the SA economy

For every 100 normal deaths in the same year, 88 highly skilled workers and 176 skilled workers will die of AIDS A further 308 semi- and unskilled workers will die of AIDS for every 100 normal deaths

Although the number of the latter is far greater, the cost of supporting and replacing a highly skilled worker suffering from HIV/AIDS will be far greater than those who are semi- or unskilled

"We believe that skills-intensive industries cannot be complacent about the AIDS issue, despite their lower infection rates," the report says

The sector that will be most hit is mining, followed closely by transportation and storage

The research shows that about 27% of all mine workers and 22% of all transport and storage workers will die of AIDS in 2005

Economic growth will be hit badly after 2005 as the diversion of funds away from savings to pay for the costs of the illness decreases the country's investment potential

By 2005, companies could see their remuneration budgets increase by 15% as they face higher benefits payments to medical aids, life policies and disability cover, as well as the cost of replacing workers

Furthermore, the report says that "indirect costs, such as additional sick and compassionate leave, recruiting and training replacement staff as well as protracted negotiations between management and labour on AIDS-related issues as well as legal fees, could add a further 10% to that figure"

The cost to the health department for treating AIDS-related diseases is calculated to be about R3bn a year, which is 10% of the health budget for the 2002/2003 fiscal year

The report says this should be enough to cover AIDS-related spending if government continues to treat only the symptoms of the disease

"If government decided to treat more than just the opportunistic illnesses, the fiscal implications of the additional AIDS spending could be more significant and may well result in a diversion of other social spending towards AIDS-related health care," the report says

Anglo denies moving for Aids

(92) Sowetan 28/12/99

Sowetan Reporter

ANGLO American Corporation has refuted claims that it moved offshore to escape its businesses being ravaged by the Aids epidemic

A recent report based on studies by Dr Robert Shell of Rhodes University stated that Anglo American, SA Breweries and Old Mutual had already moved offshore because of Aids and that overseas investment in South Africa would dry up if the country failed to act against the scourge.

However, Anglo said in a statement issued yesterday that it had only moved its primary stock exchange listing and the location of its head office to London.

Its core operations and the employees which serviced these operations remained in South Africa, the statement said.

"Anglo American is concerned about HIV/Aids and has for the past 12 years been actively involved in addressing issues related to the epidemic. We are currently documenting all the work that has been done in this area and will publish the document in the first quarter of 2000," said Anglo's senior vice-president investor relations, Ms Anne Dunn.

Contrary to the researcher's findings, said Dunn, "the reason for the decision to move is the geographic separation which had arisen as a result of South Africa's long period of political and financial isolation".

This situation, said Dunn, had made business increasingly difficult from a development point of view.

She said the company believed the formation of a single, and internationally-based platform presented an enhanced opportunity to pursue the objectives of Anglo American.