

HEALTH & DISEASE - V.D.

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Aids cases top million mark

GENEVA. — The number of Aids cases officially reported worldwide has topped the million mark for the first time — a 20% rise from a year ago, the World Health Organisation (WHO) said this week.

But the UN agency, pointing to incomplete reporting and under-diagnosis, estimated the actual number of people suffering from Aids at 4.5 million

A cumulative total of 19.5m

people have been infected with the HIV virus since the pandemic began in the late 1970s, including 1.5m children. Between 13 and 15m of those infected are believed to be still alive

"The major proportion of these cases have occurred in sub-Saharan Africa and the Americas," the WHO said

Africa has reported 34% of the total Aids cases, or 345 639 people, but probably accounts

for 70% of the actual total estimated figure of 4.5 million

Sub-Saharan Africa accounts for at least 11m of the estimated total 18m adult HIV infections

The United States — where diagnosis is quicker and reporting more immediate — accounts for 39% of the reported Aids cases. However, it probably represents just nine percent of the actual total. — Sapa-Reuter

HEALTH NEWS Some 5,6 million people threatened by the twin factor

South African 5/1/95

Concern Over TB and Aids link

By Mokgadi Pela

LONG after 1994 has passed, medical scientists will still recall the terrible combination of tuberculosis and Aids that emerged during this period.

This twin factor has become a reality in countries such as the United States and South Africa. With Aids alone having created enough headaches, the spectre of its link with TB sends a chill down the spine.

The Medical Research Council's National Aids Research Programme says the number of additional cases of TB can be expected among HIV-positive patients with implications for the diagnosis, management and control of TB.

Spokesman Dr Malcolm Steinberg believes that due to the strong link between HIV and TB, a strategic plan for dealing with the estimated 10-fold increase in cases over a relatively short period in the immediate future will require political commitment and national will.

Among the objectives of such a strategy would be

- A uniform strategy throughout South Africa based on the principles of the International Union Against Tuberculosis and Lung Disease and of the World Health Organisation,
- A plan to deal with HIV and TB co-infected individuals, and
- The creation of training opportunities and recruitment of international involvement.

Overall, the message appears to be that a strong TB control strategy is needed. This will, hopefully, help reduce the unacceptably high TB figures in South Africa and also assist in the control of the HIV epi-

■ CLEAR MESSAGE SA needs to

act quickly to prevent a catastrophe:

demic

Latest figures show that in South Africa between six percent and 20 percent of newly diagnosed TB patients acquire HIV.

There are, however, several problems in treating TB patients such as

- Non-compliance with treatment,
- The emergence of multi-drug resistant TB,
- A shortage of drugs in developing countries, and
- Lack of coordinated national control programmes.

Another burden is the issue of preventive TB treatment for HIV-positive patients. According to *Panos*, a London-based magazine, the twin epidemics of TB and Aids are showing a dangerous tendency to coalesce and to co-infect individuals.

WHO estimates that at least 5,6 million people are infected with HIV and TB worldwide. For individuals, the implications are grave. "It has been proven without doubt that dual infection with HIV and TB triggers off active TB in people with latent TB because of weakened immune system." Recent research has shown that TB can activate HIV from a latent state in infected cells.

Dr Paul Nunn of the WHO's TB Programme says people with HIV are "more likely to develop active TB". He says the TB epidemic is growing at a worrying rate, particularly in the developing world.

In Africa, TB has already become the prime cause of death in adults with HIV.

ence in Pretoria, Dr Peter Enkun of the WHO's Afro Region said he expected South Africa to take the lead in the region and to cooperate in terms of research, control strategies and provision of laboratory equipment and drugs. The WHO TB Programme has given the highest priority to strengthening TB control programmes in countries where they are poorly developed and where the HIV and TB prevalence is high. While TB is not

such a major problem in the developed world, it has been rising in several European countries. Much of the increase has been attributed to immigration but a growing number of cases seem to be linked to HIV, especially in southern Europe. The message is clear that — like the rest of the world — South Africa, with its expertise, resources and infrastructure to move things in the right direction, needs to act quickly to prevent a catastrophe.

S • U • M • M • E • R

Sale!



NEWS *It's important that SA prepare*

Aid for vic

■ **LAW PROJECT** *Battles*

*waged in courts to ward off
discrimination against people
with HIV-Aids.* (92)

By Claire Keeton *Soweton 9/11/95*

“In the next ten years up to 20 percent of the population could be HIV positive. These people must be integrated into society and it must make appropriate changes. They must not be pushed out.”

THE Wits University Aids Law Project is the only project in southern Africa started specifically to fight discrimination against people with HIV-Aids

The project is waging battles in the courts for, among others, state employees, prisoners and ordinary members of the public

ALP concentrates on cases which will have the most impact by setting a legal precedent for dealing with HIV-Aids.

ALP attorney Ms Barbara Adair said “There is a huge social stigma with HIV-Aids which may be more disabling than the fact that a person has HIV

People with HIV can carry on a healthy life for long periods of time “We must fight against the social stigma.”

In the United States the disease was considered a disability for two reasons, she said

Life-threatening

The first reason is that HIV is a life-threatening disease and the second is the stigma attached to it

Adair said it was important that South Africa prepare to accommodate people with HIV-Aids

She said the project would challenge any measure to sideline them

“In the next ten years, up to 20 percent of the population could be HIV positive. These people must be integrated into society and it must make appropriate changes. They must not be pushed out.”

ALP was officially launched last year by Wits’ Professor Edwin Cameron, with the support of the Aids Consortium

The policy is directed by all parties involved in the project.

Project manager Mr Abdurrazach Achmat co-ordinates

itself to accommodate people with HIV-Aids

times of Aids

the work with assistance from a paralegal Adair is employed as an attorney since the project has accreditation with the Law Society to take cases to court on its own account

ALP, however, provides both legal and educational services "Obviously we can't deal with every case, so we are training people to become paralegals

They can deal with questions that do not have to go to trial," said Adair

ALP has already done some training with Cosatu but it plans to hold formal courses for volunteers in paralegal work

At some point the project would like to set up sub-structures in the community These would be driven by paralegals

"People come in constantly and get turned away," said Adair

Union members are advised to speak to their structures before turning to ALP

Refused operation

Sometimes the project wins a case before it even reaches court ALP challenged a provincial hospital on behalf of a woman who was refused an operation because she had tested HIV positive

The hospital agreed to do the operation before the matter went to trial

This helps to set a precedent for other provincial hospitals in dealing with HIV-Aids

Adair said the project, which at this stage tackles dismissal cases, is not able to accept every damages case until there is a precedent set on dismissals

The project's first dismissal case, which is against a big company, will be decided in court later this year

Other test cases the project is tackling include challenging pre-employment HIV testing in the South African Police Service

ALP argues that SAPS' refusal to employ, re-train, promote or permanently appoint persons with HIV is unfair discrimination against them

Another case examines the conditions of four prisoners in Diepkloof prison and the policy of Correctional Services for people with HIV-Aids

Without consent

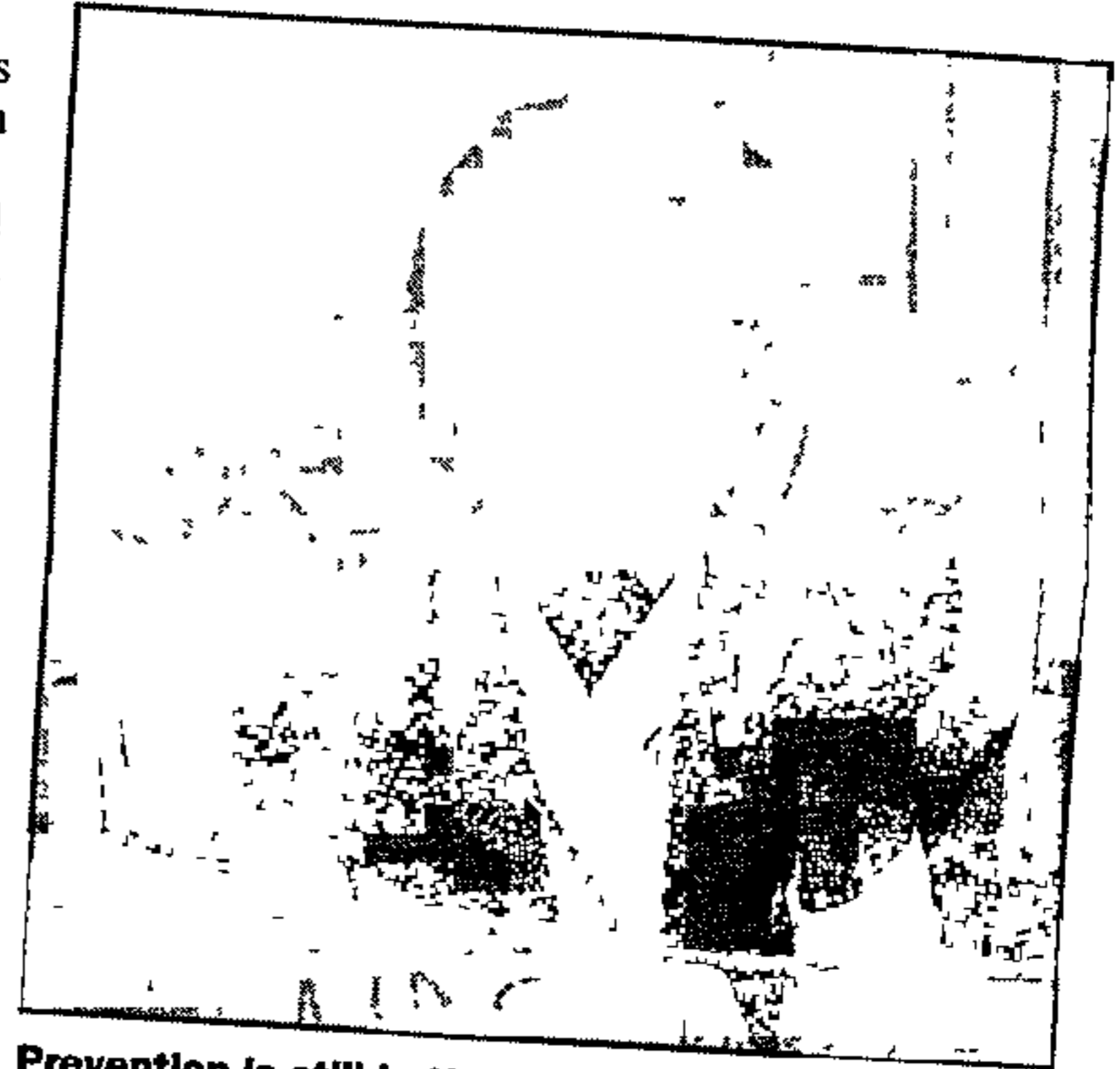
Testing without consent, the lack of proper medical treatment, segregation from other prisoners, and the denial of proper recreation would fall under the spotlight

In fact, the project has demanded a proper inquiry into the death of a prisoner with HIV who ran away from prison to escape his treatment there

He returned to prison and died three weeks later, with allegations of assault surrounding his death

Adair said the case indicated the way prisoners with HIV were being treated

Much of ALP's work comes through referrals, for instance, from the Wits Law Clinic, the Community Aids Centre and Lawyers for Human Rights



Prevention is still better than cure ... the humble condom.

The project is also involved in drafting policy guidelines, for example, an "HIV-Aids Employment Code of Conduct" for the National Manpower Commission

A comprehensive manual dealing with rights around HIV-Aids is also being drafted for paralegals

"There is no basis for stigmatising or discriminating against persons with HIV-Aids," Adair stressed "The fact that most of the population is sexually active means everyone is at risk."

There is a huge social stigma with HIV-Aids which may be more disabling than the fact that a person has HIV. People with HIV can carry on a healthy life for long periods of time. We must fight against the social stigma

Prince Charles the biggest culprit • Deathly ep

HIV spreading fast in province

92
Samsat
10/11/95

PHNOM PENH — More than 90 percent of prostitutes and 21 percent of soldiers in Cambodia's northwest Banteay Meanchey province are HIV positive, a local newspaper reported yesterday. The results come from blood tests on prostitutes, soldiers, police and landmine removal teams, the *Reasmei Kampuchea* (Light of Cambodia) newspaper quoted Eng Sophurum, provincial field director of venereal diseases and Aids, as saying.

"According to blood tests with the cooperation of the national anti-Aids secretariat, 92 percent of prostitutes and 21 percent of soldiers are HIV positive," the paper quoted the doctor as saying. He said 1,9 percent of blood donors in Monkul Borei hospital, the main provincial hospital, were found to be HIV positive by late 1994 -- up from 0,06 percent in 1992.

"The obtained results showed that Aids is

severely striking the entire Banteay Meanchey province," Sophurum said, according to the paper.

He warned that unless provincial authorities acted to halt the rapid spread of the Human Immunodeficiency Virus (HIV), which causes Aids, many people in the province would die in the future, the paper reported.

A doctor at the international committee for the Red Cross said the province, which has about 300 000 people, was "quite densely populated" with prostitutes and soldiers. A special information centre for sexually transmitted diseases was under consideration for the province, he said.

HIV was first detected in Cambodia in 1991.

The National Aids Committee estimates that between 3 000 and 5 000 people in Cambodia are HIV-positive, but foreign medical experts believe the figure could be 10 times higher and growing fast.

Nissan parts from Europe

MUNGO SOGGOT

30.12.1985
NISSAN SA could soon im-
port motor parts from Nis-
san Europe subsidiaries in
Spain and Britain to spread
its exposure to exchange
rate moves, the company
said yesterday (92)

A Nissan SA spokesman
said the subsidiaries were
considering producing
complete knocked down
packs for their own use and
for export to Nissan plants

Nissan SA — which
sourced all its imported
parts from Nissan Motor
Corporation in Japan —
had recently been hit by a
strengthening yen

Life insurers face R1bn in AIDS claims

GT(BT) 15/11/95 (92)

THE life insurance industry is bracing itself for AIDS claims of over R1-billion as the epidemic which has hit hard in Zimbabwe is expected to repeat itself in South Africa.

The Zimbabwean life industry has paid out more than R400-million in AIDS-related claims since 1990.

Some 30% of adult Zimbabweans are estimated to be HIV-positive.

Life insurance analysts believe the epidemic has already taken hold in South Africa. Estimates suggest that in some areas as many as one in five people are HIV-positive.

Peter Doyle, senior general manager at Metropolitan Life, says "There is now sufficient, well-documented data to prove that an HIV epidemic is established in South Africa.

"Sufficient numbers of people are now infected

By JEREMY WOODS

with the HIV virus to sustain a local epidemic. Interventions and changes in sexual behaviour will only be able to affect the eventual size of that epidemic."

Old Mutual corporate actuary Graham Prentice says "There is no reason at all to suspect that we won't have the same AIDS epidemic as Zimbabwe. The evidence is that the AIDS epidemic in South Africa is about four years behind the epidemic in Zimbabwe.

"Nearly 10% of women attending antenatal clinics in Kwazulu-Natal in 1993 were HIV-infected and it is fairly safe to assume that those figures have doubled by now."

In 1992, the Kwazulu-Natal figure was 4,7% and a year earlier it was 2,87%, while in 1990 the figure was 1,8%.

Figures for the Free State and Transvaal show less than 1% of pregnant women were HIV-positive in 1990. By 1993 this had jumped to more than 4%.

"The spread of the epidemic tends to double every year in the early years. Unless social interventions can change behaviour or an HIV vaccine is found, the numbers of HIV-infected people in South Africa will probably be measured in millions by the year 2000," says Mr Prentice.

Much of South Africa's epidemic has arrived via Zimbabwe and Mozambique.

"If there is any upside to the AIDS epidemic in South Africa, it is that we have had several years to prepare for it," says Mr Doyle.

"In anticipation of this the major life insurers have made provisions of an estimated R1-billion-plus to pay for future AIDS-related

claims and many have embarked on extensive educational campaigns to combat the disease."

Mr Doyle believes most company managements, which already employ HIV-infected workers, will have to cope with AIDS-sick employees within a few years.

Mr Doyle says "Another issue that does not seem to receive adequate attention is that two-thirds of those who will be infected by the year 2000 are now under the age of 20, and many are under 15.

"The HIV epidemic in South Africa has reached the stage where we cannot continue just to monitor its spread and to plan future intervention efforts.

"We need to do something now and fast, otherwise the projections might turn out to be accurate.

"To us this is the biggest burden of modelling — to see that the epidemic is continuing as we predicted."

Experts predict 250 000 orphaned children by 2000

Re-think on AIDS urged

BY NICOLE JOHNSTON

Health experts estimate that by the year 2000 nearly 20 percent of South Africa's population will have AIDS, leaving about 250 000 children orphaned by the virus.

They point out that social services have been stretched past their limit and family units are disintegrating and ask who will care for these children. Will South Africa become another Brazil, with armies of children living on the streets?

Dr James McIntyre of Baragwanath Hospital believes he has the answer: the children must be kept within family units

and cared for by the community.

He lauds recent fundraising efforts to build a hospice for babies with AIDS, but says this is not a long term solution.

"We cannot afford hospices for 250 000 children. These children must be kept within the community structure and within a family environment."

Unique

For this to happen it is vital that the stigma attached to AIDS is removed. This would encourage families to care for orphans as well as ensuring that HIV positive mothers feel free to

disclose their diagnosis. For this reason Baragwanath has developed a perinatal HIV clinic which is unique in the world. The clinic offers peer counselling by HIV positive counsellors and prepares pregnant women for birth, as well as an 18-month follow up programme for mother and child.

Much of the publicity surrounding the AIDS pandemic has been exaggerated. McIntyre feels that the shock tactics used by the media have the effect of terrifying the public and further marginalising people with AIDS.

Despite education cam-

paigns most people avoid physical contact with AIDS patients. It is this kind of ignorance which will have to be eradicated before children with AIDS will be accepted, he says.

Antibodies

Few people are aware that it is possible for a baby who is born HIV positive to become HIV negative as the mother's antibodies pass out of the system. McIntyre stresses that "AIDS is not the end, as AIDS carriers can live a normal healthy life for up to 15 years before developing full blown AIDS".

Veronice, the adoptive

mother of a one-year-old girl, says the best treatment for a baby with AIDS is a mother's love.

"When my baby came to me from the adoption home, she was a thin, sickly child who couldn't even sit up. Two months later she has grown chubby, cut six teeth and started to walk."

Marionka Manaias, adoptions manager of Johannesburg Child Welfare Society, agrees, advocating foster care for orphaned and abandoned AIDS babies.

"It is criminal to keep babies in institutions when there are loving families to foster them," she says.

92

Jan 18/1/95

UN troops need sex education

92

CP 22/11/95

WITH tens of thousands of peacekeeping troops around the globe, the United Nations plays a vital role. But inadequate AIDS awareness among some troops means they may be contributing to the spread of Human Immuno-deficiency Virus (HIV).

SUE MONTGOMERY writing in *WorldAids*, a newsletter published by the London-based Panos News Agency, investigates.

ACCORDING to Aids experts and former United Nations military personnel, UN peacekeepers could be contributing to the spread of HIV and AIDS in the war-torn countries they are supposed to help – because the UN fails to provide adequate training and information to its soldiers

The UN leaves vital education about how to prevent the spread of AIDS up to each of the 75 countries supplying soldiers to 16 peacekeeping missions around the world – many in countries where HIV is prevalent – with varying results

UN peacekeeping operations seem not to have heeded a 1993 report by another UN agency which noted a tenfold increase of AIDS and HIV infection in Cambodia in 1992, the year 22 000 UN forces arrived in the country

The UN Research Institute for Social Development concluded that not enough thought had gone into the training and discipline of UN personnel and recommended providing on-base recreation facilities for the troops.

Testing

It also suggested more thought should be given to testing troops for HIV before they enter a country and when they leave. But there are no plans to implement the recommendations – at least in Haiti, a country ravaged by extremely high rates of AIDS and HIV.

Fred Echard, spokesman for UN peacekeeping operations, said they are in the process of drawing up a peacekeepers' manual which mentions sexually-transmitted diseases such as AIDS, but that is as far as the UN can go

"The UN is really too small an entity to take on the training of the thousands of troops that are currently used in peacekeeping," he said

"We just don't have the capacity so we depend on governments to do their jobs

"We don't go around checking."

Lewis Mackenzie, a retired Canadian major-general who led troops in the former Yugoslavia and fierce critic of the UN, said "the problem with a handbook is that many soldiers can't read"

Instead, the UN should have some way of checking that troops are well trained because many show up "woefully inadequately prepared," said Mackenzie, who is also on the board of advisers of the Canadian Foundation for AIDS Research.

Dr Daniel Tarantola, director of the International AIDS Programme at Harvard University, said it was impossible to pin the spread of AIDS in places like Rwanda or the former Yugoslavia solely on UN

troops, but they did play a role.

"In war-torn areas, it's more difficult for women to survive so they have to start selling sex just for basic survival items," he said

"The presence of the military fuels all this because it brings together a higher concentration of men – men who have both power and money"

A women's association in Phnom Penh estimates the number of prostitutes increased during the UN mission to more than 10 000 from 6 000 in 1991.

The UN report said that while an increase in prostitution was expected with the influx of the troops and other foreigners, the scale of the phenomenon was not. It went on to say. "There is also some evidence to suggest that children are increasingly being used in the sex industry, partly to minimise the risk to clients of becoming infected with HIV or other diseases."

Thun Saray, president of a Cambodian human rights group, said it was common to see UN troops with local women

He also knew of cases where parents sold their young daughters to troops "The soldiers have a lot of money and they will pay," he said

Prevalence

The World Health Organization said the rate of HIV prevalence among blood donors in Cambodia's capital had increased tenfold between 1991 and 1992. Saray, like the UN report, recommends testing soldiers for HIV before they are deployed.

But Mackenzie says that it is highly unlikely since it would sharply reduce the number of soldiers available for peacekeeping operations which are already stretched to the limit in 16 missions.

"I doubt the UN, which is not renowned for showing a lot of intestinal fortitude on other issues, is going to take this issue on itself," he said.

Many peacekeepers come from sub-Saharan Africa and Southeast Asia, which have over four-fifths of the world's estimated 17 million HIV cases

Leaders of some strife-torn countries are so alarmed that they have asked the UN to eliminate soldiers from certain countries from peace-keeping teams

The Croatian government was worried about Nigerian soldiers during his tenure in the Balkans, according to Mackenzie

Dr Tarantola suggests pre-deployment education, providing condoms and ongoing education during the mission because many soldiers come from countries where AIDS is prevalent but resources for education and condoms are scarce

Programme

The local population should also be included in any AIDS prevention programme, he suggested.

"I think it should be the responsibility of the UN to ensure that the presence of the troops does not increase the vulnerability of the local population to HIV," he said

But in the absence of a central UN AIDS policy, every country will approach the issue of sexual exploitation of local women differently

"Some nations, including Canada, can end up sending people home," said Mackenzie "Others don't see it as a problem at all"

Fugitive held after 17 years

BRITISH citizen Michael Martin Leon, who skipped bail after being sentenced in the Cape Town Magistrate's Court more than 17 years ago to two years in prison on five counts of contravening the Insolvency Act, was arrested yesterday in Sea Point.

Police spokesman Capt John Sterrenberg said Leon was granted bail of R500 pending an appeal, which was duly lodged, after he was convicted on August 26, 1977. However, he fled the country on September 16, 1977 and returned to Britain.

The investigating officer at the time was a captain but is now Major-General Nic Snyman.

Capt Sterrenberg said he received information on January 10 that Leon had returned to the

investigation was and a suspect was identified in Sea Point. A Warrant Of Arrest was issued for Jordaan and Leon was arrested at noon

detained Sapa

Aids could set off 'social time bomb'

Staff Reporter

HALF-A-MILLION South African children could be orphaned by Aids in five years, creating a "social time bomb", with children turning to crime and prostitution, health authorities predict.

The Department of Health and Population Development states in its latest edition of Salus that unofficial figures put the number of Aids orphans closer to one million by the year 2000.

"Aids is exacting a terrible toll on South Africa's children. This will have devastating socio-economic consequences for our society and the children orphaned

"Left to their own devices these children will become a social time bomb as they inevitably turn to crime and prostitution — unless action is taken now," the article says.

The ability to shoulder the impact of

Aids would be weakest among the poor with little education

"About 90% of HIV-positive families are unemployed, which creates a roller-coaster of effects. By the time death comes, the family's scant resources may have been absorbed in the medical care of the patient. Children may be left with no one to care for them."

Malnourished

Figures from Uganda show that six months after their last parent died of Aids, 67% of the orphans were naked, malnourished and had no home. They turned to the easiest way of making money, which was crime and prostitution.

"There are many children going that way before they are even orphaned because of the depressed economic circumstances of families where a parent or parents are HIV-positive," the article says.

CT27/1/95 (92)

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Is the WHO losing the health battle?

TUBERCULOSIS is rampant again all over the world, with the incidence of TB in the Western Cape among the highest in the world.

And the World Health Organisation expects South Africa to take the lead in the region and to co-operate in terms of tuberculosis research, control strategies and provision of laboratory equipment and drugs.

The view was expressed by the WHO's Dr Peter Eriki, a keynote speaker at the Medical Research Council's "Tuberculosis - Beyond 2000" conference held in Pretoria last year.

It is a reasonable expectation, given South Africa's problems and status in the region. But questions must be asked of the body expecting such a lead.

The WHO has, over the past few years, drastically changed its focus from being the leading international organisation fighting disease, especially in the third world, to being a co-ordinating body concerned primarily with organising conferences and generating reports and directives such as the above.

The current resurgence of TB is primarily due to its devastating link with HIV: the Aids virus destroys the human cells that keep the TB bacteria dormant. The problem with TB, like most infectious diseases, is that it does not stop at national borders. Hence the fight must be directed by a regional or multilateral international health organisation.

The importance of such an organisation rests on the enormity of the challenges ahead.

The new plagues of the 1990s (TB, Aids and hepatitis) afflict hundreds of millions of people. Last year, cholera epidemics put 90 to 120 million people at risk in Africa, Latin America and the Caribbean. Measles and diphtheria are now epidemics in Russia. New virulent strains of malaria, resistant to the usual drug treatments, will have killed an estimated two million people in 1994, while more than six million people will have been crippled by leprosy. The WHO's own statistics show that over 1,8 billion people will have been affected last year by vaccine-preventable diseases.

But while the world is experiencing an explosion of such epidemics, the WHO's disease prevention and control programmes have been reduced over the past 10 years to 12,5 percent of its regular budget, down from 16 percent. Even more revealing is that the organisation has recently cut its TB budgets by 6 percent in Africa and 25 percent in Asia, where the largest number of people are infected.

In Asia for example, the WHO's budget to confront this leading killer is just over \$400 000 a year. Estimates place the number of South-East Asians infected by TB at over one billion. This means that the WHO can contribute about one US cent for every 400 people infected.

The problem, however, is not a lack of money, but a failure to set the right priorities. The WHO is well funded, with a budget of almost \$1 billion a year - more than any other UN organisation. It could easily find the \$100 million to fight TB in its own budget. But 500 other programmes compete for resources - such as seat-belt safety advertising campaigns, Oral Hygiene Week celebrations and the distribution of millions of world No-tobacco Day bumper stickers.

■ Last year, Health Minister Nkösazana Zuma declared tuberculosis and Aids to be South Africa's biggest health problems. But who's doing anything about it?

(92) ARG 28/11/95
PAUL DIETRICH

The tragedy is that while the WHO carries out such low-priority public awareness campaigns, basic health needs in developing countries are not being tackled. With modern vaccines and medicines now available to prevent many killer diseases, the misallocation of resources is often the only obstacle to saving lives.

But it is the WHO, which is supposed to be the world's leading multilateral health organisation, that devotes less than 1 percent of its regular budget to malaria - a disease it has described as the "most serious health problem in the poorest areas of the world".

The WHO's resources trickling down to the countries most in need have at times become a ludicrously small portion of its expenditures. With its high overheads and salaries, it now costs the WHO \$8 to plan for and spend \$2 on actual programmes.

These shortcomings are starting to draw much-needed public scrutiny. Last month, the prestigious British medical journal *The Lancet* blamed the WHO for failing to provide "global direction" in the fight against TB. It tactfully suggested that the WHO's "political complexities" often hampered progress.

A number of WHO officials grumbled at last September's Aids conference in Tokyo that funding for its global programme on Aids had been cut from \$90 million to only \$70 million in 1994. What they didn't mention was that donor nations have severely criticised the WHO for wasting most of the money given to it to fight Aids.

Even the United Nations is fed up with the WHO's management. It recently stripped the WHO of all responsibility for Aids-related programmes. It is now creating a new Geneva-based UN agency to lead the world-wide fight in combating the Aids epidemic.

The sad fact is, the world desperately needs a serious international health organisation that will do more than convene conferences and issue press releases.

But as long as the WHO fails to oversee a major reform in how it allocates its resources, the money it has been given is unlikely to result in any real improvement in TB or the treatment of other diseases in the organisation's mandate.

If the WHO refuses to refocus its spending on disease control and health emergencies, the UN will be forced to create a new international health organisation to deal with these epidemics, similar to its new UN agency to combat Aids.

■ Paul Dietrich is president of the Institute for International Health and Development in Washington DC.

Mobile Aids library planned

Staff Reporter

ET 31/1/95 (92)
A MOBILE Aids library, partly funded by a R50 000 donation from an insurance firm, will enable books and videos on Aids to reach the townships where there is "great ignorance and fear about Aids"

This was announced yesterday by Mrs Julia Aalbers of the Planned Parenthood Association (PPA), on accepting the donation from Old Mutual

The library will contain literature on HIV aimed at young adults and will tour township community centres

It will be based at the PPA's con-

tainer office in Harare, Khayelitsha, for the first three months

With Aids figures topping 17 million worldwide, and about 10m of this relating to Africa, the money will also be used to introduce Aids education into all the association's family planning and contraception advice projects

Aids Scan reports that over 1% of women attending antenatal clinics in the Cape are HIV-positive

The money will also be spent on training courses for unionists and human resource managers on how to deal with HIV in the workplace

Expert sceptical of new AIDS drug claim

(92) STAR 8/2/95

■ BY MICHAEL SPARKS

A Pretoria-based pharmaceutical company claims to have developed a new drug which improves both the length and the quality of life of AIDS sufferers, but at least one expert is sceptical of the product.

Dr Ruben Sher, director of the National AIDS Training and Outreach Programme, said he was aware of the drug, but added: "I don't think this is an earth-shattering discovery."

Sher said he was concerned about falsely raising the hopes of AIDS sufferers before proper trials had been conducted on the drug.

Dr Roy van Brummelen, managing director of Biomox Pharmaceuticals, said yesterday his company had started tests on the new preparation, Equimmune, about two years ago.

He said Equimmune stimulated the immune system of HIV sufferers, and reversed the decrease in a key indicator of the immune system of AIDS patients called CD4.

The company had ap-

plied for registration with the medical council which it hoped would be approved next month.

Van Brummelen claimed Equimmune increased the CD4 count by between 15 and 20 percent. This increased the sense of well-being of AIDS sufferers as well as their life expectancy.

He said if the immune system was not in decline, a patient could theoretically have AIDS and continue to live for many years.

The AIDS drug AZT causes an increase in the CD4 count for 10 to 15 weeks, after which the result tapers off, but with Equimmune the count continues to improve, Van Brummelen claimed.

Sher said there were many non-specific preparations which could boost the CD4 count and well-being of patients, but which were not a virus-fighting drug.

He emphasised the need to prevent raising the hopes of people who were desperate for any cure and were prepared to try anything in the hope it might help them.

Europeans aid SA Aids plight

CT 9/2/95 (92)
PRETORIA — Health Minister Dr Nkosazana Zuma yesterday signed two aid agreements with the European Union aimed at improving South Africa's health system

In terms of the first, the EU will assist the Department of Health in setting up a strategic planning team, Dr Zuma said at the signing ceremony at the Union Buildings here

The second treaty provides for aid to develop district health systems

Dr Zuma said a third agreement, in terms of which the EU would help South Africa to fight Aids, would be signed in about two weeks.

"This will give us some of the resources we need to put our Aids plan into action," she added

EU ambassador to South Africa Mr Erwan Fouere said the signing of the agreements marked the first direct co-operation between the EU and the new government

He added that the EU had so far approved about R100 million for the health sector in the country

Nearly half of this money was for the fight against Aids — Sapa

New Aids strain in Cyprus

NICOSIA — A new strain of the Aids virus has been found in Cyprus and its discovery could prove useful in work on a vaccine or treatments, a researcher said yesterday (92)

"Research carried out on Cypriot Aids patients since last February has isolated five different sub-types of the HIV virus. One has not been previously identified anywhere in the world," Dr Evis Pagdatis said

"This will eventually be helpful in developing specific vaccines and drugs for each sub-type," he added

Dr Pagdatis, a member of a research team headed by US-based molecular biochemist Dr Leontios Costrikis, said laboratory tests that identified the new strain were carried out at New York's Aaron Diamond Aids research centre, a non-profit medical organisation

The closest known type of the HIV virus to the one discovered in Cyprus is a strain found in the former Soviet Union

Cyprus has a very small number of Aids sufferers — there only 197 officially registered carriers — but the discovery underscores that the Mediterranean tourist island is at a crossroads for the spread of different types of the virus that causes Aids — Sapa-Reuter

CT 9/2/95

SA firm claims Aids success

By EUNICE RIDER
CT 9/2/95

A DRUG that apparently boosts the immune system of Aids sufferers has been developed by a South African company which claims it is a breakthrough in the treatment of the disease

Pretoria pharmacist Mr Roy van Brummelen said yesterday clinical trials of the drug, Equimmune, on more than 130 patients in the past two years had shown a

90% success rate. The product would "improve patients' quality of life and increase their lifespan"

Mr Van Brummelen said Equimmune could be on the shelves within two months if the South African Medicines Control Council (MCC) approved it next month

But MCC chairman Professor Peter Folb said in a terse reply to the statement last night that by

law no claims were allowed to be made for the drug until it was registered

"It is not acceptable that information about the drug was released (to the press) in this way. It can mislead the public"

"A medicine must have passed peer review and carry the approval of the MCC, before any public claim can be made for it"

Prof Folb said the test numbers were also "very small"

NEWS

Police co-operation vital - HSRC

star 10/2/95

012

'Legal brothels curb AIDS'

BY CHERYL HUNTER

Police and prostitutes tentatively agree that controlled prostitution — with the co-operation of the police — may be one of the most effective methods of curbing the spread of AIDS in South Africa, say researchers

Many of the "sex workers" interviewed during recent research by the Human Sciences Research Council believed that police co-operation and the legalisation of the sex trade were vital in the combating of AIDS

Johannesburg prostitute, Penny, told researchers "The girls don't carry condoms on them because if the cops pick you up for loitering, not for soliciting, but think you might be a prostitute, they don't have any proof until they find condoms in your bag, then they use them against you as evidence"

She said this had prevented many prostitutes who wanted to



use condoms from doing so

"The girls are too scared to walk with condoms in their bags because if the cops find them, they have to pay R300 and go to court the police force has a lot to do with many of the problems," Penny said

South African Narcotics Bureau unit commander Major Ian Ralph admitted that this was true "under certain circumstances"

"If the woman has two con-

doms in her bag it's okay, but if she has 20, then it's a different situation"

Figures reflect Johannesburg as having the highest incidence of prostitution and pornography in South Africa, as well as the second highest number of AIDS cases, (KwaZulu/Natal has the highest) with more than 500 people being infected on a daily basis

Ralph said legalisation of the sex trade would make the spread of AIDS more controllable "It would be easier for us to control prostitution if it was legalised and we could then check for medical certificates along with licences"

Ralph believed legal brothels would report illegal establishments and the whole business could be "upgraded" to an extent

Johannesburg pimp, Cocaine, thought that legalisation of the trade would help to inform peo-

ple of the dangers of AIDS

"They can make a red light district where the girls do not leave the premises The clients will be waiting to take the girls out and they can also get information about AIDS and the use of condoms there," Cocaine said

Another pimp, Michael, said he would apply for a licence if prostitution was legalised and added "Then they (prostitutes) will have to have an AIDS test every so many months and a general checkup every two weeks or so"

A client, Redmund, was worried about AIDS and said he would be happier if he knew the girls he hired were AIDS-free

"Unless you legalise prostitution, you haven't got control and no one knows"

Other sex workers mentioned medical aid plans and access to clinics as benefits of a legalised trade

ST 12/2/95
**Court
to rule
on HIV
tests** (92)

By CHIARA CARTER

EMPLOYERS' rights to conduct HIV tests on job applicants are to be challenged in a landmark court case

This follows the loss of careers of four young policemen — one of whom was commended for bravery — when their HIV status was discovered after compulsory testing.

Minister of Safety and Security Sydney Mufamadi and police Commissioner George Fivaz have until the end of the month to respond to papers issued by AIDS Law Project manager Abdurrazack Achmat, Lawyers for Human Rights, the Police and Prisons Civil Rights Union, the South African Police Union and the Transvaal branch of the Black Lawyers' Association.

The applicants want the court to rule that the police force's refusal to employ, retrain, promote or permanently appoint HIV-positive people is unfair discrimination.

They are challenging a proposed police regulation which says all job applicants must submit to tests for HIV.

The National AIDS Plan accepted by the Department of Health rejects the screening for HIV before employment as "discriminatory"

Despite international education campaigns, heterosexual Aids is spreading. **Karen Zagor** asks the burning question ...

How far would you go?

WM 10-16/2/95

92



CHIRSTINE'S new boyfriend Geoff was so terrified of Aids that he arrived for their first night together with a shopping bag full of dental dams and multi-coloured, flavoured condoms.

"I felt I couldn't laugh," Christine says, but the dental dam just made me want to cross my legs. It's a big square of rubber that feels like cling film and squeaks when it's pressed into you. He goes about his business behind the plastic sheet. After a minute I said 'I don't want to run the moment, but do we have to continue with this?' Then I tried the flavoured condoms. After raspberry, I couldn't take it any more. Geoff's precautions seem extreme, even to a New Yorker such as myself, accustomed to signalling the start of a serious relationship with an Aids test *à deux*. In England, he seemed almost perverse. But Geoff may be more aware than the rest of us about the progress of Aids in Britain.

Figures from the Public Health Laboratory Service (PHLS) show a rise in Aids and HIV infection among heterosexuals, while the proportion of gay men with the disease is declining. Moreover, the rate of infection among drug users has levelled off, with better access to clean needles and syringes.

In 1985, 95 percent of reported HIV cases were linked to sex between men, by last year, this had fallen to 62 percent. In contrast, the proportion of HIV cases linked to heterosexual sex had grown from 2 percent in 1985 to 30 percent in 1994.

Health experts are not yet advocating that we don't wear condoms before having sex, but they are warning about the perils to heterosexuals who don't take adequate precautions. According to a PHLS survey, if these trends continue, the incidence of Aids through heterosexual sex will increase steadily, while its incidence in homosexual males may already have peaked. This report isn't new but its message still

comes as news to the large number of heterosexuals who would rather believe the newspaper reports that dismiss the heterosexual risk as mere hype. Indeed, a report in the academic *Journal of Public Policy* last summer asked for cuts in funding for Aids research, claiming negligible dangers to non-high-risk groups.

A straw poll of heterosexuals reveals a remarkable lack of concern about Aids. Sally, who is now in a steady, condom-free relationship, says "The trouble is, we had sex lives before HIV. It's hard to change our behaviour. I think the HIV message has reached women but not men in their 30s."

Karl, a 20-year-old bass player, believes the risk is probably not taken as seriously as it should be. Like to get to know someone before I feel safe not using a condom. "But for a 20-year-old, getting to know someone takes only a few weeks. After that, I feel safe. But I think of it more in terms of preventing pregnancy than catching something."

Matt, another young musician, disagrees. "Pregnancy is the lesser of two evils. It can completely change your life, especially for the female. But it won't kill you."

Matt always carries a condom, but doesn't always use one. "In the heat of the moment, you can lose sight of your best intentions. I've had unprotected sex more than once. Usually I worry about Aids for a while, then I find something else to worry about. I've never had an Aids test."

When it comes to sex, older men are no wiser than younger ones. "One tends to check on the antecedents," says 48-year-old Nathan. "If someone's been to Africa, then I'll take double care." Like the younger men, he insists that he always starts with good intentions. "But halfway through the night, they get thrown out the window. I've had a vasectomy, so the other doesn't matter." Most women say they prefer to use con-

doms with new lovers, but few insist. Some are too embarrassed to ask, others don't want to kill the romance. Few feel they are putting their lives at risk. Liz recently had a fling with a Frenchman in his late 20s. "He was not at all inexperienced with women, but he had never used a condom. I'd like to say I always use condoms, but I don't. I think it's largely because guys don't like using them. Of course you can insist, but such is the passion of the moment that you usually say what the hell."

More surprising are the women who don't use condoms with known high-risk partners. Joan had sex with a bisexual man without asking him to have an Aids test, although she did ask him to have one when they decided to have children.

Rebecca recently had an affair with a former heroin addict. "It was very passionate and I was on the Pill. I honestly didn't think about it until a friend said, 'Mmm, a former junkie — eight condoms, then.'"

Britain prides itself on its success in fighting Aids. Worldwide, over 15 million people are estimated to have the HIV virus. It has reached epidemic proportions in Africa, where it is now largely a heterosexual disease. In Britain, about 30,000 people are thought to be HIV positive. Nick Partridge, chief executive of Terrence Higgins Trust, believes the disease has been kept in check here through good education and needle exchange pro-

grammes. But there is danger in feeling too safe. In New York, you can't walk out the door without seeing hollow-cheeked beggars with tell-tale purple blotches asking for money to buy AZT. Most Americans know someone who has died of Aids. US newspapers never flinch from naming it in the obituaries of the best and brightest, from Arthur Ashe to Robert Mapplethorpe.

In Britain, Aids is less visible. Protecting privacy, obituaries rarely mention cause of death. The general feeling is that Aids is a problem of gay men and drug users.

In the heat of the moment, you can lose sight of your best intentions. I've had unprotected sex more than once. I've never had an Aids test.

"We're the middle class, we're the ones who watch the documentaries but I don't know anyone who is HIV positive, so it's difficult to take the risk seriously," Sally says. And therein lies the danger, according to Nick Partridge. "Our great concern is that the success of the HIV campaign in the 1980s in preventing an Aids epidemic here has led to complacency. We risk making the mistake we avoided five years ago." Although the dangers of the heterosexual

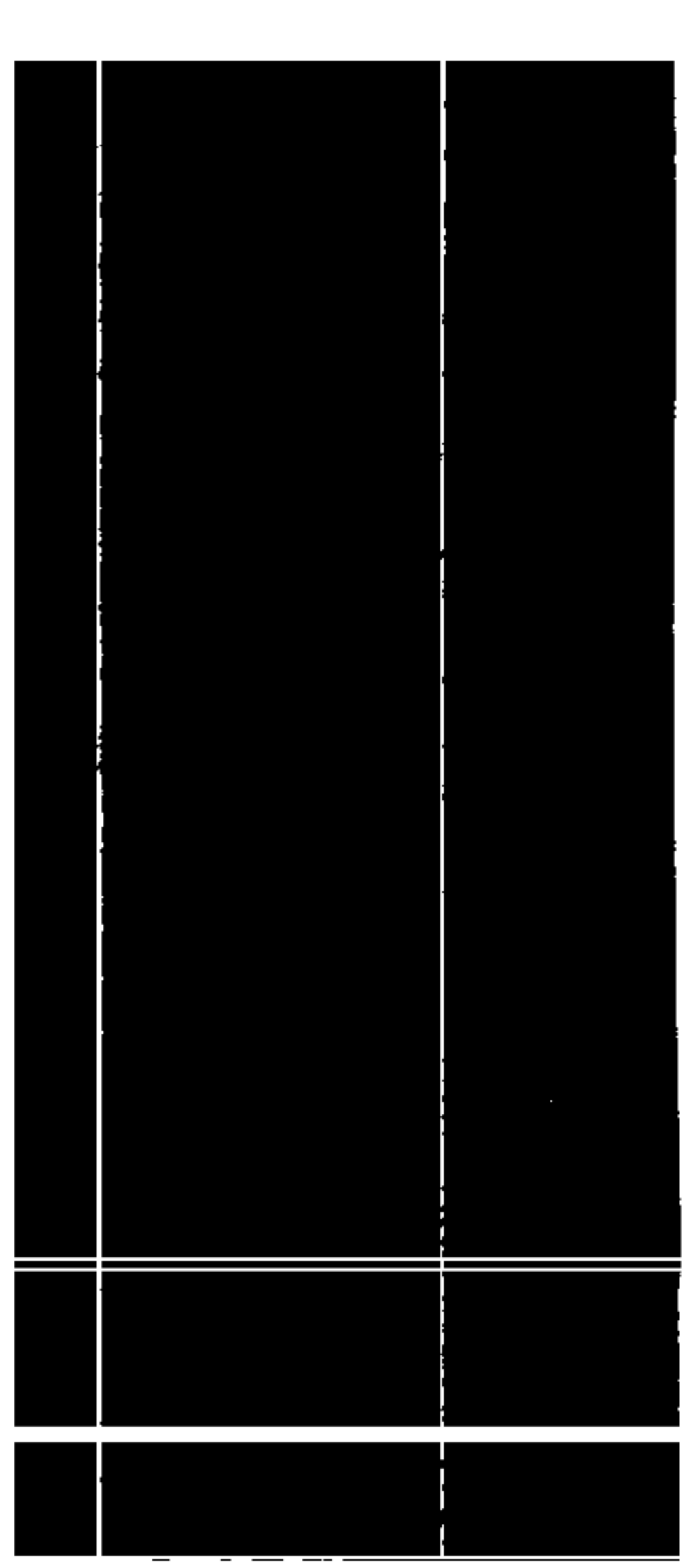
contact seem clear, the medical community does not appear overly concerned about unprotected sex among the middle class. When Rebecca asked her GP for a test, he asked "What's the point? You're not high risk. And what would you do if you tested positive? You might go off and commit suicide. We haven't the facilities for counselling."

He admitted it was policy to discourage low-risk people from being tested for HIV. "He just made an assumption from looking at me, and probably because I have a middle-class accent, that I wouldn't be at risk. When I told him I'd slept with a former heroin addict, he changed his mind."

Instead of an on-the-spot blood test, Rebecca was given a list of sexually transmitted disease clinics and testing times. But then she lost her resolve.

Sally is not convinced improved education and access to testing will lead to safer sex. "I used to read everything about HIV. Now I can't be bothered. It's hard to live in a society in which you assume everyone might be HIV positive. It's like living with war. You get used to it."

This complacency is exactly what Nick Partridge fears. "Using condoms and clean needles is as important now as it was five years ago. HIV is a fact of life. It is not going to go away, but it is preventable." All names have been changed.



Expert hits out at medical schemes on response to Aids

92 ~~227~~

ARG 13/2/95

□ *'Most reacted in knee-jerk way to disease'*

LIBBY PEACOCK
Health Reporter

MOST South African medical schemes have reacted in "an almost knee-jerk" manner to HIV-infection and Aids by either offering no benefits for people with the disease, or limiting benefits to such an extent that patients essentially receive no benefits at all.

That's according to specialist paediatrician and health-care consultant John Heavens who claims that by modifying the financing, consumption and supply of health services in order to deliver accessible and quality health-care, HIV and Aids can be rationally managed in an affordable way.

Dr Heavens was writing in Alexander Forbes Consultants' quarterly publication.

He said the approach of most medical schemes to offer virtually no benefits to Aids sufferers negated "the prime reason for the existence of medical schemes" —

to provide funding for the health-care requirements of its members.

Negative consequences of the approach were that costs were not contained, but only shifted to either the individual or the state, or that infected people did not disclose the infection and continued to claim for health-care services.

Also, little or no data was collected on HIV-infected people and so there was no means of generating management information about local rates of infection, actual costs and outcomes.

Dr Heavens said "Instead of burying one's head in the sand and hoping that the problem will go away it is essential to take a much closer look at the problem and try to address the issues."

Managed health-care processes and services which could help to manage Aids and HIV in an affordable way included:

- Medical schemes offering cover for HIV infection and Aids on the basis that individuals dis-

closed their infection as soon as they knew about it, and immediately entered an approved managed health-care programme. Confidentiality had to be guaranteed.

- Expertise was needed to develop and maintain the guidelines and treatment protocols — such as frequency of check-ups, preventive and therapeutic treatment and approach to terminal care — on which such programmes were based.

- Infected individuals had to be monitored closely, and if there was a significant membership base, programmes should be able to negotiate discounts and rebates on medicine.

Dr Heavens said information systems were "essential to the success of such programmes", and that there was "clear evidence" that by using such an approach, costs could be contained and patients' quality of life, productivity and longevity "significantly enhanced".

'RDP to help minimise Aids'

Staff Reporter

THERE was a link between the spread of Aids and the country's social, economic and political environment — and the Reconstruction and Development Programme (RDP) could help minimise the epidemic's impact

This is the view of Dr Clive Evian, community health special-

ist, former head of the Johannesburg Aids Programme and director of Alexander Forbes Health Care Consultants

In the latest issue of the business bulletin, Alexander Forbes Quarterly, he estimates that between 850 000 and 1,1 million South Africans are infected with the HIV virus

The country was now in the

second decade of its "HIV epidemic" and the long symptomless phase of seven to 10 years after infection was drawing to a close

Owing to the length of this stage the disease had been largely hidden

Dr Evian said that "in the long run" the RDP would contribute most to minimising the impact of Aids

(92) CT 14/2/95

Co-ordinated drive to combat AIDS begins

THE fight against AIDS received a boost with the first fully representative meeting of the National AIDS Convention of SA (Nacosa) on Friday. Representatives from all the regions, from unions, churches, government, non-government and scientific organisations convened at the meeting in Johannesburg to work out strategies to combat the epidemic.

The meeting included wide representation of rural and township communities which are the most severely affected by the epidemic.

The meeting decided to set up nine task groups which will focus on condom provision, youth education, sexually transmitted disease treatment, care and support and surveillance.

The Health Department's new AIDS director Quarraisha Abdool Karim confirmed government's support for the task groups.

At the meeting, Dr Malcolm Stein-

KATHRYN STRACHAN

berg of the Medical Research Council was requested to set up a technical medical and scientific committee to advise Nacosa and the government.

Judge Edwin Cameron and Dr Charles Mini, head of the AIDS control and prevention project were elected co-chairmen of Nacosa.

Swaziland Health Minister Derek von Wissel said yesterday nearly 21% of sexually-active people in Swaziland were infected with the AIDS virus. (92) 60 21/2/95

About 80 000 people were infected, and about 9 000 people would die of AIDS next year, he said.

Surveillance of ante-natal clinics had shown that one out of every five school-going children between the ages of 15 and 19 was already infected with HIV.

He said the figures were higher

than in SA, but lagged behind countries to the north.

The Swazi government had embarked on massive awareness campaigns, most of which were targeted at children. Children at primary and junior secondary schools were given books with AIDS theme. There were also anti-AIDS clubs at schools where children would explain the risks of AIDS to their peers.

Other campaigns involved traditional healers and community health workers.

Von Wissel said AIDS required more than the efforts of the health department to fight it.

Sapa reports that at an AIDS awareness seminar organised for teachers in Mbabane on Friday, King Mswati III called for greater awareness of the disease and its dangers as the way to avoid "a crisis for ourselves and for the nation as a whole"

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page 59

2-m infected by 2000: report

AIDS will cause 'economic havoc'

star 21/2/95 (92)

■ BUSINESS STAFF

AIDS has already reached epidemic proportions in South Africa and could have a devastating impact on the economy, health services and the insurance industry.

This is the view of Peter Doyle, convener of the Actuarial Society's AIDS subcommittee, published in the latest edition of the Alexander Forbes quarterly.

Annual AIDS-related deaths among adults could soar to 100 000 by the year 2000, at which stage there would be two million people infected with the HIV virus, Doyle said.

But rather than reducing the total size of the population, the

disease would shift society's age structure, leaving behind large numbers of orphans and decimating families' financial and emotional resources.

"The economic impact on households after the loss of a breadwinner will be devastating, particularly in the informal sector."

Because AIDS would cause the sickness and death of many young adults, it would seriously damage the economy.

"It is unlikely to result in a decline in the total labour force, but many of those affected will be skilled and educated persons, which will impact negatively on productivity and training costs.

"There may be problems at

places of employment based on discrimination or prejudice.

"Pre-employment screening, if widespread, may result in large numbers of HIV-infected persons also being unemployed."

The AIDS epidemic could threaten health-care provision for the whole country, including those who were not HIV-infected.

"It is likely that all health-care facilities will be placed under severe pressure and difficult policy decisions will be required about the treatment of people with AIDS."

The provision of both life insurance and employee benefits would be significantly affected, Doyle said.

'Smoking caused 40% of deaths'

ET 22/2/95

Staff Reporter

TOBACCO usage was responsible for just over 40% of deaths in Cape Town, according to Medical Officer of Health Dr Michael Popkiss

Dr Popkiss' annual report for the year from mid-1993 was issued yesterday

He said the leading cause of death was cancer, accounting for 18,9%, followed by elderly people dying of natural causes 16,2%, heart attacks and strokes 9,5%, and murder 8,3%

Dr Popkiss said tobacco-related deaths were caused by lung cancer (390 cases), heart attacks (1 392), strokes (578), chronic bronchitis and chronic obstructive airways disease (292) and tumour of the lip, oral cavity and pharynx (71)

Other causes were tumours in the digestive organs and peritoneum (392) and diseases of the oesophagus, stomach and duodenum (18)

No figures were available on the age at which deaths from tobacco usage occurred

Dr Popkiss said the question whether passive smoking was a

HIV cases in Cape increase to 1 364

THE number of Aids cases in the Western Cape by December 1993 had increased from 63 the previous year to 86, and the total of people who were HIV-positive had increased from 967 to 1 364, the city's Medical Officer of Health said in his annual report

Dr Michael Popkiss said the current pattern of HIV transmission in South Africa has changed to heterosexual transmission with the major impact expected to be on women and children

The total number of HIV-positive people country-wide was estimated in a 1993 survey to be more than half-a-million, including an estimated 14 564 babies

The success of health promotion and Aids prevention programmes in the white gay community — reflected in the number of Aids cases in that group — showed that similar efforts had to be intensified in an attempt to contain the heterosexual epidemic, Dr Popkiss said.

The Aids Training, Information and Counselling Centre in the city issued 293 323 condoms to the public between July 1, 1993 and June 30 last year.

health hazard had been conclusively answered by the United States Environmental Protection Agency, which has released a long-awaited risk assessment on the respiratory health effects of passive smoking

A key finding of the study was that passive smoking ranked "Class A" — the agency's category of greatest scientific certainty that a substance causes cancer

AIDS maverick may be on the right track

LONDON — Dr Abraham Karpas of Cambridge University has long been a controversial figure in an already controversial field. But perhaps he has been right all along.

For the last 10 years he has argued that the worldwide AIDS research programme has missed a simple way of treating patients: give them blood from infected people whose bodies seem to have found a natural way of combating the HIV virus.

Despite successful experiments and some limited trials of his passive immunotherapy (PI), all requests for funding from Britain's official AIDS research programme have been turned down.

But now Karpas believes he is being proved correct. The prestigious US National Academy of Sciences has published a major study of PI, carried out by French scientists.

Infected patients with AIDS were given blood from infected — yet healthy — patients whose bodies contained high levels of natural HIV-killing antibodies. For comparison, another group of AIDS patients were given ordinary blood.

After a year, the decline in health of those given the antibody-rich blood had slowed: only 18 of them either died or developed new AIDS symptoms, compared with 29 of those receiving ordinary blood.

The impressive results prompted the National

Academy of Sciences to issue a statement declaring: "PI is safe and offers a clinical benefit, and could open additional paths towards HIV treatment".

According to Karpas, the results show his ideas should have been pursued much earlier by Britain's Medical Research Council.

"The MRC should now support a PI trial."

The MRC remains unconvinced. MRC AIDS secretariat head Dr Alan Stone says the new results are "very interesting". But one explanation might be that the antibodies given to the AIDS patients were simply good at fighting the diseases that eventually

kill AIDS patients. Conventional antibiotics and other drugs are, however, already effective at this.

"All we say is that two studies so far do not support claims that it is the best therapy available."

Stone said the MRC had not deliberately blocked funding for Karpas's ideas. "What we cannot do is fund a trial which is unreliable."

Karpas said that since his funding applications had been turned down, a proper trial on passive immunotherapy could not be run and the MRC was able to say there was no evidence supporting it. "It is a chicken and egg situation."

— © Telegraph plc.

92
60 23/2/95

Radical Aids ⁽⁹²⁾ therapy tested

CT 24/2/95

ATLANTA — Doctors are soon to begin a radical new treatment for Aids in which bone marrow cells from baboons will be injected into patients who have only months to live

The scientists reason that if the immune system of an Aids sufferer were supplemented with corresponding cells from baboons, which appear impervious to the HIV virus, the patient may be able to battle against infection

The experiment is about to start on five patients, the American Association for the Advancement of Science was told by Dr Suzanne Ildstad, a transplant surgeon from the University of Pittsburgh

"By all criteria, the baboon is absolutely resistant

to infection by the HIV virus, for mechanisms that are not understood," she said "The hope in the trial is to achieve a level of baboon graft 'take', where we can achieve immune reconstitution"

Dr Ildstad said the radical technique could be regarded as a "natural form of gene therapy" The first experiment will be conducted on a patient from San Francisco in the next few months

It will take between one and four months to judge whether the cross-species graft is successful

"We could have a number of possibilities The human cells could still be open to infection and the baboon cells not We could even have the baboon cells eliminate the Aids virus, though

that is an unknown right now"

The technique has already been used to replace 20% of baboon bone marrow with human cells, and the primates have the various lineages of human blood cells as a result

The team is pinning its hopes for success on the recent discovery of a cell — present in bone marrow at levels of one per 200 000 other cells — that might improve the chances for cross-species transplants, said Dr Ildstad

This cell helps eliminate a rejection problem, called graft-versus-host disease, and allows the grafting of purified stem cells into genetically different recipients, including different species —
The Telegraph plc

Doctor claims Aids not a killer

ARLT 25/2/95
(92)

PETA LEE
Weekend Argus Correspondent

DURBAN — It is the AZT drug itself which is killing people — not Aids — says virologist Harvey Bialy, who has entered the controversy surrounding the use of the drug in hospitals in KwaZulu-Natal.

He says nobody has ever died of Aids, it is a political disease and, like Vietnam, another American mistake

Dr Bialy, an eminent American virologist, believes that HIV has nothing to do with Aids

It is reported that AZT is shortly to be administered to HIV-positive pregnant women at King Edward VIII in Durban and at Baragwanath hospital in Soweto to try to lower the shockingly high statistics of babies born with the virus

"It's the AZT drug itself," said Dr Bialy scathingly, "which is killing people AZT was designed specifically to kill cells

"I guarantee you that all these people who've died of so-called Aids have been treated with AZT There are no AZT survivors"

The erroneous belief that HIV is connected to Aids, and that Aids is a world epidemic, should be blamed on the Americans, he said

Dr Bialy said he was not alone in questioning the validity of "the HIV-equals-Aids dogma"

"After such a long time, for a hypothesis to have produced so little in the way of results is, to science, the hallmark of a bankrupt theory"

He said there had never been any scientific proof that HIV led to Aids

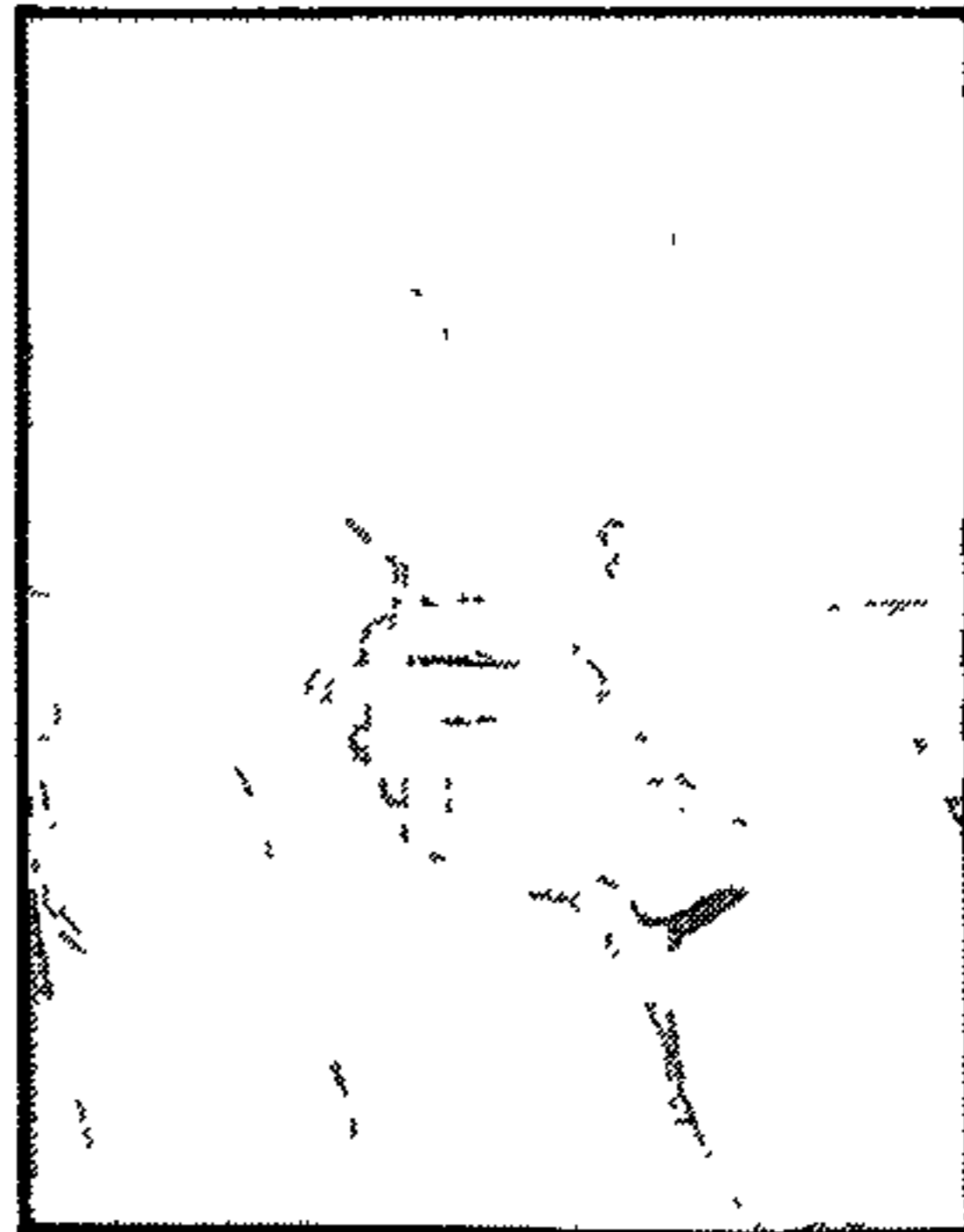
"HIV is a retrovirus — and a retrovirus is the most benign virus in the world It cannot possibly kill cells

"The general understanding of Aids is that HIV is a mutant retrovirus which causes Aids by killing T-cells But this hypothesis has never been tested"

Dr Bialy said people who had supposedly died of Aids had died of quite ordinary afflictions, like tuberculosis or pneumonia, for instance

"I challenge any doctor in South Africa, or indeed, in the world, to prove to me that a supposed Aids victim who died of pneumonia had a different strain of the illness from a non-Aids victim"

■ A leading American expert claims that the popular image of the killer disease Aids is all wrong.



THEY'RE WRONG: US virologist Harvey Bialy says Aids does not kill

The only way to cure Aids, he said, was "to turn off the spigot and stop the flow of Aids funding all over the world. Believe me, Aids would then disappear off the face of the earth"

Asked to comment on Dr Bialy's theories, both Professor Denis Pudifin, head of medicine at the Medical School, and the Assistant deputy head, Dr Denis York, declined

However, Professor Barry Schoub of the National Institute of Virology, Johannesburg, said they were "absolute nonsense"

"There's incontrovertible proof that HIV causes Aids, and that Aids exists," he said "Overwhelming evidence shows this quite clearly"

Professor Jerry Coovadia, head of the Department of Paediatrics and Child Health at Durban's Medical School, also scoffed at Dr Bialy's theories

"The drug (AZT) works on the T-cells which are already infected by the virus, and stops the growth of the virus in that cell It has minimal effects on normal T-cells

"In fact, when patients are treated with AZT, their T-cells increase, which is usually a mark of clinical improvement"

Expert paints bleak picture of AIDS

AMANDA VERMEULEN

AIDS will have a devastating effect on food output, labour and production in Africa, says London-based environment and development organisation Panos in a study on the disease.

"Once people develop AIDS symptoms, ill health usually follows, resulting in absenteeism of the ill and those who care for them."

Panos said in rural areas, labour lost through death and absenteeism could lead to a decline in food production, which would be critical for nutrition in rural and urban areas.

With poor nutrition, people would become even more vulnerable to infection, aggravating even further the labour problem.

In SA, which had a relatively small base of skilled and managerial workers, the effect on development would be devastating, making it likely that workforces would become younger and less experienced.

"The danger is that skilled workers and supervisors will die of AIDS much faster than replace-

ments can be trained."

In the mining industry, for example, this would result not only in a sudden collapse in output, but, a slow increase in the incidence of breakdowns, accidents and delays, all of which would affect output negatively.

A downturn in foreign remittances was also likely as fewer workers would go abroad to find employment.

Education and health would also be hard hit, as teachers, students, doctors and nurses became infected.

Panos said to avoid this disaster, development agencies should take the implications of AIDS into account. In sub-Saharan Africa, the region accounted for 10% of the world's population but represented two out of three infections, more than 80% of infections among women worldwide and 90% of infected infants. In southern Africa about 10-million people were infected.

Advice for medical schemes on how to deal with AIDS

"THE Ostrich Syndrome" is how Dr John Heavens, a director at the Alexander Forbes health care consultancy, describes medical schemes' response to the HIV epidemic.

The majority of medical aids in SA have reacted to HIV and AIDS statistics in a knee-jerk manner. They have either offered no benefits, or limited the benefits to such an extent that they effectively mean none at all. In terms of the private funding and delivery system, this is seen as the only way in which medical schemes can contain costs, says Heavens.

This approach, however, negates the prime reason for the existence of medical schemes — to provide funding for the health needs of its members.

Costs are not contained but, in fact, shifted to the individual or the state. Infected people do not disclose that they are infected, and continue to claim for health care services. Most medical schemes do not have the means to identify such individuals, and therefore they continue to incur expenses.

Another consequence of this approach is that little or no data is collected on HIV-infected people, and thus there is no means of generating management information about local rates of infection, actual costs (especially of the various ways of management) and outcomes.

Heavens believes there are many things medical aid schemes can do to address the problem.

One is through using a new set of management processes aimed at applying stricter controls to financing, consumption and supply of health services. Experience in the US and elsewhere shows that, by using such techniques, HIV

infection and AIDS can be managed affordably.

By shying away from the epidemic, the problem grows into an insurmountable obstacle. But by openly addressing it, medical schemes can manage HIV infection and AIDS. Accurate information can be collected and, equipped with this information, schemes can make decisions on controlling costs and improving effectiveness of treatment and also prevention. *BD 3/3/95*

Using the techniques and services of managed health care, medical schemes can offer cover for HIV infection and AIDS on the basis that people disclose their infection as soon as they know about it, and that they immediately enter an approved programme. There must, however, be controls to ensure confidentiality.

A knowledge base is required to develop and maintain the protocols on which such AIDS programmes are based. These include direction as to the frequency of check-up visits, types of investigations and appropriate preventive and therapeutic interventions, and approaches to terminal care.

Central to the success of such a programme is emphasis on prevention and HIV management, education for members as well as providers.

Infected people should be kept out of expensive hospitals as much as possible. This can be done through support for home care and treatment, and hospices.

From a significant membership base, such programmes should be able to negotiate significant discounts on medicines.

High rate of infection puts an end to complacency

92
BD 3/3/95
**Reports by
KATHRYN STRACHAN**

WITH SA now well into the second decade of its HIV epidemic, the phenomenal rate of HIV infections developing into full-blown AIDS is rapidly changing the complacent attitude prevalent in the country.

Alexander Forbes' health care consultants director Dr Clive Evian believes the long asymptomatic phase (seven to 10 years) after initial infection has resulted in the disease being largely hidden. The non-specific nature of the opportunistic infections associated with the AIDS condition has further masked the emergence of the disease in the eyes of the public.

However, this period of complacency is rapidly changing. The number of infected people is doubling every 11 to 13 months and it is estimated that between 850 000 and 1,1-million people in SA are infected. There are about 12 000 to 15 000 people in the advanced AIDS stage. In the next five years 250 000 to 300 000 people will develop the symptomatic illness.

"At first it seemed that focusing on sexual behaviour was a logical approach to controlling the epidemic," says Evian. "We assumed that if people learned about AIDS and did the 'right thing', the epidemic would look after itself... We were naive."

With the growing prevalence of HIV infection, the patterns and determinants of its spread are becoming more evident, revealing a definite link between the epidemic and the country's social, economic and political environment.

The ability to make informed choices and to act on educational input is a function of an individual's economic and social empowerment and status. The highest prevalence of HIV infection is among women in the 20 to 24 age group. Teenage girls are highly infected and were the most prevalent group in 1992.

The increasing mobility of people, also puts them at risk. Long-distance truck drivers are the most highly-infected of all job categories and infection rates among

SA migrant workers are about twice the national average. HIV prevalence increases dramatically the more frequently and the further an individual moves from his or her home.

Home ownership is one of the most protective factors in the epidemic and points to the powerful association between the risk of acquiring HIV and family and community dislocation.

Poor access to health care and especially care for sexually transmitted diseases and the availability of condoms are other important determining influences. HIV prevalence among people attending STD clinics is considerably higher. STD epidemics are running rampant among SA's lower socio-economic communities, and are frequently asymptomatic in women. Low literacy and educational levels are other contributing factors.

"Fear, ignorance and prejudice have so far had a major influence on the management of the problem which has resulted in unfair discrimination, the denial of some basic human rights and often irresponsible and damaging media portrayal of the disease," says Evian. This has all had the effect of further driving AIDS underground and undermining its prevention.

The rational way to proceed is to address the epidemic within the wider context of social and economic problems, and to begin by uplifting people's lives.

Monitoring the evolution of the AIDS epidemic and new approaches to its management, assessing its potential impacts, increasing awareness of the disease and correcting structural and employment policies that have disrupted normal community and family life are the cornerstones for managing this epidemic.

Men with HIV rape children

Sowetan 6/3/95 (92)

By Charity Bhengu

MEN DIAGNOSED HIV-positive are allegedly raping children aged between nine months and 10 years in the mistaken belief that this will cure Aids.

About 100 children below the age of 10 are raped every day in Soweto

A significant number of these sexually abused children may have contracted Aids as a result.

The notion that a child's hymen can cure the killer disease is believed to be spreading in Soweto.

Health authorities condemned the urban legend and said it was not true that having sex with children cured Aids. They warned that instead these men were spreading the killer disease to children.

Matron of Meadowlands Clinic in Soweto Ms Lettie Baatjies said: "There is the belief that having sex with children from nine months old to 10 years old, who still have a hymen, will stop them from dying of Aids. This is not true."

She said Soweto clinics were dealing with more than 100 cases of raped children below the age of 10 a day. Nurses said in most cases children were

abused by their own fathers and uncles. They said children suffered emotional abuse when their mothers kept the rape a secret.

Baatjies believes the myth may have contributed to the increasing number of abused children treated every day at the clinic.

Soweto District Surgeon Dr Thamsanqa Mbovana said he was handling more than 120 cases of abused children every month.

Nurses at Meadowlands Clinic were shocked when they established that defenceless children were targeted by men who had contracted Aids.

They said abused children suffered psychological and physical damage such as:

- Bone infection which paralyses them from the waist down;
- Rupturing of internal organs that leads to infertility;
- Sexually transmitted diseases that eventually result in death; and
- A loosening of muscles that may result in urinary disorders.

A child abuse awareness project will be launched at Meadowlands Stadium on April 22.

Khayelitsha could be facing an Aids time bomb

□ Teenagers still don't practise safe sex, despite the scare

LIBBY PEACOCK
Health Reporter

KHAYELITSHA may be sitting on an Aids time bomb, with more and more teenagers testing HIV-positive — but not practising safe sex

This, coupled with the widespread refusal by men to use condoms, and HIV-positive women continuing to have babies, could see the Aids rate soaring and, at the very least, doubling by next year

The Red Cross Society's Sister Colleen Jacob said Cape Town's only home-care project had about 110 mothers and children on its books. It also dealt with many mothers of babies who were ill, but who, although HIV-positive, were not ill themselves.

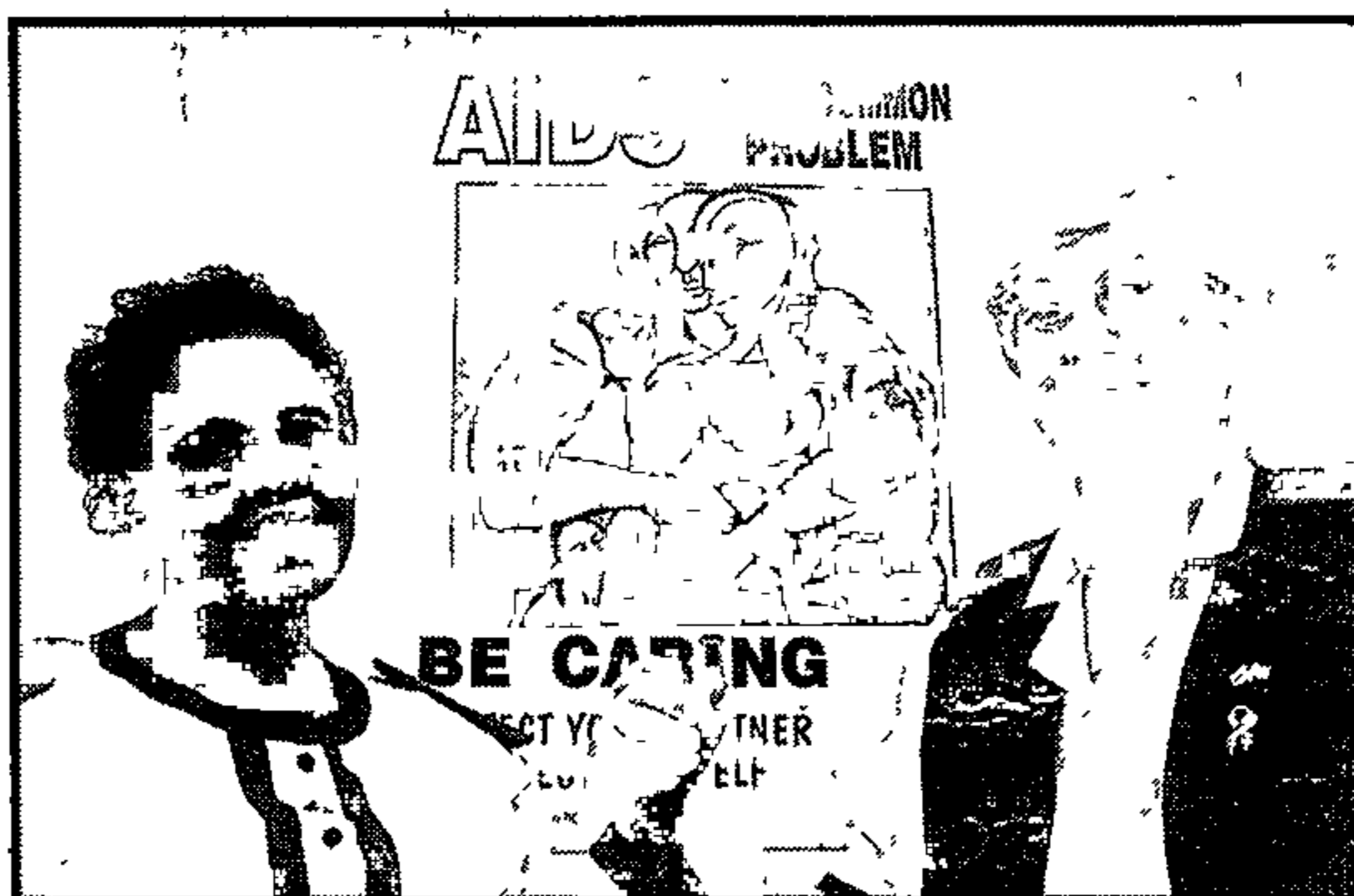
She said a year ago the project had only 25 patients.

"Now we get an average of one or two new referrals a week from the Red Cross Children's Hospital"

But resources to deal with the problem are pushed to their limits, and Cape Town's only home care project for Aids patients will have to close down at the end of April if additional funding is not found.

This will literally mean the end of home care for patients in disadvantaged areas, say Sister Jacob and her colleague Harriet Mayaba, who last week won a special team prize in the annual Glaxo Nursing Awards for their dedicated Aids community work.

Sister Jacob, who has spearheaded the organisation's



(92)
ARG 6/3/95

AIDS FIGHTERS:
Sisters Colleen Jacob and Harriet Mayaba of the Red Cross Society's home-based care project for people with Aids

Picture NIC BOTHMA

home-based care project, also works on skills-development projects for unemployed HIV-positive women and other community Aids issues, while Sister Mabaya is a full-time fieldworker for the project and has a group of trained home-based caregivers under her control.

But the project runs out of money in April

Says Sister Jacob "If there is no more money, it's the end of the project"

Most of the Peninsula is targeted, but the greatest need is in the townships — particularly Khayelitsha

She anticipated "an explosion" of Aids cases in the foreseeable future

Sister Mabaya said confidentiality was "a big drawback", as teenagers testing positive were not telling their

families and friends

Others would not believe that Aids existed, saying "We haven't seen anybody with Aids. You're just telling stories"

She said "quite a lot" of the teenagers seen by the project's staff were still at school, some in matric

"Some deny it, because they are not sick. They don't believe it and carry on as usual" — which included continuing to have unprotected sex

Most of the patients were women, but men were "not coming forward to be tested" and if they did, did not return for their results

Wives also reported that their husbands refused to use condoms — and it often happened that HIV-positive mothers who already had an infected child, fell pregnant again

Sister Jacob said her conservative estimate was that the number of HIV-infected people in the Peninsula would more than double by the end of next year. The biggest problem was in the squatter areas, where it was also difficult to trace people.

"The trouble is, we're not getting accurate figures"

Exacerbating the problem was the Western Cape's high tuberculosis rate

In fact, many Aids patients hid their illness from others, claiming they had TB, she said

"I've got a feeling that if we were to test TB patients, a large number would be HIV-positive"

● People interested in the project, or wanting to assist, should call Sister Jacob or Sylvia Hayes at 797 5360

AIDS 'to cripple Africa if West does not help' ⁹²

HEATHER PARKER

CAPE TOWN — The number of HIV-positive people in SA had doubled every year since records were opened in 1990, Health Minister Nkosazana Zuma said yesterday.

She told a news conference at the opening of an international HIV/AIDS conference there were now more than 8-million known HIV cases in SA, compared with 1,2 million in 1990.

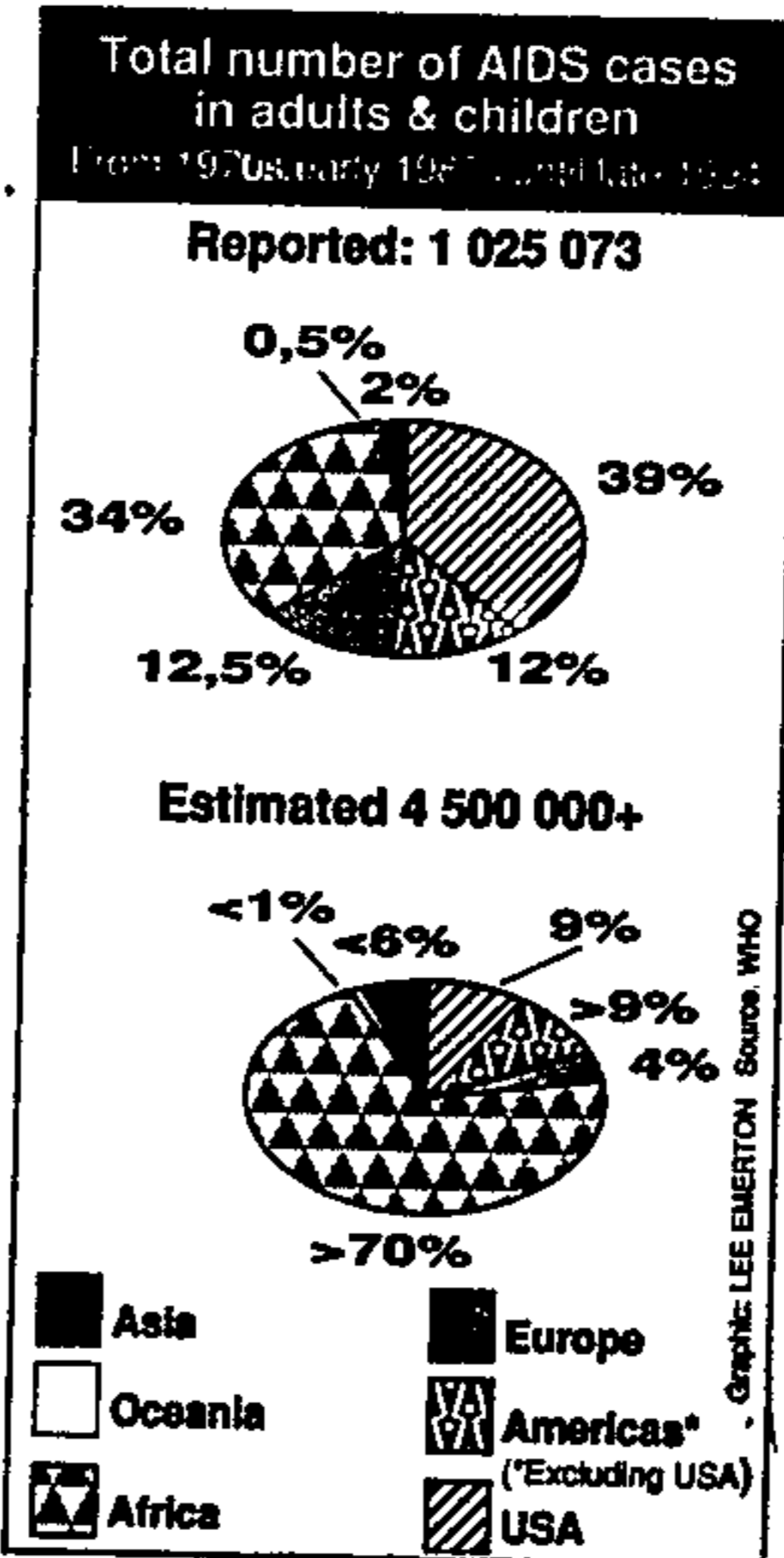
"We believe 500 people are infected every day," she said.

The Global Network of People Living with HIV/AIDS (GNP+) conference is designed to draw attention to the economic and social position of people who are HIV-positive.

In his opening speech, Deputy President Thabo Mbeki said the spread of HIV/AIDS posed perhaps the single most ominous and immediate threat to global and socio-economic prosperity.

"The impact of the spread has begun to cut deep into the socioeconomic fabric of some societies. A substantial number of the people affected are drawn from the young and able-bodied work force as well as from the young intellectual section of our society."

President Nelson Mandela had made HIV/AIDS "one of his main presidential projects," said Mbeki, through promoting the country's capacity to provide primary health care. This was one of the starting points in the offensive against the



spread of the virus.

The European Union's envoy to SA, Erwan Fouere, took advantage of the conference, attended by around 550 people with HIV or AIDS, to announce a donation of R50m to The SA HIV/AIDS programme.

The executive director of the new Joint UN Programme on AIDS, Peter Piot, said Africa was the world's most severely hit region.

According to the World Health Organisation, as much as 70% of the world's estimated 4,5-million AIDS cases are in Africa, mostly sub-Saharan Africa.

The effect of AIDS was not yet quantified at GNP level, Piot said, but was felt at household and at business level.

For example Uganda Railways was losing 3% of its total work force to AIDS each year, and the consequent necessary spending on recruitment and training was proving crippling.

In Tanzania, so many teachers had died it would take decades to replace them. There were so many AIDS orphans in Africa that the usual mechanisms by which orphans were absorbed into society had failed altogether. Food production was down because farmers were dying.

As Africa sunk deeper, the developed world was withdrawing.

"There is a general climate of abandoning Africa. Somalia, Rwanda, Liberia have had a generally very negative effect, and this is being felt in declining aid," Piot said. "It is our top priority to enlist the support of the developed world in the fight against AIDS."

The Cape Town conference is Piot's inaugural outing as head of the new UN task group. It is co-sponsored by the World Bank, the World Health Organisation, and four UN bodies: the Children's Fund (Unicef), the Development Programme (UNDP), the Educational, Scientific and Cultural Organisation (Unesco), and the Population Fund (UNFPA).

Power struggle hinders varsity changes

TRANSFORMATION at universities is plagued by a power struggle, with councillors claiming they are in control legally and students demanding decision-making capacity on councils. ^{BD 7/3/95}

Research by Nazem Mohamed of the education policy unit at Cape Town University identified in-fighting as the main threat to transformation forums at tertiary institutions. The forums were aimed at bringing about change in the governance of universities and involving all stakeholders, lecturers, management, workers and students.

Forums at Cape Town, Northwest,

MDUDUZI KA HARVEY

Free State, Port Elizabeth, Witwatersrand, Venda, Turfloop and Vista Universities were studied to draft a strategy for transformation.

Educationalists had realised the forums had no common principles and attempted to find ways for them to support each other.

Research at Wits University showed disagreement over the name of the forum and the criteria for selecting members onto it.

There was uncertainty about the powers forums should have. Students called for powers of the forum to be

legislated and for the council to rubber stamp decisions.

Black students experienced problems at predominantly Afrikaans universities like Free State where most students were satisfied with the running of the campus.

At Northwest, Turfloop and Natal Universities things had been different since the councils had been changed. Students at these institutions were members of council and participated in decision making.

At Cape Town and Western Cape Universities students were setting up subcommittees but did not want forums to act as advisers to council.

Aids figures shock

By Mokgadi Pela and Sapa

AT LEAST EIGHT PERCENT OF South Africa's population is HIV-positive, with about 500 more being infected daily, Minister of Health Dr Nkosazana Zuma said yesterday.

But experts refuted Zuma's figures, saying they were "too high". They said about one million people were HIV-positive by the end of last year.

According to the minister's statement, more than 3,2 million South Africans are HIV-positive.

Addressing an international HIV and Aids conference in Cape Town, Zuma said the Government would make Aids awareness part of its primary health care programme.

Almost doubled

When statistics were first tabled in 1991, about 1,2 percent of the population was infected. The figure had almost doubled annually to the current high percentage, she added.

Zuma said KwaZulu-Natal had the highest infection rate and that at least 20 percent of the population there was HIV-positive.

"Women are more affected than men — almost double the rate of men," Zuma said.

Work together

People aged between 15 and 30 were the most likely to become infected.

The Government would not discriminate against HIV-positive people, setting an example to business and the general public.

"We, as Government, need to show that we can all work together" Social awareness was

By December last year we had slightly more than one million HIV infections in the country

(92) soweran 7/3/95

necessary to break the stigma attached to "the mystery disease"

Refuting Zuma's figure, Aids expert Professor Ruben Sher said: "By December last year we had slightly more than one million HIV infections in the country. According to the World Health Organisation, sub-Saharan Africa's figure stood at 11 million at the end of 1994. For the minister to suggest that 3,2 million of those come from South Africa is cause for concern."

Based on projections

Mrs Mary Crewe of the Community Aids Centre said while she doubted the minister's figures, they could have been based on projections.

Mr Tjaart Esterhyse of the actuarial research department at Metropolitan Life said while not wanting to contradict the minister's figures, estimates would put the figure at seven percent.

Addressing the conference in Cape Town, director-general of the United Nations Co-Sponsored Programme on Aids Dr Peter Piot said the impact of Aids on socio-economic development was enormous.

For example, Uganda railways had lost three percent of its annual workforce as a result of Aids. He added that development planning needed to take the disease into account.

Warning on Aids impact on economy

(92) ARG 18/2/95

Business Staff

AIDS has already reached epidemic proportions in South Africa and could have a devastating impact on the economy, health services and the insurance industry.

This is the view of Peter Doyle, convener of the Actuarial Society's Aids subcommittee, published in the latest edition of the Alexander Forbes publication Quarterly

Annual Aids-related deaths among adults could soar to 100 000 by the year 2000, at which stage there would be 2 million people infected with the HIV virus, Mr Doyle said.

But rather than reducing the total size of the population, the disease would shift society's age structure, leaving behind large numbers of orphans and decimating families' financial and emotional resources

"The economic impact on households after the loss of a breadwinner will be devastating, particularly in the informal sector"

Because Aids would cause the sickness and death of many young adults, it would seriously damage the economy

"It is unlikely to result in a decline in the total labour force, but many of those affected will be skilled and educated persons, which will impact negatively on productivity and training costs"

Widespread personal trauma would be experienced when large numbers of otherwise productive and healthy adults found they were HIV positive

"There may be problems at places of employment based on discrimination or prejudice"

The Aids epidemic could threaten healthcare provision for the whole country, including those who were not HIV-infected

"It is likely that all healthcare facilities will be placed under severe pressure and difficult policy decisions will be required about the treatment of people with Aids"

The provision of both life insurance and employee benefits would be significantly affected, Mr Doyle said

Agony of the AIDS rumours (92)

Jan 7/3/95

■ BY BONGIWE MLANGENI
CITY REPORTER

After much agonising, soul-searching and sleepless nights, Portia Mthembu had come to accept her fate — that she was about to die and leave her three children motherless.

But now her life has changed for the better ... life is there to be lived to the full.

Her nightmare began in 1992 after the birth of her second child.

She was hardly a week back at her Alexandra home when her neighbours told her to leave because she had AIDS.

"They stood outside my gate and shouted insults at me. There were so many rumours that I started to believe what they were saying," she says.

Even though her doctors never said she was HIV positive, Mthembu lived in fear and began to accept that she was going to die.

The rumour brought her misery. She lost all her friends, her marriage was almost destroyed and her children were ostracised. Her neighbours refused to greet her or touch her because they believed she had AIDS.

Her neighbours' response is a common one, despite well-publicised medical proof that AIDS cannot be transmitted through social contact.



Learnt the hard way ... for two years Portia Mthembu thought she was infected with AIDS, and discovered only last month that she was HIV negative. Her baby boy Bathembu is also healthy. PICTURE PETER MOGAKI

Mthembu decided she wanted the truth. She and her husband went for an HIV test last week. They both tested negative.

She was relieved, she says, but she felt humiliated and angry. "All these years I was made to believe I am not okay. I could not do a thing because I thought I was going to die."

Even though she wants to start all over again, her neighbours insist she keeps away. They are now even more hostile, she says.

Mthembu has reported the matter to the police but has received no help.

"I still do not know what's the source of this rumour. But what I know is that I have a life to live and to enjoy," she says.

8% of South Africans HIV positive, says Zuma

Cape Town — At least 8% of South Africa's population was HIV positive with about 500 more becoming infected daily, Minister of Health Dr Nkosazana Zuma said in Cape Town yesterday.

She was speaking at an international HIV and AIDS conference attended by more than 500 people from 80 countries and sponsored by the Global Network of People Living with HIV and AIDS.

Zuma said that when statistics were first tabled in 1991, about 1.2% of the population was infected. The figure had almost doubled annually to the current high percentage.

Zuma said KwaZulu-Natal had the highest infection rate and that at least 20% of the population there was HIV positive.

"Women are more affected than men — almost double the rate of men," she said. People aged 15 to 30 were the most likely to become infected.

The Government would not discriminate against HIV-positive people, setting an example to business and the public.

Social awareness was necessary to break the stigma attached to the "mystery disease". The Government would make AIDS awareness and care part of its primary health care programme, she said.

Opening the conference, Deputy President Thabo Mbeki said the international community had a major responsibility to help underdeveloped countries create the social and economic capacity to join the fight against the spread of AIDS.

Areas worst affected by the spread of the disease were usually those in which social conflict and poverty had made normal social and family life impossible. Communication with far-flung rural communities was also crucial to combat AIDS.

Dr Peter Piot, executive director of the new joint UN programme on AIDS, emphasised there would be "no pullout" from Africa.

World Health Organisation statistics indicate that there are currently more than 4.5-million AIDS sufferers worldwide. More than 70% of cases occur in sub-Saharan Africa.

Late last year it was estimated that about 18-million adults and 1.5-million children had been infected with HIV since the early 1980s. This figure is expected to reach between 30- and 40-million by 2000.

More than 3-million people have already died of AIDS worldwide and by the turn of the century, fatalities are expected to rise to 10-million — Sapa.



Picture: NIC BOTHMA

AIDS AWARENESS: Gum boot dancers entertain the crowd at the opening of the seventh international conference for people with HIV and Aids being held in the Cape Town City Hall. Guest speakers included Deputy-President Thabo Mbeki and national Health Minister Nkosazana Zuma, who are sitting at the table

World focus on Aids at Cape talks

(92) AKG 7/3/95

□ Little support in poorer countries

JENNY VIALL
Staff Reporter

PEOPLE in developed countries live longer after contracting HIV because of the drugs and support systems available to them.

Shaun Mellors, chairman for the seventh international conference of people living with HIV and Aids, told a news conference in Cape Town that HIV-positive people in less developed countries had little support.

There was a difference in what was meant by long-term "living with HIV" in northern countries (10 to 12 years) and southern countries (three to four years) Prevention, treatment and access to health care differed.

But, said Mr Mellors, it was not how long HIV people lived that mattered, but how they lived.

He said the Global Network of People Living with Aids and HIV, organisers of the conference, had a holistic approach to health care, believing that clinical care included support, and

traditional allopathic medicine could not be separated from alternative therapies.

Topics to be covered at the conference include health, human rights and identities, HIV-positive prisoners, skills building and communication.

An exhibition marquee behind the Sea Point Civic Centre is open to the public every day from 4pm to 7pm.

The international quilt, a project begun in San Francisco to commemorate people who have died of Aids, is on show on the Sea Point beachfront. This is the first time the quilt has come to Africa.

Health Minister Nkosazana Zuma told the conference that people with HIV should be encouraged to come forward and break the vicious circle of HIV/Aids secrecy.

She said people feared that if they exposed their HIV status they would lose their jobs. This made them secretive about it, which isolated them. People then said they had never seen HIV/Aids.

Thus perpetuated the idea of

a mysterious disease.

Dr Zuma told more than 350 delegates to the conference from 82 countries that South Africa had a long way to go towards understanding how to deal with people living with Aids/HIV.

Deputy President Thabo Mbeki told delegates the fight against HIV/Aids was more than a medical and scientific matter.

"It is also a social and developmental issue. Reasons for the spread of the virus, as well as solutions to curbing its spread, should be sought in every aspect of social activity."

At a press conference after the opening, Dr Zuma said a R50 million donation from the European Union for HIV/Aids in South Africa had been allocated to the provinces, which would work out their own health plans.

Keynote speaker at the conference Peter Piot, executive director of the Joint United Nations Programme on Aids, said his programme would not pull out of Africa.

... ..

PREPARATION FOR AIDS CONFERENCE

Hotel staff briefed on Aids, safer sex

92

CT8/3/95

DELEGATES to the city's Aids conference were welcomed by hotel staff prepared for their arrival. **YVETTE VAN BREDA** reports.

STAFF at Protea hotels underwent a day-long course on Aids awareness before hundreds of people with HIV and Aids converged on two city hotels for the seventh international conference

Spokesman for the Protea group of hotels, Mr Ray Smuts, said yesterday that they welcomed all guests with "open arms" and there was absolutely no discomfort among staff or guests with accommodating people affected by the killer disease

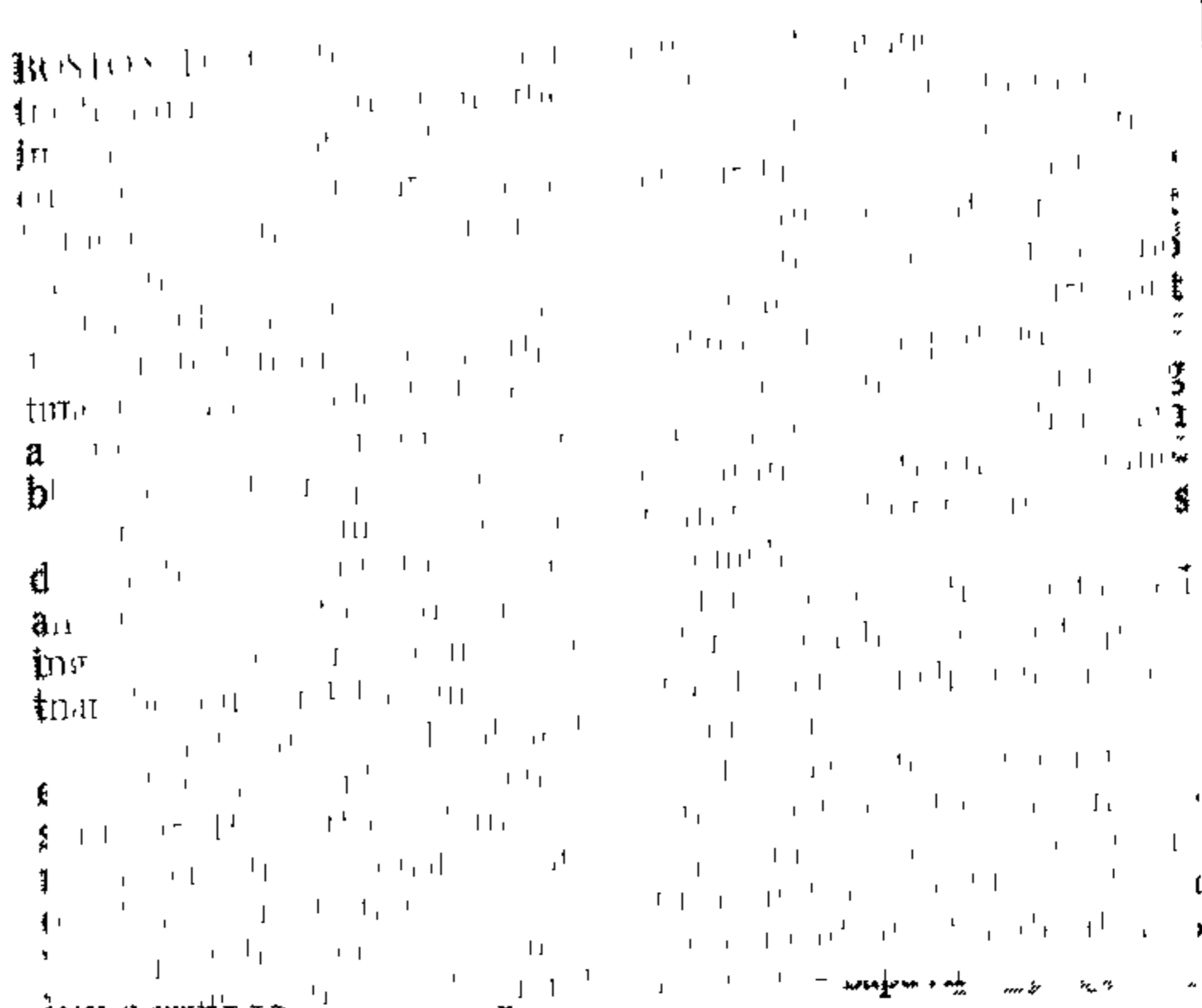
Mr Smuts said all managers and staff at the hotels — the Ritz Inn in Sea Point and the Capetonian Hotel — attended the course

A spokeswoman for the Capetonian Hotel said "The staff is totally relaxed about the delegates being here"

All members of staff underwent the one-day course. They were told how one could contract the disease and were given facts and figures on international Aids victims and HIV-positive people. They were also given instructions on safer sex in a second session of the course

"Guests are guests and we do not discriminate against anyone. We welcome them and are happy to be a part of the conference," she said, adding that several staff members were members of the Global Network for People Living with HIV and

Doctors rebuild cells that HIV destroys



Aids

The spokeswoman said all staff members were wearing the popular red ribbons to indicate their solidarity with Aids patients and were also sporting Aids T-shirts

● Meanwhile, local Health Minister Mr Ebrahim Rasool addressed certain delegates of the conference at a separate workshop hosted by his ministry in Kirstenbosch yesterday on support and empowerment for HIV-

positive people and those with Aids. He challenged international delegates to help South Africans write laws which would enable them to support and care for Aids sufferers

He called on delegates who represented business, welfare, prisons, churches, Aids education and health to grapple with the real problems facing people living with HIV and Aids — problems concerning isolation, employment and justice

NEWS OJ witness suggests police involv

Help for Aids in Africa shrinking

92

Sowetan 8/3/95

By Glen McKenzie

GLOBAL assistance to Africa is shrinking despite the challenge of an Aids epidemic that has already affected 11 million Africans, executive director of the Joint United Nations Programme on Aids Dr Peter Piot said in Cape Town on Monday

Piot spoke to more than 700 HIV positive people from around the world at a conference of the Global Network of people living with Aids

The conference, which goes on until Friday, was opened by Deputy President Thabo Mbeki on Monday

Mbeki and Health Minister Dr Nkosazana Zuma pledged their support to fight Aids, which is estimated to infect about 500 South Africans daily

Piot assured the conference that the new UN programme would not abandon Africans, despite "serious challenges from which, tragically, the world seems to be retreating"

On the opening day, delegates gave accounts of how they had suffered because of HIV

One delegate from Russia thanked the South African Government for allowing HIV-positive foreigners into the country "I'm not sure if we would have been allowed in the United States"

Dorothy Bartolucci of San Francisco, US, said lesbian women with Aids were being ignored

Piot said his programme aims to coordinate the international Aids effort in order to "pool resources and accomplish more with the money"

SA to play part in UN's new AIDS programme

KATHRYN STRACHAN

92

SA is to take part in a UN programme to develop a strategy to stem the spread of AIDS.

The aim is that by January 1 next year, instead of having six programmes at the global level, there will be a single UN system to address the major strategic and policy issues raised by the epidemic.

The new programme's executive director Dr Peter Plot told the International Conference of People Living with HIV/AIDS in Cape Town this week that strategic planning would involve a wide range of partners. People infected with HIV and AIDS would play a key role, serving on advisory committees guiding the joint programme.

The programme would draw on the expertise of the co-sponsors, which included the World Health Organisation, UN Children's Fund and Development Programme and the World Bank.

He said that while it would be a donor agency, the joint programme would concentrate on being a catalyst for world action on AIDS.

The programme would cover prevention of HIV infection, care and support for people affected by the epidemic, and reduction of the social and economic impact on communities.

Meanwhile, the Health Department said yesterday that up to 700 South Africans could be contracting the AIDS virus daily, with an estimated 850 000 people believed to be infected already.

Altogether 1 418 deaths from AIDS had been reported to the department since the beginning of the epidemic, said a statement issued by director general Dr Coen Slabber. A total of 6 626 cases of full-blown AIDS had been reported.



At a news briefing in Johannesburg yesterday Dr Peter Plot, executive director of the Joint UN programme on AIDS, explains the structure and goals of the new programme.

Picture: ROBERT BOTHA

AIDS claims slowing down, says insurance industry report

CT 9/3/95

By AUDREY D'ANGELO

CONSUMER ADVISOR

There are early signs of a slowing down in AIDS-related claims reported by the South African insurance industry, even though the number of deaths in the population has increased.

A report issued by the Mercantile and General Reinsurance Co yesterday said "the trend no longer follows the exponential rise evident in the number of AIDS deaths recorded in the population."

This, it said "is probably an indication that the underwriting measures introduced by life insurers are having the desired effect."

The report said the number of AIDS-related claims notified by the insurance industry since 1994 now totalled 1,234. Over the past year

311 new notifications were received, increasing the total by 34 percent.

The number of claimants rose by 222 to 825, an increase of 37 percent over the previous year. An increasing number of claimants — over 50 percent of those notified in the past year — were married.

The proportion of female claimants continued to increase, with the fastest growth among single women. Almost half the claimants were between the ages of 31 and 40.

The total sums claimed to date have risen to R44.2 million for life, R6.5 million for disability and R150,000 a month in personal health insurance payments.

About 12 percent of claims notified are not settled immediately either because of an AIDS exclusion clause in the policy or suspected

non-disclosure of information when it was taken out.

The bulk of claims came from individual business. But, the report warned, group claims are now rising at twice the rate of individual claims.

In the population as a whole the number of AIDS cases reported by December 30 totalled 4,926.

In 1994 a total of 1,943 adult cases were reported, of whom 1,027 were women and 916 men. This compares with eight men and no women 10 years earlier.

The first AIDS-related deaths reported among women were four cases in 1987 compared with 36 men.

"Even allowing for reporting delays the population figures are now increasing at a much faster rate than that apparent in the insurance data," the report concluded.

political disease

(92) WM 10-16/3/95

ular psychology — was alien in many African cultures: "You sit down with them and ask them how they feel, and they will say 'I feel nothing'. They need to learn that problems must be shared."

With African women at particularly high risk from HIV — infected women in Africa outnumber infected men by six to five — educators face the monumental task of reshaping traditional attitudes to gender roles and sex.

"You say, 'don't let your husband sleep with you without a condom' — and she comes back to you the next day with a bruised eye," Mabela said.

This week's conference was the seventh of its kind, and the second to be held in a developing country. The first five conferences were held in Europe or North America, and another 40 First World concerns dominating the agendas. Hence the decision to hold future conferences in the developing world.

At this year's conference, 40 percent of the delegates were from Africa, and another 40 percent from Asia, the Pacific, and Latin America.

The 20 percent who came from Western Europe and North America — the regions that are best equipped with the resources to support people with Aids and HIV — showed a willingness to pass on whatever skills they could, without being prescriptive.

"We have no intention to recolonise the

world," remarked German delegate Carsten Schatz.

Mellors wondered whether the diversity of experience was too great to be accommodated in a conference of this kind. "Some people who are here from developing countries don't even understand the difference between HIV and Aids," he said, suggesting that in future years the educational function of the conference ought to take place at regional rather than global level.

But, he added, "we are trying to make this year's conference as practical as possible for people from the South".

The conference agenda included discussions on how to set up income-generating projects to help break the cycle of HIV infection, unemployment and poverty.

Discrimination in the job market against people with HIV is particularly acute in developing countries where poverty is endemic. People don't dare disclose their HIV positive status for fear of being ostracised by family, friends and employers, and because of this secrecy

there is nothing to counteract the prejudices that prevail.

Silence in turn leads to denial — lack of awareness about the epidemic leads to a situation where people refuse to believe that educational material about HIV transmission is relevant to them.

Intervention by those in power cannot provide an outright solution to the epidemic.



YAS served in SAA

dem, but it can help to break the vicious cycles which have seen the epidemic spinning out of control.

Delegates universally praised Minister of Health Dr Nkosazana Zuma for implementing a policy of non-discrimination against people with HIV when employing new Health Department staff. Mellors expressed the hope that other departments and the private sector would take their lead from Zuma in combating discrimination.

On the other hand, South Africa's Department of Home Affairs took flak for stamping foreign delegates' passports with visas that indicated they had come to South Africa to attend a gathering of HIV-positive people. "Now I am not sure whether I will be able to visit a country such as the US which has a policy of excluding people with HIV," said a Russian delegate.

The United Nations, too, has taken cognisance of the need for non-medical intervention in the crisis.

"HIV transmission takes place in a particular social environment," observed Dr Peter Piot, executive director of the new Joint United Nations Programme on Aids. "We need to create an environment that is conducive to safe sexual behaviour and drug use."

HEATHER PARKER

CAPE TOWN — I never thought I would feel self-conscious about not being HIV-positive. But it happened this week, at the AIDS convention

As the seventh international conference for people living with HIV/AIDS got down to business, the media — all, it was assumed, HIV-negative — were bounced out of the Sea Point Civic Centre. The delegates' message was clear: this is a closed club.

Their nervousness was understandable, given the intolerance and human rights abuses that characterise the attitude to AIDS in many of the 82 countries represented.

Speakers ranging from Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma to former Zambian president Kenneth Kuanda returned time and time again to the twin themes of the conference: the fear and intolerance that governs many countries' response to the disease; and the fact that AIDS is a socioeconomic disease with immense political implications.

Executive director of the new joint UN programme on AIDS Peter Piot said if predictions were correct

To understand AIDS 'we must understand victims'

that the world's HIV-positive population would total 30-million to 40-million by 2000, every fiscus would feel the effect.

Kaunda said "It is the young people, the economically active people, who are dying. A decline in the labour force is being experienced at national and household levels. In our region, where education and technical expertise are at a premium, this will cancel out our economic and social gains. Zambia cannot afford to lose them, and we cannot afford the orphans who are left behind." He said Unicef predicted there would be 5.5-million AIDS orphans in Africa by 2000.

Mbeki said that in SA the vulnerability of disadvantaged socioeconomic groups to HIV could be observed in the epidemics in areas of greatest economic depression or social upheaval. These were KwaZulu/Natal and Gauteng, where urbanisation and migrant labour patterns broke down the fabric of society.

Piot said single-sex hostels were AIDS hothouses

Unenlightened attitudes were another major problem discussed. AIDS campaigner Prudence Mabele said "We give women condoms, and tell them not to sleep with their husbands without using them. They come back next day with bruised faces."

The prognosis for people diagnosed HIV-positive reflected the north-south economic divide. HIV-positive people living 10 or 11 years in the developed northern countries were considered long-term survivors, while three or four years in developing countries was considered long-term survival.

Zuma said it was not just a matter of superior drugs and medical care. "We have been so preoccupied with understanding the virus that we have not given any thought to understanding the victims."

"Until we understand the victims, we don't understand the disease."

Delegates energetically picked up the theme of a holistic approach to the virus, starting with abolish-

ing self-discrimination. Argentinian Haydee Pellegrini said "The psychological aspect to having HIV is arguably the most important. We need to get rid of this idea that we are second-class citizens."

A disregard for the human rights of HIV-positive people has been much under discussion. The Scandinavian countries, for instance, recently passed laws which allow for imprisonment without trial of HIV-positive people having unsafe sex.

In SA, most medical aids have written into their rules an exclusion on HIV/AIDS. They say they cannot afford the expensive drugs. Almost without exception, most countries require would-be immigrants to take an AIDS test.

The conference closes today, leaving delegates in much the same position they were in at the beginning of the week. "We don't have the answers," said Piot. "But more and more, we believe, we are asking the right questions. That counts for something."


BUSINESS

Aids claims slowing down, says report

(92) Star 10/3/95

■ BY AUDREY D'ANGELO

Cape Town — There are early signs of a slowing down in Aids-related claims reported by the South African insurance industry, even though the number of deaths in the population has increased.

A report issued by the Mercantile and General Reinsurance Co this week said "the trend no longer follows the exponential rise evident in the number of AIDS deaths recorded in the population."

Desired effect

This, it said "is probably an indication that the underwriting measures introduced by life insurers are having the desired effect."

The report said the number of AIDS-related claims notified by the insurance industry since 1994 now totalled 1 234.

Over the past year 311 new notifications

were received, increasing the total by 34 percent.

The number of claimants rose by 222 to 825, an increase of 37 percent over the previous year. An increasing number of claimants — over 50 percent of those notified in the past year — were married.

The proportion of female claimants continued to increase, with the fastest growth among single women. Almost half the claimants were between the ages of 31 and 40.

The total sums claimed to date have risen to R44,2 million for life, R6,5 million for disability and R150 000 a month in personal health insurance payments.

About 12 percent of claims notified are not settled immediately either because of an AIDS exclusion clause in the policy or suspected non-disclosure of information when it was taken out.

The bulk of claims came from individual business.

But, the report warned, group claims are now rising at twice the rate of individual claims.

In the population as a whole the number of AIDS cases reported by December 30 totalled 4 926.

Group claims

In 1994 a total of 1 943 adult cases were reported, of whom 1 027 were women and 916 men.

This compares with eight men and no women 10 years earlier.

The first Aids-related deaths reported among women were four cases in 1987 compared with 36 men.

"Even allowing for reporting delays the population figures are now increasing at a much faster rate than that apparent in the insurance data," the report concluded.

THE FACES OF AIDS ⁹²

the seventh International Conference for People Living with HIV/AIDS. There was one criterion for people to attend: All the delegates must be HIV positive, or have AIDS. Such a conference is not held in parts of the world, but never in Africa.

Zambian premier Kenneth Banda was there to lend support and to tell the story of his son who died of AIDS in 1986 — and the pain it caused the family. He told how he was left behind by five children who were orphaned by the dead man's siblings.

THEY came from all over the world to Cape Town, these people living with HIV and AIDS, to tell their story and to learn from each other how best to deal with the disease which has no cure. CHARMAIN NAIDOO listened to them

ST 12/3/95

There was more. He talked of the spread of the disease in sub-Saharan Africa, where an estimated six-million people are infected.

Which was why it was interesting to talk to the various interest groups attending the conference. From the mix and spread of delegates, it was obvious that Africa had sent the largest number of

representatives

One of the dynamics that emerged was that "the militant American-styled, controversy-seeking gay lobby" was behaving as though it had copyright on the disease. And the attitude of its members irritated other delegates.

A north African delegate explained "It is ironic because Africa has the largest

number of people living with HIV/AIDS. One of the things that is obvious is that those people from the more developed countries are obviously in possession of the latest information and literature on the subject. Which is why I came here — to learn from them. I just hope they'd be more gracious about it."

What was obvious was that AIDS/HIV affects everyone. Representatives included gay men, straight men and women — many married with children, lesbians, single sexually active people, haemophiliacs and people who received contaminated blood through transfusion.

Here are some of their stories



'This is a disease, not a disgrace'



'My mother and step-father have disowned me'



'I hope I live long enough to see my son grow up'

MAJOR RUBARAMIRA RURANGA

47-year-old major in the Ugandan army, wife, and four children aged 22, 18, 16 and 15. I tested positive. It was a great setback for my family — I am the first born and everybody looks up to me. When I found out I had the virus, I was worried about it but I decided to change things. My first decision I took was to learn more about the disease, so I took a counselling course. I learnt how to live with HIV for a long time before it turned into full-blown AIDS — if at all. I decided to use the time I had left in two ways: to look after my kids who were all put through school and to look after the spread of this virus. Being HIV positive has made me very busy. My wife feared I had contracted the virus. She was ill all the time, worried and listless. In 1993, we decided to have a test. It came back negative. My wife has been very helpful and we live a normal life. I have become more useful than I was before — in terms of preparing for the future and looking after my family. I was in the force fighting the Ugandan civil war and lived in the bush for five years. I met a man living with a woman and only later found out that her husband had died of AIDS. She died in 1991. That was how I was infected. There are many people in Uganda who are HIV positive. We see friends die all the time, there is a time when the economy suffers because of the numbers involved. People living with HIV and AIDS come to a point where they like to share their experiences, their fears, their hopes. We encourage people to live longer, to learn to see past the stigma. This is a disease, not a disgrace.

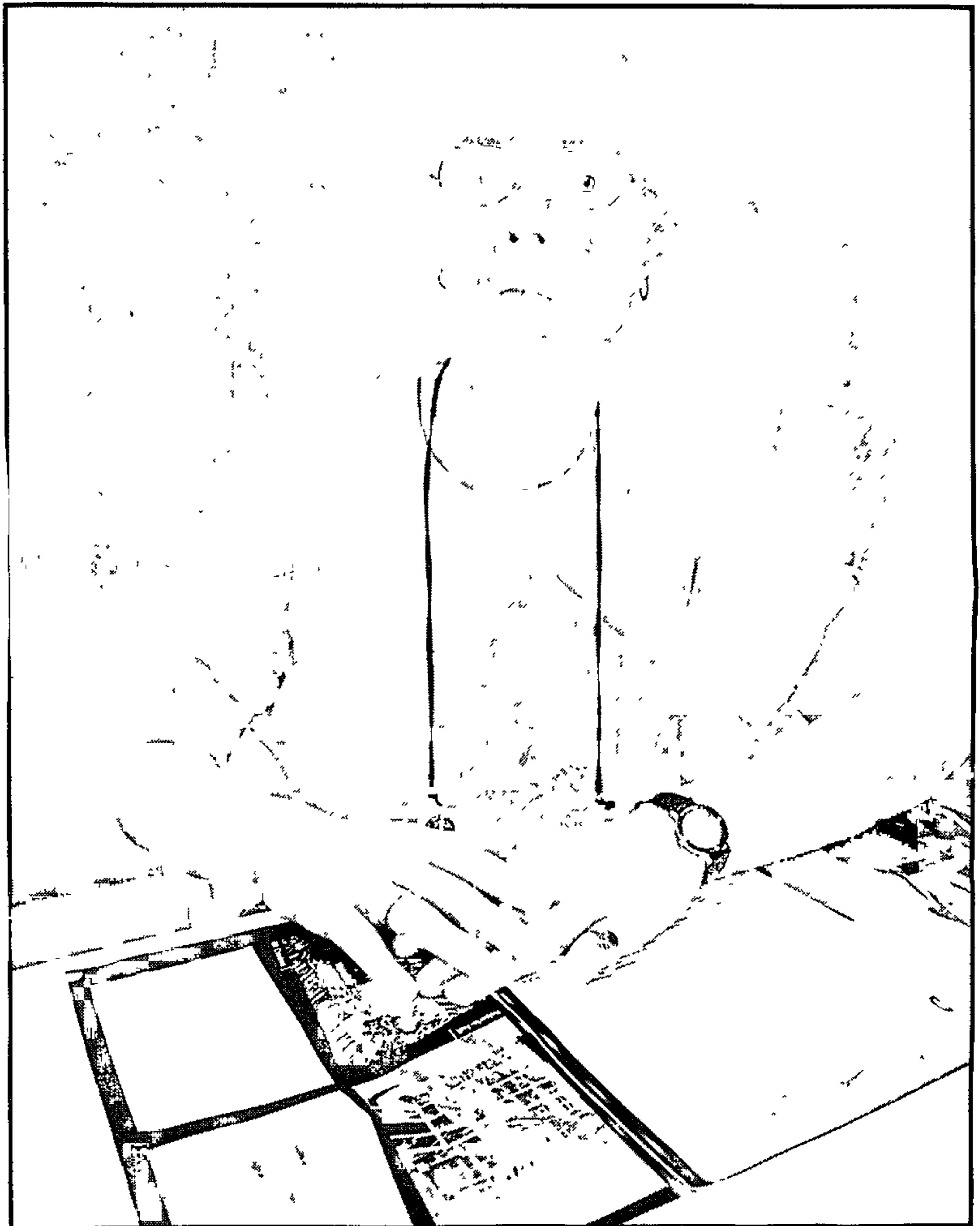
SANDO MARLOW WILLEMSE

I'M a transvestite and I'm HIV positive, moving now into full-blown AIDS. It all started in the army, I suppose I was based in Brakpan, in the riot-control squad. I tried to be butch, but everyone knew I was gay. I don't know how I contracted the virus. I've thought about it really hard and I suppose that it was in one of two ways. Sex without a condom is one. Then there was an incident in Thokoza in 1992, a skirmish between ANC and Inkatha which we were called out to control. I remember seeing about 20 men bearing down on me. As they drew parallel, one man was shot several times. He fell into my arms, bleeding profusely. I tried to stem the flow of blood... My arms were covered in warm red liquid. Then I did the stupidest thing — I ran my hands across my face. Even as I did

it, I felt the blood get into my eye. I don't know if that is what did it. I'll never know. Half my family still doesn't know that I am HIV positive. My mother and stepfather have disowned me. They didn't mind me being gay, or a transvestite. But this disease has such a social stigma attached to it. They're very angry with me. My stepfather sat me down and told me that if I got sick, I could not count on him to take care of me. I don't know what will happen if I get so sick that I can't work anymore. I'm 23 and have a job as a barman in a gay nightclub in Cape Town and I sleep in a garret upstairs. I'm not as sexually active as I used to be. I must be honest, I don't always tell people I am HIV positive, but I do practise safe sex. I'm very scared. And very alone.

JILL TUESDAY PHIB

I AM an Australian. My son Jai is 19 months old and he's HIV negative. My husband is a Zambian. You see, I was working in Zambia in 1990 and met him and started having a relationship with an African man. We used condoms at this stage. He was blood donor and, because I presumed that his blood was being checked for the virus, I went on the pill and we stopped using condoms. Six months later, I went to do contract catering work in France. I felt ill all the time and the doctors were flummoxed. I had a nagging feeling about Africa and AIDS and I asked for an HIV test. The test came back negative and I went out to celebrate. A few days later an urgent fax came through. There'd been a mistake. I had the virus. I went back to Australia. I thought I was going to die immediately. It took a year before I told my family. I wanted them to meet the man who became my husband without prejudging him. We got married in Australia but he wasn't allowed to stay because he is HIV positive. I went to visit him in Zambia and fell pregnant. We'd found out about the risks of having an HIV positive baby. If you're taking AZT, the risk drops to eight percent, if not, it's 20 percent. I was physically well and healthy. I discovered that the most dangerous time for transmission was during the birth. So I asked for a caesarian but the doctor refused. I also asked them not to cut the umbilical cord until they'd washed all my infected blood off the baby. I didn't breastfeed. Now that I have Jai, I ponder the morality of my decision to give birth to him. I worry about what will happen when I get ill. I just hope I live long enough to see my son grow up — a little.



'AIDS strips you of everything, your health, your looks, your sexuality' Pictures TERRY SHEAN

I TESTED positive in 1986 and was diagnosed with AIDS in December 1991.

I now have full-blown AIDS and am down to six T-cells, the army of the immune system. (This is well under the 200 limit, which is the clinical definition of AIDS)

I'm gay, so I probably contracted the disease through sex. In 1991 I got sick — I weighed 63kg and was in a lot of physical pain.

I couldn't walk, I lost my job as a health care worker, my apartment in Los Angeles, where I live, and spent all my savings

I slowly rebuilt my life.

I was always a part of the queer movement, an activist. I got tired of people saying things that are AIDS-phobic. So I started my controversial art.

I draw a phial of infected blood from my subject, which I put into a bowl. Then I use a brush to paint the

CORY ROBERTS-AULI

blood on to the naked body and, once it is covered with its own blood, I put its impression on to a wall or a piece of fabric

I paint in blood because it explains the process of the disease — as the blood continues to rot, so does my body.

I also use infected urine, semen and saliva.

I want to help people develop their own way of seeing AIDS.

I feel my paintings give me the opportunity to depict the horror of living with AIDS.

You say you are nervous to be around this infected blood — think of having that blood in your body. It is empowering to have it smeared all over you. I put blood in people's mouths, so they can taste it.

I've had dozens of my friends die of AIDS. My lover died when we were both 23 (I'm now 32).

There was this wonderful woman called Roxie Ventola McGrath, whose six-month-old baby died of AIDS three years ago.

Her husband died two weeks later She died recently. I painted her with her own blood. She said it helped her psychologically, but it also cleared up some terrible skin eczema that she had developed

The reality of AIDS is horrible. I can't paint a pretty picture of something as terrifying as the prospect of AIDS. It strips you of everything, your health, your looks, your sexuality

I am also confrontational in my choice of T-shirts. I have ones that say Infected Faggot, Every 10th Jesus is a Mary, Queer Girl and Act Up.

MONDAY
MARCH 13 1995

92
City Aids
conference a
'huge success'
CT 13/3/95

STAFF REPORTER

MORE than 600 delegates from 80 countries on Friday ended the week-long 7th International Conference for People Living with HIV and Aids with the feeling that they had broken their isolation.

At a press briefing after the "wonderfully successful" conference, one of the largest gatherings in the world of people who have contracted HIV and Aids, directors of the Global Network of People Living with HIV and Aids Foundation said isolation from society was "a problem we face all over the world".

Mr Arne Husdal, of Norway, said people with HIV and Aids ended up feeling "discriminated against, dirty, guilty and ashamed", and it was important to "break the isolation" — which he felt was achieved at the conference. "It has a value which can't be measured in money or with scientific instruments," he said.

Brazilian Mr Alexandre Santos Silva said he felt that "we have spoken honestly to each other here, maybe for the first time".

He said solutions for combating Aids "come from (HIV) positive people", as information did not have as much impact from those without the disease.

BUDGET BRIEFS

National HIV/Aids budget doubles

CT 16/3/95 (92)

THE annual budget for HIV/Aids has been doubled to R42 million, three quarters of which will go to the provinces

The R10,9 million central government budget is geared towards training and information centres, disease surveillance and HIV surveys, subsidising non-governmental organisations and administration services.

Other primary health care projects that will be co-ordinated at a national level include Hepatitis B vaccines for children, tuberculosis control and control of malaria and other vector-borne diseases

NEWS FEATURE *Research exposes tradition's danger*

Sexual custom imperils women

By Laurence Zavriew,
Editor of World AIDS magazine

■ **HIV RISK** *Practice has serious implications in Aids transmission:*

LONDON — Women sometimes approach stallholders in Harare's main market with the words *ndiri kutsvaga sauti* (I am looking for salt) What they are usually looking for are herbs and powders to dry, warm and tighten their vaginas when they have sex

To achieve "dry sex", they ingest herbal porridges and teas or insert powders, herbs, cloth, aluminium hydroxide, Dettol in water, rock salt or stones

Increasingly, researchers are raising the issue of the role of dry sex in the spread of HIV.

Extent unknown

The extent to which dry sex is practised beyond Zimbabwe, Zambia and Zaire is unknown, but the use of vaginal tightening or drying methods has been reported in Malawi, Cameroon, Ghana, Kenya, Saudi Arabia, Indonesia, Costa Rica and the Dominican Republic.

"Whenever I've discussed dry sex with people, it's been recognised and acknowledged," says Dr Marian Pitts of the University of Staffordshire, who has researched the practice in Zimbabwe

"I would estimate that among rural women in Zimbabwe it's probably the norm after two children; among urban women less so, but still probably the majority after a few children.

Some women quoted in a Zairean study indicated that they preferred dry sex to "wet sex", with comments such as "I feel pleasure when he suffers a little, and he too feels pleasure when it's difficult to enter"

But many of these women essentially practise dry sex for their partner's sexual gratification Several

women reported pain due to the increased friction during intercourse.

"In traditional African society," explains Dr Henriette Meilo Ngoko, a Cameroonian dermatologist and specialist in sexually transmitted diseases (STDs), "women do not have sex for pleasure A woman has to satisfy her husband in bed and at the table"

Dry sex also exists in Cameroon, she says "Traditionally, women insert rock salt in their vaginas, which withdraws the moisture, but can also lead to haemorrhages."

Dry sex can have serious implications in the context of AIDS. For a start, condoms are not designed for dry sex — they are much more likely to tear and break if the friction is excessive

"Condoms need some form of lubrication. Certainly the use of any spermicide is not indicated with this practice," says Dr Pitts.

She mentions that in informal conversations with family planning personnel before she had even heard of the practice of dry sex, she was told "No, we can't use spermicide, it's not acceptable"

"I believe what they meant," she says, "is that wet sex is unacceptable"

Many agents used for dry sex may irritate the vagina and cause damage to the fragile mucous of the vaginal wall — the body's first line of defence against infection by HIV or other STDs

Increased friction alone carries the risk of genital ulcerations, in both partners, and broken skin facilitates transmission of the virus But the Zairean study also showed that some of the herbs used, as well as the abrasive powders or stones that are in-

serted, can cause tears, lesions and sores.

"I think that almost by definition dry sex has to increase risk," says Marian Pitts, who has seen the study's results

But even though dry sex is likely to increase the risk of contracting HIV during intercourse with an infected partner, none of the women approached by researchers were aware of the potential danger

In Zambia, the local branch of the Society for Women and AIDS in Africa (SWAAZ) has been networking with *banachimbusas* — traditional sex and marriage educators who offer advice to young women at puberty or before marriage, including advice on dry sex

Traditional educator

"Dry sex is something we *banachimbusas* have to take up," says Mrs Sekanyika, a traditional educator with SWAAZ.

"We understand now that dry sex, and the methods used for it, could be very dangerous"

But while dry sex can be detrimental to women's health and well-being, it is widely supported within the countries where it occurs by women and men alike The threat of HIV alone is unlikely to make people abandon practices followed for generations. "Everything is centred on the pleasure of the man," says a Zimbabwean woman

"So if these substances are harmful or even if discomfort is caused, it doesn't matter to the woman She's doing what she thinks he wants. This is how we have been conditioned."

Sowetan 20/3/95

NEWS FEATURE *Research exposes tradition's danger*

Sexual custom imperils women

By Laurence Zavriew,
Editor of World AIDS magazine

HIV RISK Practice has serious implications in Aids transmission:

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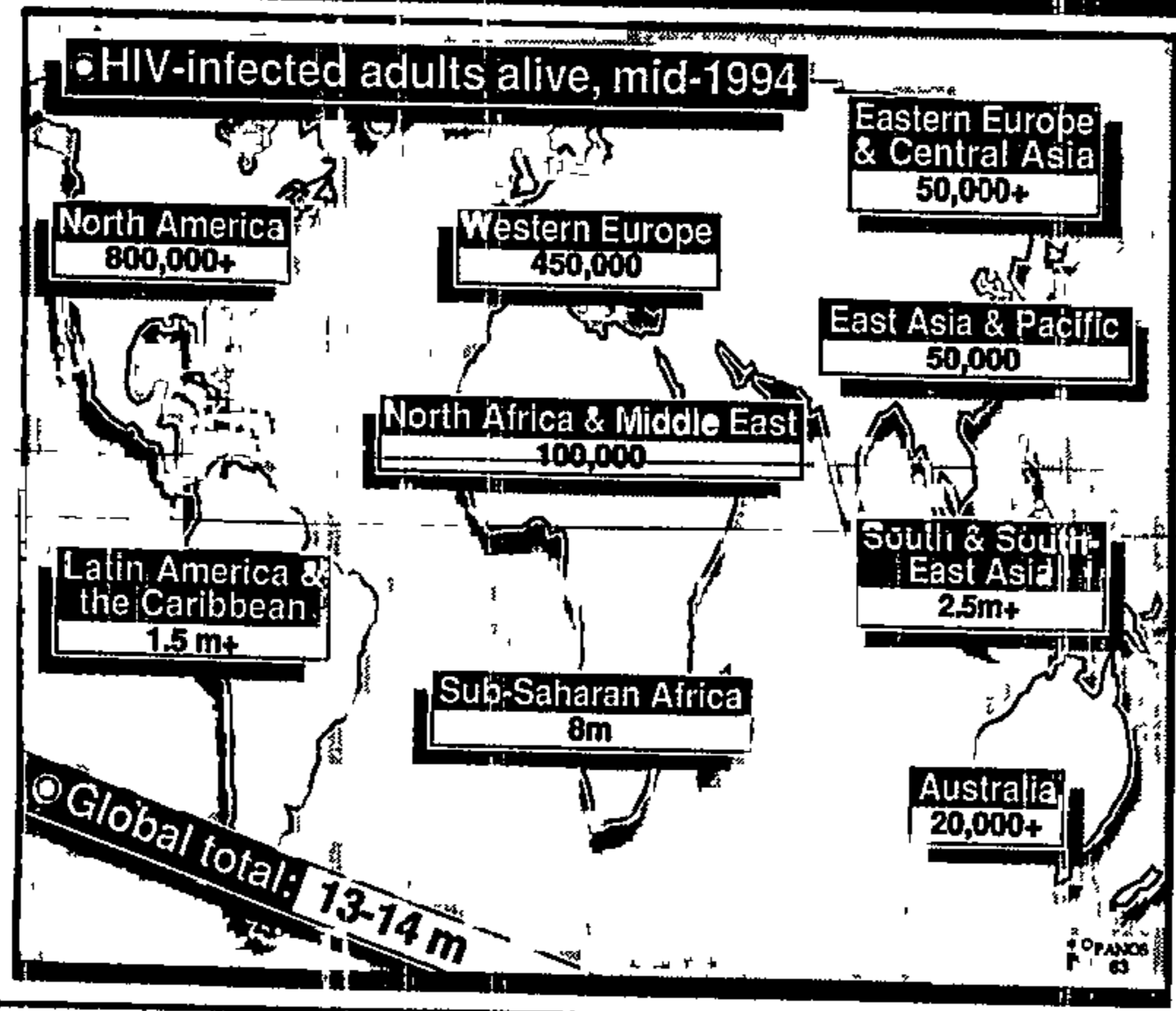
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Portrait of an epidemic



Aids: Children raped as 'cure'

(92) CT 21/3/95

JOHANNESBURG: Recent reports of adults raping children aged between nine months and 10 years, supposedly as a cure for Aids, were extremely disturbing, the ANC in Gauteng said yesterday.

ANC provincial spokeswoman Ms Lindiwe Zulu was reacting to reports that about 100 children in this age group were being raped daily in Soweto.

She said a myth was circulating claiming child-rape to be a cure for Aids. This showed the general lack of understanding about HIV.

"Some of these children obviously end up being infected by the disease," she said. She called on all organisations to talk openly about Aids and HIV. — Sapa

NEWS FEATURE *Fight to stop spread of Aids hampered by misconceptions*

Condoms are a ridiculous concept for Africans. Telling them to have safe sex is like telling them they can't have children. People don't see this disease, so it doesn't exist. That's been the attitude here and it may continue to be ... until it is too late

Aids gathers momentum

sowetan
24/3/95

92

■ FUNDING NEED

Disease myths abound:

By Glenn McKenzie

FOR MUCH of her life Vivian Mabele has lived in a tiny hut, selling firewood to make a living. But since testing positive for the Aids virus in 1993, the 55-year-old grandmother from East London has been wined, dined and flown to an international conference in Cape Towns for people with HIV and Aids.

Mabele doesn't understand how the killer disease is transmitted or how it will affect her. Instead she fervently believes that Aids is the best thing that has ever happened to her.

"Thank God God is great to me," she said.

Recent reports of an impending epidemic in South Africa have thrust the Aids issue under a national spotlight.

President Nelson Mandela and Health Minister Nkosazana Zuma have both made the fight against Aids one of the Government's top priorities. Yet myths and misconceptions about AIDS abound here.

Experts say many South Africans still believe Aids is a gay white disease. Others view it as merely a propaganda tool used by the country's former apartheid government to discourage blacks from having sex. "Where is this Aids?"



Despite the efforts of people like these demonstrators in Chiawelo, Soweto, myths and misconceptions about the disease persist.

The only place I see it is on CNN," says a businessman and former trade unionist from Soweto.

More dangerous beliefs also persist. In Soweto, rumours that men can magically rid themselves of the virus by having sex with children have also surfaced, according to head nurse at Meadowlands Clinic Ms Lettie Baatjes. Dr Ruben Sher, a prominent Aids campaigner in Johan-

nesburg, has said Aids warnings with a western perspective often fall on deaf ears. African culture will not easily accept the concept of condoms as long as couples are encouraged to have large families.

"Condoms are a ridiculous concept for Africans. Telling them to have safe sex is like telling them they can't have children," he said in an interview last year.

Unlike the rest of Africa where up to 11 million people have been infected with HIV, South Africa has only recently been exposed to the epidemic on a large scale.

But by early March, the Health Ministry estimated that 850 thousand South Africans had been infected with HIV, compared with about 750 thousand people in North America. Most of South Africa's HIV carriers are in the early stages of the disease.

Only 6 000 full-blown Aids cases have been identified and fewer than 1 500 people are known to have died. "People don't see this disease, so it doesn't exist. That's been the attitude here and it may continue to be ... until it is too late," said Sher.

Compounding the myths are fears among people with HIV and Aids over "coming out" with their virus.

When Sarah Smiles first discovered that she was HIV positive in 1992, her family told her she should be locked away if she really had Aids.

"My mother told me that doctors weren't crazy. They would have kept me in a room somewhere," said Smiles.

Executive director of the United Nations' AIDS programme Dr Peter Piot says funding is needed to destroy the myths and fears that have hampered South African Aids awareness campaigns.

At a recent international conference for people with HIV and Aids in Cape Town, Piot criticised western governments for cutting development aid to Africa.

There's monkey business in the mutation of

FEW scientists believe the conspiratorial suggestion that Aids was a product of either a Soviet or American germ-warfare laboratory

More scientifically based theories focus on the discovery in 1985 that monkeys had an Aids virus of their own called simian immunodeficiency virus, SIV. Because of its close genetic affinity with HIV, scientists postulated that the human virus must have evolved from the monkey virus at some point. Wild populations of African green monkeys, about a third of which are infected with SIV, became the key suspect.

However, people in Africa had been capturing and butchering monkeys for generations and yet Aids seemed to be a new disease which, even with the benefit of hindsight, began to appear only in the 1970s.

A further piece of research argued against a "natural" evolution of SIV into HIV. When scientists analysed the blood of several hundred Pygmy people in central Africa, whose traditional diet included monkey meat, they found no trace of HIV or Aids.

Perhaps the event that led to SIV crossing the "species barrier" from monkey to humans was something quite different. One idea focused on the use of kidney cells from African monkeys to make an American polio vaccine. It was distributed in the Belgian Congo between 1957 and 1960 as part of a World Health Organisation programme

■ Conspiracy theories abound on the origins of Aids. Where did this virus come from and what was responsible for spreading the global epidemic? Is it part of either Russian or American germ warfare? **STEVE CONNOR** reports.

Could this vaccine, taken by mouth, have led unwittingly to passing SIV into humans?

The theory had several drawbacks, but one was especially significant. The world's first confirmed case of Aids and HIV was a Manchester man who had died in 1959. He had become ill the previous year and was most likely to have been infected with HIV before the Congo trial had even begun. Now there is no evidence that this man was HIV positive, but where does this lead the polio vaccine theory and the origin of Aids?

Even with the Manchester case discredited, there are other serious objections. The chances of SIV being transmitted orally in such a vaccine are low. Also the vaccine was subjected to repeated cycles of freezing and thawing, which was likely to have reduced the infectiousness of any virus. Finally, another oral polio vaccine made from kidney cells was distributed in Eastern Europe at about the same time and had not caused an Aids epidemic there.

Until today, the Manchester case provided scientists with another problem. They were confused about why this virus was almost

identical to strains of HIV circulating more than 30 years later. This meant the "molecular clock" that ticks away during the evolution of a virus was running far more slowly than they had imagined, suggesting that HIV was a very old virus that had infected humanity for centuries.

If it was correct that HIV had not changed significantly in more than 30 years, it would have startling implications for the evolution of the human virus from its monkey virus ancestors. If in 30 years the virus had not changed to any large extent, then it meant that HIV was an ancient virus, perhaps centuries old. In fact, David Ho, at the Aaron Diamond Aids Research Centre in New York, and Gerry Myers, at the Los Alamos National Laboratory in New Mexico, had calculated that if the 1959 virus was genuine, it would mean that the simian ancestor of today's HIV crossed from monkeys to man about eight centuries ago.

This went against just about everything Dr Myers had learnt about HIV evolution. All his research suggested this jumping across the "species barrier" was far more recent, perhaps just a few decades ago. Now the

Manchester case has been discredited, he is convinced that HIV is a recent human pathogen, perhaps evolving from the monkey SIV just 35 years ago.

Although there have been other claims of HIV being detected in stored tissue samples dating back to the 1960s, none have been confirmed. In fact the earliest confirmed case of HIV, where the virus has been isolated by scientists and its genetic sequence determined, dates back to a blood sample collected in Africa in 1976.

Dr Myers said "It is extremely difficult to find any evidence of HIV infection before the end of the 1970s. For example, in a recent survey of 250 Zairean blood samples stored since 1969, not a single infected sample was found."

This does not mean HIV was not there. It just means it was not common enough to be detected by analysing stored tissue or blood samples, he said.

Eliminating the 1959 Manchester tissue samples has bolstered his view that HIV came into being very recently and that something happened in the past 20 or so years to cause the explosive spread of Aids that led to today's global epidemic.

The realisation that the human Aids virus is after all a genuinely new infectious agent has once more focused attention on what were the unusual circumstances that led to the origin of HIV about 35 years ago.

One plausible theory is that the hunting and capturing of African monkeys for research labs in Europe and the US is responsible. This is intriguing because the time suggested by evolutionary theory as the origin of HIV from SIV coincides with a marked growth in the trade of wild African monkeys for research purposes.

In the late 1950s, the Indian government had put an embargo on the export of the Asian macaque monkey — a favourite for animal research — and this led to more African monkeys being captured for export to research institutes in the West. In addition to bringing more people into contact with living monkeys that were infected with SIV, it is reasonable to suppose that the nature of the contact may have been different to the traditional capturing and butchering for meat. The animals would have been kept captive for long periods with ample opportunity for their handlers to be bitten or scratched.

During the same period, there was also a rapid growth in the use of re-usable syringes and hypodermic needles in Africa, which was undoubtedly the original epicentre of the global epidemic. Along with traditional scarification — where the same instrument would be used to scar the skin of many people — this provided ideal conditions for a new human virus to spread — Independent News Service

Aids VIRUS

ARG 25/3/95

Boy appears to have beaten Aids virus (92)

ET 30/3/95

NEW YORK: A Los Angeles boy who was infected with the Aids virus at birth apparently fought off the infection and is virus-free at the age of five, astonishing his doctors

Dr Yvonne J Bryson, a paediatrician and Aids specialist at the University of California, Los Angeles School, said she believed it was the first carefully documented case of someone casting off all signs of infection

Tests proved conclusively that the boy was infected for at least a month during the first two months of his life. Later examinations found no sign of the virus, Dr Bryson said

Doctors have no explanation and cannot be certain the virus is not hiding somewhere in the boy's body

Dr Bryson said she and her colleagues were studying the boy's immune system for clues that could be used to stop Aids infections in others — Sapa-AP

Virus-free boy at age 5 baffles doctors

Child born with AIDS now healthy

(92)
Nov 30/95

New York — A Los Angeles boy infected with the AIDS virus at birth has apparently fought off the infection and is virus-free at five, astonishing his doctors

Dr Yvonne Bryson, a paediatrician and AIDS specialist at the University of California, said she believes it is the first documented case of someone casting off all signs of infection

Tests proved conclusively that the boy was infected for at least a month during the first two months of his life. Later examinations found no sign of the virus, Bryson said

"It's like a miracle to me and a miracle to his mother. It's every mother's dream that her child won't be infected."

Doctors have no explanation. But the boy's continuing good health is additional evidence that the infection has disappeared.

Bryson said she and her col-

leagues are studying the boy's immune system for clues that could be used to stop AIDS infections in others.

"Before now, there was such scepticism about the possibility that this could occur," said Bryson. The boy's mother remains infected but does not yet have symptoms of AIDS.

Most children infected at birth become sick during the first three years of life. If the boy were still infected, he would almost certainly be sick by now, said Bryson.

She has since identified another child who appears to have accomplished the same improbable feat. Studies are now under way to confirm the second case.

Dr Gene Shearer of the National Cancer Institute said he has seen a few patients resist AIDS infection when exposed to the virus. But he hadn't seen patients recover after becoming infected.

He said Bryson's findings "are probably real". The boy could have developed an immunity to the virus before birth, he believed.

Bryson warned AIDS patients, however, not to cling to the remote hope that their infections could disappear. "It's probably a rare event," she said.

She and her colleagues are trying to discover whether the boy's immune system offered him special protection against infection. They might then be able to harness that knowledge to protect others.

Bryson said the AIDS virus was isolated from the infant at 19 days and 51 days, showing he was infected on each occasion. Further analysis of the genetic material in the viruses showed that both virus samples were identical, meaning the results were unlikely to be the result of error. — Sapa-AP

QUESTIONS

†Indicates translated version
 For written reply

Persons under 18 years in prison

20 COLN G RAMAREMISA asked the Minister of Correctional Services

- (a) How many persons under the age of 18 years were serving prison sentences on (i) 30 June 1994 and (ii) 1 January 1995 and (b) in which prisons were these persons serving sentences?

N37E

The MINISTER OF CORRECTIONAL SERVICES

Before replying to this question, I wish to furnish the hon member with the following perspective. The Child Care Act, 1983 (Act No 74 of 1983) as well as section 30(3) of the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) defines a "child" as a person under the age of eighteen (18) years. Furthermore, the President approved special remission of sentence to *inter alia* all persons under the age of eighteen (18) years who were or would have been incarcerated on 10 May 1994 (except those who had escaped before and were still at large on this date)—prisoners under the age of eighteen (18) years who had committed offence of a particular nature, were also excluded.

(a) (i) 745

(ii) 667

(b) Barberton
 Baviaanspoort
 Beaufort West
 Bethal
 Bethulle
 Bloemfontein
 Boksburg
 Burgersdorp
 Caledon
 Calvina
 Christiana
 Cradock
 Dordrecht
 Douglas
 Durban

Uniondale
 Upington
 Van Rhynsdorp
 Ventersburg
 Vereeniging
 Virginia
 Warmbokveld
 Waterval
 Winburg
 Winbank
 Worcester
 Zonderwater

Sentenced prisoners transferred to mental institutions

76 Mr H A SMIT asked the Minister of Correctional Services

How many sentenced prisoners were transferred to mental institutions in 1994?

N124E

The MINISTER OF CORRECTIONAL SERVICES

Seventy-two (72)

Housing subsidy of certain individuals to be reduced

85 Mr J A RABIE asked the Minister of Housing †

- (1) Whether she announced recently that the housing subsidy for individuals earning R800 per month or less, is to be reduced to R15 000, if not, what is the position in this regard, if so, (a) what amount has been budgeted in this regard and (b) from what date will this system come into operation,
- (2) whether in this regard any subsidies for individuals (a) have already been approved and/or (b) are in the process of finalisation, if not, why not, if so, how many in each of the provinces in each case,
- (3) whether she will make a statement on the matter?

N147E

The MINISTER OF HOUSING

- (1) Yes
- (a) Separate amounts for the various subsidy levels are not budgeted for. It is, however, estimated that an additional amount of R179 million will have to be allocated to supplement

project-linked subsidies already approved. It is further expected that the R15 000 subsidy level will result in an additional expenditure of R173 million in the 1995/96 financial year. The necessary budgetary provision has been made to accommodate the additional expenditure.

(b) 15 March 1994 (The date of implementation of the housing subsidy scheme which presently provides for project-linked subsidies.)

- (2) (a) and (b) No, due to the short lapse of time since the announcement on 16 February 1995. However, in terms of the announcement, projects which have already been approved in accordance with the existing three subsidy levels, can be revised on application by the developers to the relevant provincial housing boards provided that the additional resources will be used to improve the housing of the applicants within the context of the project. All future project applications will be based on the four subsidy levels.
- (3) No

Prisoners having Aids or being HIV positive: policy in treatment (92)

- 101 Mr A C NEL asked the Minister of Correctional Services *RAMSARD 31/3/95*
- (1) Whether his Department has a policy in respect of the treatment of prisoners who have been identified as having Aids or being HIV positive, if not, why not, if so, what is the policy,
- (2) whether such prisoners are being kept separate from other prisoners, if so, (a) why and (b) under what circumstances are they being kept,
- (3) whether his Department carries out compulsory testing procedures in this regard, if not, why not, if so, (a) why and (b) under what conditions are prisoners tested for this disease,
- (4) whether he or his Department has established whether such testing procedures are in keeping with the Constitution, if not, why not, if so, what are the relevant details?

N190E

THE MINISTER OF CORRECTIONAL SERVICES

- (1) Yes The Department of Correctional Services has an "Aids Strategy", which was compiled in conjunction with the Department of Health, of which a copy will be provided on request

(2) Yes

- (a) These prisoners are kept in separate sleeping quarters as a preventative measure

- (b) These prisoners are under supervision during working hours but they can mingle freely with other prisoners at work, school or recreational/social activities

(3) No

- (a) Falls away

- (b) Testing is only done on the advice of the medical practitioner and after the prisoner has been informed and has given his written consent for the tests to be done

- (4) Yes It was found that the testing procedures are Constitutional and also in accordance with the "Statement of Principles" of the National Aids plan as published by NACOSA and the "general principles" of the World Health Organization regarding Aids in Prisons

Cases of typhoid fever treated at Usher Memorial Hospital

118 Mr G O M DODGE asked the Minister for Health *Hansard 31/3/95*

- (1) (a) How many cases of typhoid fever were treated at the East Grigoland Usher Memorial Hospital during the period 1 December 1994 up to and including 28 February, 1995 and (b) from which districts did the patients originate in each case,

- (2) whether her Department is taking any action with a view to addressing the cause of the disease in respect of these cases, if not, why not, if so, what action,

- (3) whether her Department has made any investigations in respect of the water supply to the Mount Ayliff Hospital, if

not, why not, if so, what are the relevant details,

- (4) whether a report has been submitted in this regard, if not, why not, if so, on what date,

- (5) whether such report is available, if not, why not, if so, what are the relevant details?

N209E

THE MINISTER FOR HEALTH

- (1) (a) Four (4) cases

- (b) The patients originated from Umzumkulu, Mount Ayliff, Flagstaff and the address of one is unknown

- (2) The Senior Medical Superintendent of Usher Memorial Hospital notified the Eastern Cape Provincial Health Authority by letter patients admitted to the hospital were interviewed by Kokstad Municipal Health Officials in an attempt to establish the source of the infection
- (5) Five (5) river samples were taken from local rivers—up to 35 km into the Eastern Cape These were all negative No clustering of cases was detected

- (3) Investigations in respect of the water supply to the Mount Ayliff Hospital were conducted by the Environmental Health Officer, Mount Ayliff, and a report was submitted to the Eastern Cape Provincial Health Authority—who is well aware of the problem and is attending to the matter—on 18 November 1994

— The hospital receives water that is not safe for drinking purposes from the Municipality of Mount Ayliff

— The hospital has two underground sources (boreholes), one of which was recently fitted, tested and put to use

— Further investigations revealed that the problem of correcting the water supply lies with Local Government (Department controlling the Municipality) and the Department of Agriculture (the water authority)

- (4) A report has been submitted to the Eastern Cape Provincial Health Authority on 18 November 1994

- (5) The report is available—the details as described in paragraph (3) supra

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Cassim, Mr M F—

Water Affairs and Forestry, 205

Chiolé, Mr J—

Housing, 8

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Foreign Affairs, 2

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N190E

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NEWS FEATURE *Ugandans live through tragedy with help of support group for HIV victims*

Aids sufferers living positively

92
Sowetan
31/3/95

This is the last part of a two-part series by **Ruth Bhengu** *on the realities of the dreaded Aids disease in Uganda:*

EDDIE (37) is an economics graduate of Makerere University in Uganda's capital, Kampala. He is an Aids sufferer.

In 1986 his wife had a recurrent fever. The fever subsided for a while but different parts of her body kept swelling up.

She was admitted to hospital with typhoid.

"Soon after she came out of hospital I visited a friend who told me about Aids," recalls Eddie.

"The friend suggested I be tested for Aids. I was found to be HIV-positive. I had never heard of Aids or HIV before and I did not know what to do.

"When I went to the doctor for the results, I could not believe it. He just said 'Well, there you are, you're positive. You've got Aids, so there is nothing I can do. Too bad'."

"I felt like committing suicide. I came home after several hours and during supper I told my wife about the test. After that we cried together.

"Then she was tested and we found she had it too. Her relatives wanted to take her to a traditional healer, but we couldn't tell them the truth.

"I was with her from the start to the finish. She died a few months ago at home. I've now lost a lot of weight and my skin is often septic with sores. I am too tired to work.

"At first I did not want anyone to know that we had this disease. I even worried about being seen going to the clinic.

"Then I met two friends there and we talked about it together. Now I don't care who knows. I feel that my experience might help others in showing that hiding is no use.

"The children are my main worry. They are nine, five and three years old now. The young one is always sick, she has a fever and diarrhoea a lot. I am sure she has Aids too, but I can't bear to get her tested.

"We are very close to each other. I know now that I will die before I can bring them up. So what will happen to them then?"

"I often wonder who brought the disease into the family. I lie awake at night wondering which of us is to blame?"

‘We are very close to each other. I know now that I will die before I can bring them up. So what will happen to them then?’

It might have been either of us I suppose.

"But now I have joined Taso (The Aids Support Organisation). I am not trying to blame anyone, myself or her. Okay, I have the disease, but I am going to use my skills and experience to help other people before the disease gets me."

Eddie has become a counsellor for Taso. His story and those of a few members of the organisation were published in a booklet by Jamie Hampton entitled "Living Positively With Aids". This is the slogan of the organisation.

Taso is a non-governmental organisation made up of people who are either HIV positive or have Aids.

At its inception a small group — consisting of two soldiers, a truck driver, a veterinary assistant, an office worker, an accountant, a physiotherapist, a nurse, a school teacher and a social scientist — met to exchange information, to give one another support and to pray.

The support group was born after a Ugandan academic, Chris Kaleeba, died from Aids. Chris had fallen ill while studying in England.

His wife Noerrie, who had joined him during the last critical months, had come into contact with a group of British volunteers who provided support and counselling to people with HIV or Aids and called themselves the buddy group.

"The idea of Taso originated from the example of the doctors and nurses who looked after Chris in Britain, the kindness and care they showed him, despite the fact that he was a foreigner with Aids," says Noerrie, who is director of Taso.

"We were impressed by what we had

seen of the Terrence Higgins Trust and the buddy system of counselling.

"I met the buddy group in Hull and for three weeks Chris, our buddy and I talked of nothing else.

"It was easier for us because we realised that Chris must have contracted HIV from a blood transfusion after a bus accident in 1983. But whatever the exact cause of HIV transmission, it's the effect that has to be dealt with.

"There's nothing to be gained from blaming one another or feeling guilty.

"Chris wanted to come home to die, so in October 1986 he arrived at Entebbe airport to be greeted by a crowd of family and friends. Most were well-wishers, but some had come only to see what he looked like.

"He was just strong enough to walk out of the plane.

We tried all the herbal medicines we could find for three weeks. He drank them by the jerry can! We never tried witchcraft — which some people suggested.

Finally he said, "Enough, we are not achieving anything. I'm drinking so much herbal medicine that I have no appetite for food. I must eat good food. Let's plan what to do when I go."

Emotional support

"There really wasn't much support here in Uganda, except from both sides of the family. But even they did not understand what was happening.

"They would give emotional support, but we were short of medicines and material support. There was stigmatisation from friends and neighbours," says Noerrie.

In 1987 Chris died. Noerrie was devastated.

"I just went to pieces. I knew that Chris was going to die, but when it happened it was just too much. I took my children and left Kampala to go and stay with my parents."

Three months later Noerrie was back in Kampala. She was determined to do something practical to help people with Aids and their families.

She revived the group she had started with her late husband. Taso was formally established in 1987 with 17 people. Twelve of those had either HIV or Aids and have since died.

Apathy affects condom sales

WM(BM) 31/3-6/4/95 (92)

Condoms play a major role in combating the spread of Aids. But the growth in the local market does not reflect this

Reg Rumney reports

It is tempting to write archly about the condom business, with word-play on "market penetration" and "growth". Even a promotional video for Ansell condoms, the brand that has challenged the dominance of Durex in South Africa, has the unintentionally humorous comment, "Size isn't everything," to make a point about its commitment to quality.

The key role of condoms in combatting the spread of Aids, however, makes it a serious business. And the one certainty about the condom business in South Africa is that it is not growing fast enough.

The market has grown from R7-million in 1987 to R30-million in January this year, according to ISD managing director Ian Stern, whose company distributes in South Africa a range of condoms produced by Australian producer Ansell.

Durex supplier IRC Industries managing director, Peter Smith, disagrees, saying the overall market is more like R15-million annually. He adds that 1992 was the turning point when many Aids awareness programmes came into being. Between late-1992 and early-1994 the market grew 30 percent in value.

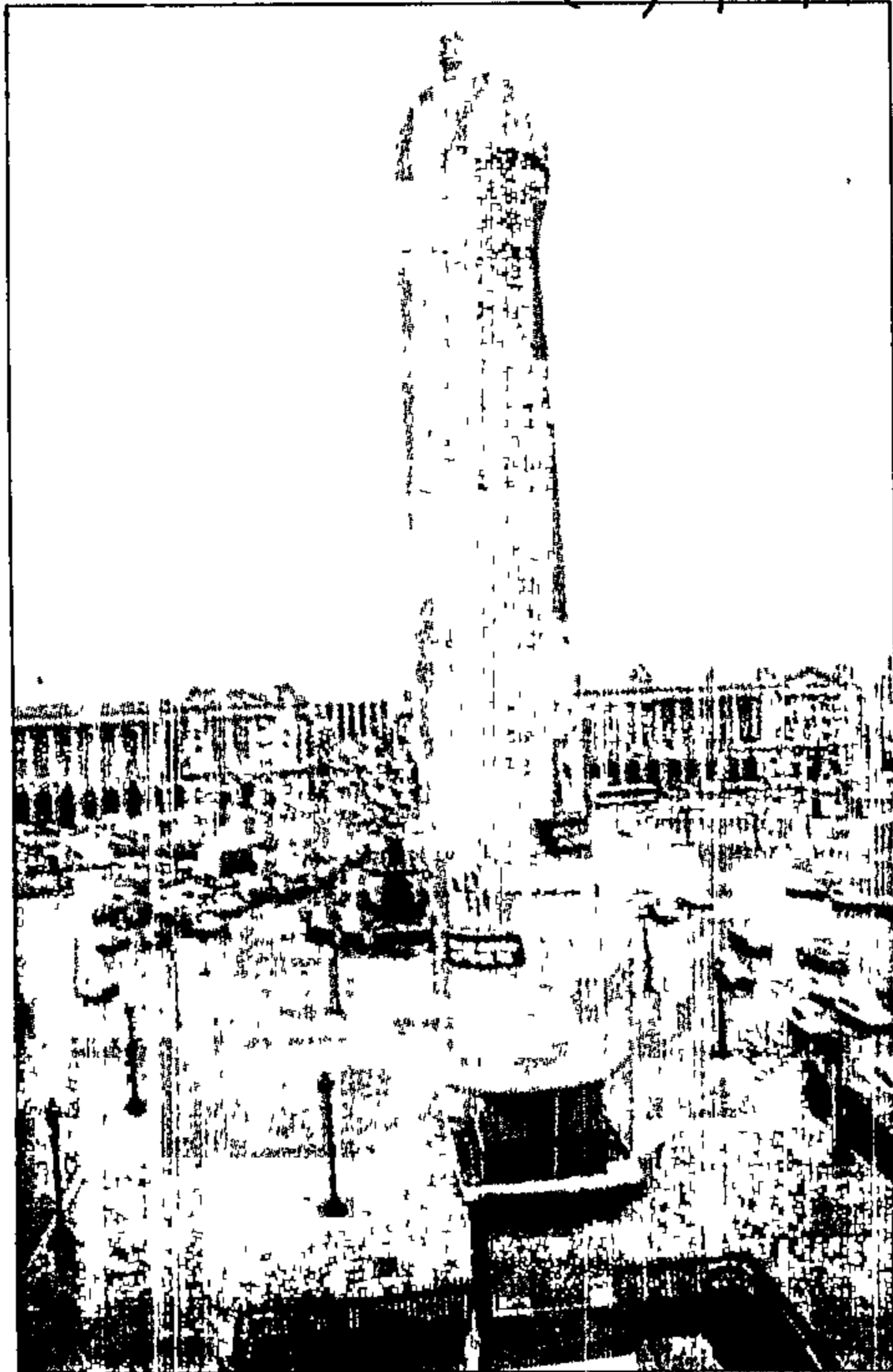
Smith says the relatively undeveloped commercial condom market has shown no growth over the last 12 months, year-on-year, as researched by Nielsen. "We are extremely disappointed that we are not seeing a reasonable growth. We should be growing at 20 percent a year."

Stern says "We can grow by at least 30 to 40 percent for the next three or four years. Australia, with half our population, has a condom market almost four times the size of ours."

Stern, an impassioned advocate of condoms who is eloquent on the terrifying consequences of the Aids virus, claims to have pioneered the active marketing of condoms, in the process capturing the supermarket condom market.

"We have 60 percent of the total market," he says, "and are particularly strong in the fast moving consumer goods market."

Smith disputes this. "Durex is the brand leader," he says. "What we have seen is a swing into groceries away from pharmacies. But the pharmacy market is still the biggest sector."



Massive campaign A giant condom at a Benetton-sponsored art show highlights the importance of the product in the fight against Aids

Smith says Durex has 55 percent of the overall market. Ansell has 35 percent, and all other suppliers have the remaining 10 percent.

Condom sales have not been boosted as they should by Aids. Stern says the move towards encouraging condom use started in the 1970s as doctors began to realise the unique advantages of condoms as prophylactics. Condoms are also relatively reliable and are seen as a modern-day answer, especially in the light of the spread of the Aids virus.

In South Africa, Stern notes, there was a great deal of mistrust among blacks who saw Aids as a figment of the National Party government's imagination, or else a plan to reduce the black population. But he says, youth leaders are starting to try to change perceptions.

Why the growth must be disap-

pointing is that condom sellers have not been shy about telling the public about their wares. ISD and Durex have mounted several high-profile campaigns, with Stern pointing to ISD's inventiveness in displays in supermarkets particularly. ISD puts 12 percent of its turnover into advertising, putting ads into various magazines as well as mounting a radio campaign.

Television doesn't work, says Stern. "The Advertising Standards Authority guidelines say flightings of our ads should be after 9 00pm. The ASA even suggested one of our ads was over the top. But one can't afford to be patronising to adults."

Durex started a high-profile campaign in 1992, with ads on TV1 and TV2. Its present campaign, which Smith says has won all sorts of

awards, started in May last year and will continue this year.

While Durex is a household name, the brands that Stern handles will be familiar to many from widespread counter displays in supermarkets and a variety of smaller shops.

ISD has three main brands. "Contempo," with its sometimes lurid packaging, serves what Stern terms the "lust market". Performance is stressed, and sexuality. It is an impulse range. The "Lifestyle" range is aimed toward the "love market", that is married couples. Then there is the "Mates" range which, in the United Kingdom, was designed to educate youth, who are more likely to misuse condoms. Most of the Mates products are lubricated with Nonoxynol-9, which has spermicidal properties and, says Stern, kills the HIV virus - outside the body only, unfortunately. The Power Play range is also lubricated with Nonoxynol-9.

Ansell also makes several shapes, and condoms in several colours, including black. Durex matches Ansell in providing choice, says Smith, with coloured ribbed and studded condoms, among others.

Given the wide choice what is the most popular condom?

Durex Gossamer is the number one brand in terms of sales, says Smith. The most popular Ansell condom type is Rough Rider.

What of the belief that condoms are expensive, at around R2 each?

Stern blames the 15 percent import duty. Since there is no local manufacturer of substance, this seems high.

"We could plough that 15 percent back into Aids coffers," says Stern, whose company already ploughs back some of its income into combatting Aids, for instance, by supporting doctors involved in Aids research.

Stern points out that extensive testing, which is what makes condoms safe, also makes them expensive. The state tender of around 10c a condom is unrealistic, he contends. "We land condoms at six to seven times that price."

Has the wide availability of free condoms from state health been the reason for the commercial market's flatness? Smith believes not, putting down the lack of growth to continuing consumer apathy and the belief that, "It won't happen to me."

"I can't prove it but I think there is still a great deal of unprotected sex taking place among the youth."

Smith does not believe that the price of condoms is inhibiting the growth of the South African condom market. He puts it this way: "We're talking about R5 to R6 for a pack of three to save your life."

Apathy affects condom sales

WM(BM) 31/3-6/4/95 (92)

Condoms play a major role in combating the spread of Aids. But the growth in the local market does not reflect this

Reg Rumney reports

It is tempting to write archly about the condom business, with word-play on "market penetration" and "growth". Even a promotional video for Ansell condoms, the brand that has challenged the dominance of Durex in South Africa, has the unintentionally humorous comment, "Size isn't everything," to make a point about its commitment to quality.

The key role of condoms in combatting the spread of Aids, however, makes it a serious business. And the one certainty about the condom business in South Africa is that it is not growing fast enough.

The market has grown from R7-million in 1987 to R30-million in January this year, according to ISD managing director Ian Stern, whose company distributes in South Africa a range of condoms produced by Australian producer Ansell.

Durex supplier IRC Industries managing director Peter Smith disagrees, saying the overall market is more like R15-million annually. He adds that 1992 was the turning point when many Aids awareness programmes came into being. Between late-1992 and early-1994 the market grew 30 percent in value.

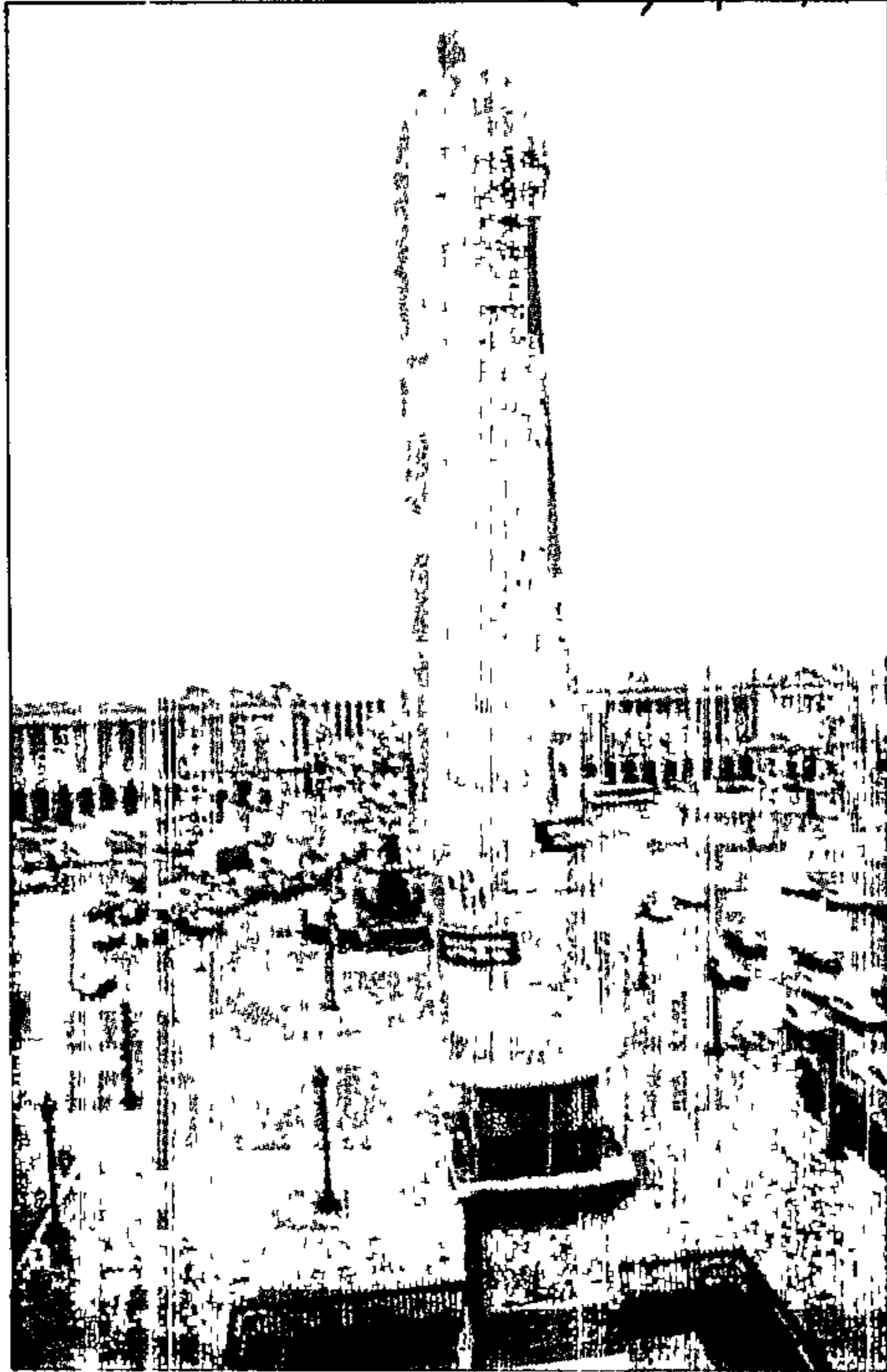
Smith says the relatively undeveloped commercial condom market has shown no growth over the last 12 months year-on-year, as researched by Nielsen. "We are extremely disappointed that we are not seeing a reasonable growth. We should be growing at 20 percent a year."

Stern says "We can grow by at least 30 to 40 percent for the next three or four years. Australia, with half our population, has a condom market almost four times the size of ours."

Stern, an impassioned advocate of condoms who is eloquent on the terrifying consequences of the Aids virus, claims to have pioneered the active marketing of condoms, in the process capturing the supermarket condom market.

"We have 60 percent of the total market," he says, "and are particularly strong in the fast moving consumer goods market."

Smith disputes this. "Durex is the brand leader," he says. "What we have seen is a swing into groceries away from pharmacies. But the pharmacy market is still the biggest sector."



Massive campaign A giant condom at a Benetton-sponsored art show highlights the importance of the product in the fight against Aids

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Pope's stand on condoms worries

Aids workers

(92) ARG 1/4/95

GARNER THOMSON

Weekend Argus
Foreign Service

LONDON. — Health workers in Africa are concerned that the Pope's encyclical could set back their battle against Aids

Although much of Pope John Paul's 11th encyclical focuses on right-to-life issues such as abortion and euthanasia, some feel his repeated attack on birth control could damage campaigns to make the use of condoms wider-spread among the sexually active.

Already reports from Africa indicate that health workers foresee a setback in their programmes to curb HIV.

A nun who works daily with Aids patients in Zimbabwe said: "Living here in Zimbabwe, with 600 000 orphans created by the Aids epidemic, I can see there is an argument for the use of condoms

"It puts me in a dilemma, a moral quandary I must work to support the value of the church"

The views of the Polish Pontiff were well enough known before this week's encyclical, but the document goes even further than the position taken up by the Vatican at the UN population conference in Cairo

last year.

It not only locks the Catholic Church into an even more conservative position on a wide range of issues, but comes close to adopting an activist tone, which some care workers feel could inflame anti-abortion and other right-to-life campaigners who have already adopted a militant approach.

A spokeswoman for one British agency, however, says "This is idealistic and entirely impractical

"Aids is presenting a danger around the world, and particularly in Africa. It is extremely difficult to turn back sexual practices by means of an injunction made thousands of miles away, but very easy to undo any progress made in cultures where it has been extremely difficult to introduce the condom in the first place"

Debates are reported to be raging in churches throughout Africa. In Harare, the controversy is particularly heated

The newspaper quotes Zimbabwean churchgoer Gabriele Cantele as saying "The church is late to recognise that it is not immoral to use condoms and that, in fact, it is moral to use condoms in the light of Aids and the demographic explosion. That is more apparent here in Africa than in Rome"

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If the number of jurors
falls below 12, a mistrial
would be declared unless
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ear Treatment fails to stop mutating⁹² HIV virus



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London — Evidence that the virus that causes AIDS could be treated with a "cocktail" of experimental drugs was disputed yesterday by researchers who found the HIV virus simply mutates into a new form.

The drugs, known as protease inhibitors, target a specific enzyme that helps the virus replicate itself. *Star 6/4/95*

But tests involving four HIV patients using several protease inhibitors showed the virus eventually became resistant

John Condra of Merck Research Laboratories in West Point, Pennsylvania, and colleagues at Thomas Jefferson University in Philadelphia and the University of Alabama said they had tested Merck's MK-639 drug and five similar drugs

They gave the MK-639 to four patients, and then tested the virus's resistance both to it and to the other drugs

After a year, the virus, which initially was strongly affected by the drug, recovered to almost its original strength. In one patient it took less than six months to make a strong recovery

"This report provides the first evidence that inhibition of HIV-1 protease can also lead to the emergence of drug-resistant variants," they reported. — Sapa-Reuter.

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Aids prisoners kept apart at night

By VETTE van BREDA

PRISONERS diagnosed as HIV-positive or with full-blown Aids are kept separate at night to protect other inmates, according to a spokesman for the Department of Correctional Services

Captain Mike Green, spokesman for the Western Cape Commissioner of Correctional Services, was responding to a letter of complaint written to Cape Metro from Brandvlei maximum security prisoner Gert Jonkers, who is HIV-positive

or had Aids were kept apart from other prisoners at night but were allowed to mingle with them during the day. This was to prevent the spread of the disease and because other prisoners had asked to be protected from sufferers, he said

In his letter, Jonkers claimed he had been held in isolation in a 5 m² cell for two years and three months and was only allowed an hour's exercise daily

He also said that although he was a medium security prisoner, he was being held in a maximum security cell and received no special diet for his illness

Jonkers claimed it was impossible for his 84-year-old mother, who lives in Cape Town, to visit him in Worcester and that he had been refused a transfer to Pollsmoor prison. He also alleged that the prison's chief medical officer had told him that Pollsmoor officials did not want him there and he could not be transferred

He claimed that Pollsmoor prisoners who were ill, were given improved diets and not held separately "like animals" In response Capt Green

ST 9/4/95

(92)

said he had personally studied Jonkers's medical file and noted that he had refused treatment several times. Medical staff had complained of his bad behaviour and attitude towards authority and discipline

"It is therefore understandable that he would not be happy with them" Capt Green said Jonkers was being held in a single cell but was not in isolation and was able to mix with other prisoners during the day

"It is only at night that he is isolated and he most definitely receives far more than

the prescribed one hour of exercise a day," he said. Doctors consulted with Jonkers on a regular basis and none of them had seen fit to put him on a special diet and "we have no record of him asking for a special diet"

Capt Green said Pollsmoor prison, the most overcrowded in the country, was more than 200 percent over its limit and that no prisoners were being transferred there

When Jonkers appeared before regional magistrate Mr F Botes on March 20, he had had no complaints

Colleagues could blow your pension

CT(BR) 11/4/95 (92)

BY ROSS HERBERT

STAFF WRITER

How your co-workers conduct their sex lives may have a big effect on the size of your pension and double the cost of your benefits

Insurance industry actuaries say the rapid rise in Aids, passed on as a result of unprotected sex, threatens to cut deeply into the funds available for pensions, reducing the benefits available to some retirees as much as 50 percent

Infection by HIV, which causes Aids, is rising rapidly in South Africa. By most estimates, the num-

ber of infected people is doubling every 11 to 13 months

Joubert Ferreira, senior actuary at Sanlam Group, said the shift to what are known as defined-contribution retirement plans means risk is shifted from employers to employees

An employer's liability under a defined-contribution plan is limited to a fixed percentage contribution to a fund. If workers in such a fund die prematurely due to Aids, the contributions they would have made during their work lives are gone and interest earnings are foregone, leaving the funds available to

remaining workers reduced

Ferreira said the incidence of Aids rose from 2,4 percent in 1992 to 4,3 percent in 1993. If the trend continued, the cost of employee benefits could rise to 13 percent of salaries by the year 2010 for funds of workforces with high-risk employees

The life assurance and pension industry had so far insulated itself to a degree with exclusions and testing for Aids

However, future legislation may make it illegal to discriminate on the basis of the disease, Ferreira said

HIV-positive volunteers spread word to increase AIDS awareness ^{30 13/4/95} (92)

KATHRYN STRACHAN

WITH the HIV infection rate in KwaZulu/Natal reaching levels more than double anywhere else in the country, a group of people infected with the virus have started an initiative to increase awareness in their village.

The HIV rate in KwaZulu/Natal is estimated to be between 15% and 19% — a figure resembling that of Swaziland, Zimbabwe and Mozambique

Their initiative has grown into a wider community-based AIDS programme and the KwaZulu/Natal government is now focusing on their idea as a model for combating the spread of AIDS in the rest of the province.

The idea started when Sebenzile Hlabisa, a nurse at Hlabisa hospital on the border of Umfolozi Game Reserve, went out to visit HIV-positive people at home. Her visits took an unexpected turn when some of the infected people she

visited said they wanted to join her in passing on the message of AIDS to others in the community.

"They said that when they sat in the bus they overheard conversations about people with AIDS," she said "They would say 'this person has AIDS and she looks terrible, she's covered in sores and you can't even look at her'

"These people (with HIV) felt they wanted to tell others that you can't tell if a person has AIDS, only a test can tell"

Six HIV-positive people got together and addressed gatherings and visited schools But it wasn't always easy

"When they visited schools the children would say to them, 'this is just a play you haven't got AIDS. Come back to us

when you are sick'

"But mostly people in the community felt a lot of admiration for them, standing up in public and talking about their infection They also want to talk on radio, they don't want others to get what they have got"

They have also set up their own support groups to keep them going because most of them are without employment

During her AIDS education meetings in the community, Hlabisa appealed to community members to join her team "I told them AIDS is spreading mostly in KwaZulu . . . these are our people, how are we going to help them?"

So with the help of volunteers a community-based AIDS programme was set up Hlabisa has now been joined by three community

members, three traditional healers, two teachers and five matriculants who make up the team which travels the province educating people about AIDS.

Despite the fact that about one in five people in the province is infected with HIV, the epidemic is still largely invisible and many myths about how it is spread — and whether it exists at all — have got in the way of efforts to increase awareness.

National Progressive Primary Healthcare Network executive director Irwin Friedman said the reason for the high AIDS rate in the province had a lot to do with the flow of people from across Mozambique's borders At a time when the rest of SA was isolated from its neighbours, the traditional tribal links between KwaZulu/Natal and Maputo remained

The area along the coast also has the highest population density in the country, which increases contact between people.

The area is also one of the poorest in the country, and poverty is one of the main determinants of the spread of AIDS The migrant labour system and high urbanisation had led to families and the traditional social values and links breaking down.

These factors, combined with a lack of awareness of what AIDS was and how it could be prevented, all fuelled the HIV epidemic, Friedman said.

Survey shows shock rise in AIDS cases

ST 23/4/95

(92)

By CAS St LEGER

THE LATEST government AIDS survey is expected to show that two out of 25 South Africans are HIV positive, medical sources say.

The Department of Health has calculated that between 850 000 and one million South Africans are now infected, with the number increasing by over

700 a day

The infection rate in Kwazulu Natal is almost three times that of the rest of the country, according to preview figures obtained by the Sunday Times this week.

The figures are expected to be contained in the Fifth Annual National Antenatal Study, which is due to be handed to the Minister of Health, Dr Nkosazana Zuma, tomorrow.

Until March this year, Kwazulu Natal recorded 3 129 cases of people already ill with AIDS — almost double its figure for the same period in 1994

The number of people infected with HIV in Kwazulu Natal could now be as high as 15 to 19 percent, say sources

Adrian Pinington of Southern Life's risk and development department, has calculated that someone who lives in Kwazulu Natal and who has had five sexual relationships, each with a different partner, has a 41 percent chance of being HIV positive

But the real risk could be much higher, with information contained in the study expected to show even greater infection rates in Kwazulu Natal.

The survey will also indicate the level of infection in pregnant women, give an estimate of the

number of infected babies born to HIV-positive mothers, and an updated estimate of the rate of infection in the whole population.

According to the early figures, Gauteng was next in line after Kwazulu Natal, with 975 cases of full-blown AIDS reported to March

Next was the Free State, with 509 reported cases, compared with 348 in 1994

Least-affected were the North West, with 227 cases, and Northern Cape, with 161 cases

There were 6 828 AIDS cases countrywide recorded by the Department of Health up to March.

The report from the department's epidemiology directorate cautions that the extent of underreporting was not known.

There were 721 babies under the age of four with AIDS

AIDS programme left stranded by funding cut

92

KATHRYN STRACHAN

SA's largest health organisation is fighting to keep its nationwide AIDS programme alive.

Funding for the programme has been cut.

The National Progressive Primary Health Care Network announced last week it was closing its AIDS programme, but attempts to raise funds from other sources such as the local business sector would continue

The AIDS programme, which has been given R20m over the past five years, has been left stranded this year without funding. While the network will attempt to incorporate many of the programme's activities under its other projects, the budget for this year is R3,5m and AIDS activities will be scaled down

BD 24/4/95

The network is also attempting to contract its services out to provincial governments, and to maintain a presence in KwaZulu/Natal because of its high HIV infection level

The donors, mainly Kagiso Trust, the European Union and USAid, have either channelled their funds into government health services or set up their own projects

However, AIDS programme chairman Thobile Mben-gashe said the network had been more successful than most organisations, and far more successful than the state, in reaching the most remote rural communities. It was also imperative to have a strong community driven effort to combat the spread of AIDS, rather than to channel all funds through the state.

Parliamentary health standing committee head Manto Tshabalala yesterday appealed to organisations to try to incorporate the 170 employees into their structures so that their skills were not lost.

Metlife to offer cover to Aids sufferers

BRUCE CAMERON

ASSISTANT EDITOR

Life insurer Metropolitan Life has decided to tackle the Aids issue head on and be the first to offer healthcare cover to sufferers

Most life insurers are moving in the opposite direction, avoiding providing cover for people who are HIV-positive or suffering with Aids

Metropolitan Life, which has been an industry leader in Aids research in the life assurance field, has revamped its individual health insurance products, claiming its medical policy now "stands head-and-shoulders above the others on the market in terms of innovation and flexibility"

Metlife has also announced the establishment of a new subsidiary company, Metlife Health Services, which will manage healthcare financed and managed care

products Initially the new company will provide medical aid products to corporate clients, but will expand its services to individual clients

Metlife's assistant general manager for product development, Riaan van Dyk, said the revamp had taken place because of the growing gap between what medical practitioners charged and what medical aids were prepared to pay

As a result "there is an increasing need for adequate cover for the often crippling costs of lengthy periods in hospital and complex medical treatment"

A major change in the new Metlife Health Endowment is the health cover for Aids

Van Dyk said his company was the first to offer a hospital cash option which would not exclude HIV-positive patients or Aids sufferers

(92) CT (BL) 24/4/95

Aids programme folds due to lack of funding

CT 25/4/95 (92)

MELANIE GOSLING
STAFF REPORTER

THE National Aids Programme of the National Progressive Primary Health Care Network has collapsed because of lack of funding, causing widespread fears of a dramatic increase in the killer disease.

Co-ordinator of the programme, Mr Michael Worsnip, said yesterday the programme was the only one which dealt with Aids at the community level on a national scale.

He said the closure of the programme would "catapult us into an increase in the rate of HIV. It is impossible to quantify by how much, but as we are the only programme working at grassroots lev-

els in communities which are the most vulnerable, the rate of HIV infection will definitely rise."

Currently between 700 and 800 people in South Africa are infected with Aids each day.

Mr Worsnip said 60% of the funding came from the Independent Development Trust; another major funder was USAid.

With the end of the programme, 62 community workers had to be retrenched.

Mr Worsnip said unlike the government Aids programme, which worked mainly from hospitals, his organisation "worked with people who had little or no access to information about Aids". They had worked extensively in schools and with traditional leaders.

KEEPING YOU UP TO DATE WITH WORLD TRENDS

The new South Africa has seen the biltong curtain cast aside and local entrepreneurs are taking their first steps into the international business arena. The country's era of protectionism is over and business pioneers are discovering that the rules abroad have changed drastically. Business Report looks at these changes as the new constitution and international public law come into effect. Topics ranging from intellectual property, corporate governance and Gatt to environmental affairs and Aids are all affected by the sweeping changes covered here.



Corporate AIDS discrimination set to become a legal hot potato

CF (BR) 26/4/95 (92)

BY BRENDAN TEMPLETON

STAFF WRITER

The growing spectre of AIDS is destined to severely impact on the workplace and may lead to litigation regarding unfair discrimination.

The issue will become increasingly central to decisions regarding membership of medical aid and pension schemes, appointments, training, promotion and transfers.

Any form of exclusion from medical aid or pension and provident funds due to AIDS generally could fall foul of laws aimed at preventing unfair discrimination.

On the face of it, exclusion is not permissible in terms of the interim constitution, the present definition of an unfair labour practice and the proposed new Labour Relations Bill. It is up to the employer to prove that exclusion is justified.

To achieve this, the employer will have to prove the unacceptably adverse financial effect of AIDS on the funds, the company, other employees of the company or other members of the funds.

The crucial question is: What level of adverse financial effect will be accepted by the

courts in finding the discrimination to be fair or justified in an open and democratic society based on freedom and equality?

A thorough investigation must be made into the effect of AIDS on the medical aid and pension/provident funds and a decision must be taken in principle whether or not to exclude AIDS sufferers.

Until the Labour Appeal Court or the Labour Court has made a decision on this point, the legal position will be unclear.

Should an employer decide to exclude AIDS sufferers, this would amount to a change in the conditions of employment and so a fair consultation or negotiation procedure must be applied allowing union or employee representation prior to a final decision being made.

Whether or not an employer may insist on disclosure for this purpose will similarly depend on the effect AIDS may have on the funds.

The points set out are confined to the legal aspects of the issue. Employers should also give consideration to the broader policy and public relations aspects of the decision.

Because an attempt to discriminate against AIDS sufferers will probably be challenged, the decision must be approached with care. If an employer decides to discriminate, the decision must be based on thorough investigation and evidence which will stand up to scrutiny in court.

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ST (BT) 30/4/95 (92)

Natal braces as AIDS epidemic hits workforce

NATAL companies are bracing for a major AIDS epidemic which has already infected 10% of the workforce with HIV.

The number of people testing HIV positive has increased from about 2 000 a month in the first half of last year to over 3 500 a month in the second six months, says the AIDS Training and Information Centre in Durban

"There were 27 000 new cases that tested HIV positive last year. The figures were running at about 2 000 a month but increased sharply by the end of the year," says Themba Mdluli at the centre

"We are already well into a major AIDS epidemic in Natal and starting to feel its effects," says Greg Wood, a clinical psychologist and AIDS counsellor.

Mr Wood says about 10% of the region's adult workers are HIV positive, and this could rise to 17% in the

By JEREMY WOODS

next few years. He says other researchers consider his estimates conservative.

John Bryce of the Durban Chamber of Business says. "Companies here are aware of what is coming but AIDS is a slow-release epidemic and it is difficult to assess the effect it will have on local business"

Prakash Vanmali, deputy general manager of the Durban Corporation's pension fund, which looks after the pensions and sickness benefits of 14 000 corporation workers, says "I don't see anything too alarming at this stage. An average of four people a month die in our workforce but that includes other causes"

He says an increasing number of workers are taking time off for illness, "but it is impossible to tell if this is AIDS-related".

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'Aids may reverse Zimbabwe's gains'

HARARE: Aids threatened to reverse gains achieved since Zimbabwe's independence, Confederation of Zimbabwe Industries president Mr Jonah Wakatama said yesterday.

He said valuable working time was being lost as workers took sick leave or attended to relatives with Aids-related illness.

Health experts estimate more than 800 000 Zimbabweans are infected with HIV and 50 000 have full-blown Aids. — Sapa

CT 9/5/95

Scientists of blind k

LONDON Scientists on the brink of riddles of the naous plague of tralia's kangaroo

About 100 000 by the plague, early last year found starving have been shown misery

Mr Lindsay wildlife officer close to isolation — The Tele

'Sect gun factory'

Aids panic: HIV 'is rife in Kenyan blood supply'

ARC 11/5/95

(92)

JOE KHAMISI
The Argus Foreign Service

NAIROBI — As the number of HIV carriers in Kenya edges closer to the one million mark, reports of widespread use of contaminated blood in hospitals across the nation are causing panic.

Patrick Osewe, a Kenyan researcher working at the US Federal Centre for Disease Control (CDC) in Atlanta, Georgia, reports that HIV transmission through blood transfusion still occurs in Kenya while it has been eliminated in most countries, rich and poor alike.

"Fifteen years into the Aids epidemic and 10 years after the HIV test was discovered, blood contamination with HIV is still being transfused to the unsuspecting public in Kenya," Dr Osewe said.

A study conducted late last year by the CDC on all the blood donated in five government hospitals in western Kenya and the giant Kenyatta National Hospital in Nairobi, revealed a disturbing level of blood contamination.

During the four-week study, Kenyan laboratory technicians report-

edly missed one quarter of the infected blood.

In one hospital, 36 percent of the blood was not screened despite availability of screening kits. And when these bloods were tested at the CDC, 23 percent were found to carry the HIV virus.

"Since the blood bank serves both the government and the private hospitals nationwide, and due to constant exchange of blood between private and government hospitals, no hospital can be said to have a safe blood supply," Dr Osewe says.

Blood transfusions are said to account for 10 percent of all HIV infections in Kenya, the rest being mainly through heterosexual contact.

"There is no routine testing of blood for transfusion in many Kenyan hospitals," one investigative report said recently. "Most doctors simply 'cross their fingers' in the face of emergencies," journalist Jane Naitore wrote. She said many Kenyans were increasingly refusing to donate or receive other peoples' blood, preferring instead to bank their own blood ahead of operations.

A source at the United Nations Environmental Programme in Nairobi,

said the agency routinely advised its international staff to return home for emergencies.

Another big problem facing the country in its fight against Aids is the widespread lack of testing kits. During the CDC study, emergency kits had to be flown in from the US. There is also a steady increase in infections affecting medical workers particularly nurses and midwives. In the majority of cases, medical workers have to perform their duties without the benefit of protective gloves, thus exposing them to the killer disease.

Although the number of medical workers contracting the virus is still insignificant, there is fear that the matter could get out of control if the government fails to intervene.

Official statistics indicate at least 800 000 Kenyans are HIV carriers while 52 000 have died or are currently in the terminal stages of the disease.

In a nutshell, one out of every 14 Kenyans is HIV positive. These figures represent cases reported to the authorities. Social workers say they could be much higher.

Other News

**Police force
gets positive
on AIDS virus**

92 (5)

BRONWYN LITTLETON

POLICE have adopted a progressive policy towards HIV-positive former liberation soldiers who have been amalgamated into the ranks of the South African Police Service.

Nov 13/5/95
Commissioner George

Fivaz disclosed yesterday that 20 of the 187 members who had been transferred from the National Intelligence Agency into the SAPS had tested HIV positive.

"This has, however, been condoned due to the fact that, as civil servants, they cannot be discriminated against on the basis of their medical status."

He added that "all possible preventive measures will be taken to eliminate the risk of infection of both members of the public and other members of the SAPS"

* This mainly occurred in the last 6 months before the
destruction of Umkhonto. Reservations were being from one
faction to the next that they were going behind
each other back to gain certain benefits and
advantages at the expense of the community at large.

'Two out of 25 South Africans HIV positive'⁽⁹²⁾

Health Reporter and Sapa

MORE than 700 South Africans are likely to test HIV-positive each day in a dramatic escalation of the Aids pandemic in South Africa, and two out of every 25 South Africans are now HIV positive

These figures are expected in the latest government survey, deputy-speaker in the Eastern Cape provincial legislature Anne Nash told the house yesterday

Mrs Nash said 725 babies under the age of four in the Eastern Cape had tested HIV positive

The Western Cape is "three or four years behind everyone", says Ivan Thoms, chairman of the National Aids Council of South Africa (Nacosa)

But a University of Cape Town virologist said that while the latest figures for the Western Cape had not yet been released by the government, the Eastern Cape figures were "in keeping with similar increases seen in the Western Cape"

ANC provincial MP L Jajuwa said the figures for the Eastern Cape showed the number of people who tested positive for HIV had increased from 18 in 1992 to 1 567 last year.

The major urban areas accounted for most cases in 1994, Port Elizabeth recording 974 cases and East London 183.

Mrs Jajuwa said 646 women were HIV positive as opposed to 325 men

Fellow MP S Nqodi said "It is obvious that women are the

most affected and most vulnerable

"It's been suggested that the reason Aids is spreading at such a frightening rate in South Africa and elsewhere is primarily due to men's sexual behaviour, their common preference for sexual experience with many different partners, their unaccountability to female partners and their domination of women in sexual interactions"

Health MEC Trudy Thomas said women should be assertive and say "No condom, no sex"

Western Cape figures show that in the first half of last year 331 new HIV-infected patients were admitted to provincial hospitals in the region

According to figures supplied by the Department of National Health and Population Development, 3 372 new HIV cases have been reported in the Western Cape since 1990 — 2 011 in the greater Cape Town area

Assistant city medical officer of health Ivan Bromfield said the number of HIV cases in the city doubled roughly every 13 months

The latest figures showed that by the end of March, 380 full-blown Aids cases had been reported in the Western Cape.

But as this was only reported cases, it was not necessarily a true reflection of the state of affairs

Dr Bromfield said 1 780 new HIV cases were reported in the province last year

Prisoners lose confidentiality case

Stephane Bothma (92)

ED 17/5/95
PRETORIA — An application by four HIV-positive Diepkloof prisoners for their condition to be treated confidentially by the prison authorities was rejected by the Transvaal

Supreme Court yesterday. Practices which could have violated an HIV-positive prisoner's rights had already been abolished by Correctional Services and a positive policy was being implemented, it said.

The prisoners did not question the Correctional Services Department policy to separate HIV-positive prisoners. But they claimed that the habit of warders constantly referring to them as "HIV or AIDS prisoners" in front of others violated their rights and was unconstitutional.

Rejecting the application as having no legal or factual basis, Judge P Roux said if HIV-positive prisoners were kept separate from fellow inmates, their condition could not be hidden.

"A Utopian situation

would be a completely separate jail for HIV-positive prisoners," he said.

He said a practice by Correctional Services to have a notice on the cell-door of an HIV prisoner stating "Health Status HIV" had been abolished before the application was brought.

Although three of the applicants alleged their blood had been tested for HIV without consent, the court accepted testimony from Correctional Services that all prisoners were now asked for consent and given time to consider.

The court heard that the doctor who had taken blood tests without consent was no longer employed by the prison.

Roux rejected the application with costs.

HIV in 21% of mothers-to-be

(92) CT 25/5/95

DURBAN: One in five pregnant women at King Edward VIII hospital here is infected with HIV, the virus that causes Aids, a kwa-Zulu/Natal Health Ministry spokesman said yesterday.

"Surveys at King Edward showed that 21,6% of the pregnant women tested were HIV positive," said Mr Dave McGlew, spokesman for provincial Health Minister Mr Zweli Mkhize.

"We can't speculate that this figure applies to the whole province, but conservative estimates are that 10% of the population is infected with HIV

"On the more alarming side, it could be as high as 21%," he said

Almost nine million people are believed to be living in kwa-Zulu/Natal

Mr McGlew said the Aids statistics highlighted the need for HIV prevention programmes and anti-Aids campaigns.

"It's a figure of great concern and underlines the essential need for primary health care where you can fight this disease. Aids could become an almost unmanageable problem," he said — Reuter

7,5% in SA have HIV — rate will double by 1996

The Argus Correspondent

JOHANNESBURG. — More than 7,5 per cent, or 1,2 million, of sexually-active South Africans are now HIV positive — and the doubling time for this number is from 13 to 14 months

This is according to figures released by the Department of Health today

With HIV up by nearly 80 percent in 12 months, the Aids epidemic is on course to increasingly ravage South African society.

Recently appointed Director of the national HIV/Aids and Sexually Transmitted Diseases Programme, Quarraisha Abdul-Karim, has pointed out that these figures confirm that "our Aids epidemic is now well-established and is progressing very rapidly".

Mrs Abdul-Karim said all population groups were involved

"Although the incidence among the so-called safe groups — whites, Indians and coloureds — is only at 0,7 percent, we

ARCT 25/5/95 (92)
should remember that the overall national incidence has progressed from less than 1 to the current 7,5 in only five years"

The worst affected province is Kwa-Zulu-Natal, where the incidence of HIV positivity has leapt from 9,6 to 14,3 per cent in 12 months. The new figures also indicate that the virus is spreading most rapidly among people aged between 15 and 30 years

"It's absolutely crucial to understand that each one of us — in government, the private sector and individually — has become involved. We all have a role to play now, and an opportunity to make a difference," Mrs Abdul-Karim said

The new Aids figures are taken from an annual survey of women attending antenatal clinics of the public health services in South Africa. During October and November last year, 18 630 blood samples submitted for routine antenatal tests were anonymously screened for HIV

HIV virus spreading rapidly in SA

Star 25/5/95

(92)

BY DAVID ROBBINS
HEALTH WRITER

More than 7,5%, or 1,2 million, of sexually active South Africans are now HIV-positive, according to the latest figures released by the Department of Health today.

And the doubling time for this number is 13 to 14 months.

With HIV positivity up by nearly 80% in 12 months, the AIDS epidemic is on course to ravage South African society to an increasing extent.

The recently appointed director of the national HIV/AIDS and Sexually Transmitted Diseases Programme, Quarraisha Abdul-Karim, has pointed out that these figures confirm that "our AIDS epidemic is now

well-established and is progressing very rapidly"

Abdul-Karim stressed that all population groups were involved

"Although the incidence among the so-called safe groups — whites, Indians and coloureds — is only at 0,7%, we should remember that the overall national incidence has progressed from less than 1% to the current 7,5% in only five years."

The worst affected province is KwaZulu-Natal, where the incidence of HIV positivity has leapt from 9,6% to 14,3% in 12 months

The new figures also indicate that the virus is spreading most rapidly among young people between the ages of 15 and 30.

"It's absolutely crucial to understand that each one of us — in government, the private sector and individually — has become involved. We all have a role to play now, and an opportunity to make a difference," Abdul-Karim said.

The new AIDS figures are derived from an annual survey of women attending antenatal clinics of the public health services. During October and November last year, 18 630 blood samples submitted for routine antenatal tests were screened anonymously for HIV

This is the fifth annual survey in South Africa, but the first time that regional differences have been broken down into the nine new provinces, making comparisons with last year's figures difficult

HIV infection level tops 7,5%

ET 26/5/95 (92)

OVER 1,2 million, or 7,5% of sexually active South Africans are now HIV-positive, according to figures released by the Department of Health today — an increase of nearly 80% in 12 months

The doubling time for this number is 13 to 14 months.

The recently appointed director of the national HIV/Aids and Sexually Transmitted Diseases Programme, Ms Quarraisha Abdul-Karim, said these figures confirmed that "our Aids epidemic is now

well-established and progressing very rapidly"

Ms Abdul-Karim stressed all population groups were involved.

"Although the incidence among the so-called safe groups — whites, Indians and coloureds — is only at 0,7%, we should remember that the overall national incidence has progressed from less than 1% to 7,5% in only five years "

The worst affected province is kwaZulu/Natal, where the incidence of HIV positivity has leapt

from 9,6% to 14,3% in 12 months.

The new figures also indicate that the virus is spreading most rapidly among young people between 15 and 30.

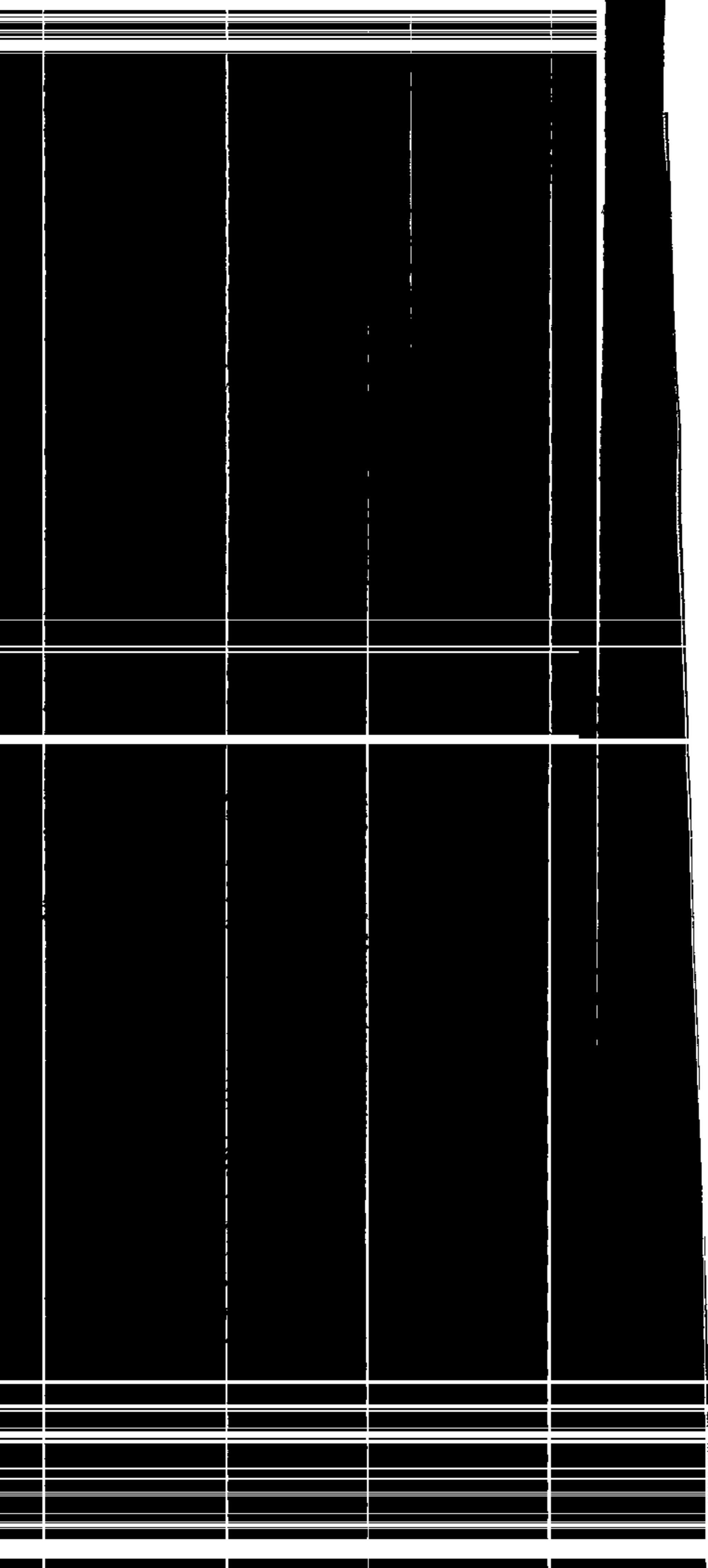
The new figures are derived from an annual survey of women attending antenatal clinics of the public health services. During October and November last year, 18 630 blood samples submitted for routine antenatal tests were screened anonymously for HIV —
Special Correspondent

As AIDS makes rapid inroads into South Africa, the new AIDS directorate prepares to do battle with the disease. Health Writer **DAVID ROBBINS** spoke to the recently appointed director of the National AIDS Programme.

'Checking AIDS a top priority'

SPW 26/5/95

(92)



Nkosazana Zuma

wasn't slow to act on the AIDS crisis when she took office last year. In the initial planning of her revamped department, she immediately raised the status of the fight against AIDS to a full directorate and has now doubled the budget.

The director of the HIV/AIDS and STD (sexually transmitted diseases) Programme, Quarra-sha Abdul-Karim, was appointed at the beginning of the year, one of the first new appointments.

All this makes good planning sense, especially in the light of the latest AIDS figures, released yesterday. These show that HIV positivity has risen by nearly 80% in 12 months and that 1.2-million South Africans are now HIV positive.

Says Abdul-Karim, "From the outset, the Minister has taken the epidemic very seriously indeed. She has cut red tape in the appointment of suitable staff, and she is constantly alerting other ministers to the roles they should play in fighting AIDS."

The annual budget has been pushed from R21-million to R42-million, and on top of this the European Union has given R45-million to be spent on AIDS prevention over the next two years. Even so, this is a lot less than the budget of R260-million a year established by the National AIDS

South Africa (Nacosa).

Abdul-Karim is undeterred. "Nacosa's budget deals with total spending, and not all of it can come from the Department of Health or dedicated health departments."

"To be frank, I'm not terribly concerned about money. I'm much more concerned about people's awareness. We need to understand very clearly that everyone has a role to play in the fight against AIDS."

"I'm not talking about philanthropy here, I'm talking about self-interest. This is not a homosexual disease or one that affects black people only. No government department, no community, no race group, no individual is ultimately going to be immune."

A glance at Abdul-Karim's career indicates that she knows what she's talking about. She graduated from the University of Durban-Westville with a BSc in biochemistry and microbiology in 1981. An honours in biochemistry at Wits and a teaching diploma followed.

She then went to Columbia University in New York where she did her masters in public health while at the same time studying the galloping AIDS epidemic which afflicted that city in the mid-1980s. By 1987, she was back in

dentologist for the Medical Research Council.

"We established beyond doubt that the epidemic was under way. We also established several crucial factors which still hold good today: that women are more vulnerable than men, younger women especially, and that people on the move (migrant labourers system, for example) are three times more vulnerable."

Abdul-Karim became a leader in AIDS-related research as the epidemic started gathering momentum in the early 1990s.

She was attached to Natal's regional AIDS advisory group as a researcher, and was closely involved in the establishment of Nacosa in Natal.

What are her ideas with regard to fighting the disease?

"We have formulated a comprehensive National AIDS Plan (NAP)," Abdul-Karim replies. "The reality which must be faced is that we have a well-established epidemic with the main mode of transmission being heterosexual activity."

"Adult behavior is extremely difficult to modify. Our target must then be the youth, while at the same time we must minimise the impact on the adult population."

Main elements of the NAP are: ■ A school-based life skills programme "The notion here is not simply to teach about AIDS and how to avoid it."

"Research has shown that South African youth is often deficient in life-skills and in how to make decisions that will affect their futures, including sexual decisions."

"It should be noted that coupled to such a programme — and here the Department of Education is working very closely with us — must be a concerted effort to provide a future in this country that is worth living for."

"This brings the whole of socio-economic development into the picture: job opportunities, improved housing, and the development of social stability generally, are crucial factors in the fight against AIDS."

■ Mass communication "Our belief is that all information regarding the epidemic and the

What is the AIDS plan?

What to look out for from the new AIDS plan

From next month, hundreds of billboards throughout the country will deliver powerful HIV/AIDS messages to all who care to look. Target areas include airports, taxi ranks, border posts, shopping complexes, sports arenas and rural areas.

"We know we'll be competing with the Rugby World Cup," says Quarraisha Abdul-Karim, director of the national HIV/AIDS and STD programme, "but it's important that we make a start."

"The billboard campaign will start with the basic message: 'AIDS kills, it's incurable but

preventable'. Thereafter, messages will change every two months."

Another plan, which could soon provide shocking evidence of the extent of the epidemic in South Africa, is to launch a series of what Abdul-Karim calls "30-second TV and radio spots" which will feature well-known personalities who have agreed to "come out of the closet" and talk freely about their HIV positivity.

"The people we feature will cut across all gender and racial barriers," she says. "The intention will be to illustrate that everyone is affected, and that everyone must play their part."

Aids busters . . . Producer Gary Friedman and Dr Mike, alias Bentley Nkomonde, with AIDS puppets Mary and Joe which they used to bring home the message to South Africans during a countrywide AIDS awareness campaign.



PICTURE GISELE WULFSOHN, AFRAPIX

nature of the disease will help to reduce its transmission, and also reduce the widespread stigma and discrimination currently associated with AIDS.

"To increase awareness, we are planning a national billboard campaign to start in June, backed up by a range of communication activities including more detailed posters, pamphlets, and also radio and TV spots.

"In addition, we are developing information packages for use by community-based organisations and providing primary health care clinics with relevant AIDS protocols and supporting literature."

■ The STD Issue "For people suffering from a classic STD, the chances of contracting HIV increases five-fold," Abdul-Karim explains. "It was therefore an extremely shrewd move on the part of the minister to link it directly with the HIV/AIDS programme."

■ Condoms "We've bought 97-million condoms for use in the current financial year. "They are freely available at clinics and we're working hard to break down the unofficial rationing of condoms."

"Of course, male condoms represent only one option in the safer-sex paradigm. What is urgently required is something that can be used by the female partner in much the same way as birth control can be used without consultation with the male."

New technologies are being worked on and we pledge ourselves to making these available to South African women as soon as they have been satisfactorily developed."

In summing up the NAP, Abdul-Karim stresses that the HIV/AIDS programme should be "an open issue."

In practice, this will mean a highly visible budget and a participative process where the public will be given regular opportunities to voice opinions to the policy makers.

Time alone will tell whether South Africa's new approach to HIV/AIDS, undoubtedly an advance on anything from the past, will make a significant impact on the size of the current epidemic.

NEWS Sex virus running rampant in

Aids threat increases

(92)

some ran 26/5/95

■ **SEXUALLY ACTIVE** HIV cases

rocket by almost 80 percent:

MORE THAN 1,2 MILLION sexually active South Africans are now HIV positive. This is according to the latest figures released by the Department of Health yesterday.

With HIV positive cases up by nearly 80 percent in the last 12 months, the Aids epidemic is set to increasingly ravage South African society.

Recently appointed Director of the national HIV-Aids and Sexually Transmitted Diseases Programme Mr Quarraisha Abdul-Karim points out that these figures confirm that "our Aids epidemic is now well-established and is progressing very rapidly".

Abdul-Karim stressed that all population groups were involved. "Although the incidence among the so-called safe groups — whites, Indians and coloureds — is only at 0,7 percent, we should remember that the overall national incidence has progressed from less than 1 to the current 7,5 percent in five years."

The worst affected province is

KwaZulu-Natal, where the incidence of HIV positivity has leapt from 9,6 to 14,3 percent in 12 months. The new figures indicate that the virus is spreading most rapidly among young people between the ages of 15 and 30.

"It's absolutely crucial to understand that each one of us — in government, the private sector and individually — has to become involved," Abdul-Karim said.

The new Aids figures emanate from an annual survey of women attending antenatal clinics of the public health services in South Africa. During October and November last year, 18 630 blood samples submitted for routine antenatal tests were anonymously screened for HIV.

This is the 5th annual survey in South Africa, but the first time that the nine new provinces reflect regional differences, making comparisons with last year's figures difficult in most cases.

Full figures are National — up from 4,25 to 7,57 percent, an increase of 78 percent — *Sowetan Correspondent*

Two-million HIV cases expected within months

Bonile Ngqiyaza

BD 26/5/95 (92)

THE national level of HIV infection had increased from 4,25% to 7,57% of the population between 1993 and last year, pushing the total number of known cases to more than 1,2-million, Health Minister Nkosazana Zuma told the SA Institute for Medical Research yesterday.

The doubling time for this figure is 13 to 14 months.

Speaking at the opening of the Sexually Transmitted Disease Reference Centre, she said the figure was based on a sample of 18 630 women screened anonymously at ante-natal tests late last year

However, HIV infection had increased in all age groups. Among teenagers the level of infection was 6,47%. The 20-24 year and 25-29 year age groups had 8,94% and 8,63% cases respectively. At 6,37%, the number was slightly lower in the 30-34 year group, Zuma said.

At 14,35%, KwaZulu/Natal had the highest level of HIV infection. The Eastern Transvaal and the Free State had 12,16% and 9,19% HIV cases respectively. The figures for the Northwest and Gauteng were 6,71% and 6,44%

The Cape provinces had the lowest number of infected cases. The figure in the Eastern Cape was 4,52%, Northern Cape 1,81% and Western Cape 1,61%. The Northern Transvaal also had a low incidence of cases at 3,04%

Zuma said although the HIV/AIDS epidemic was now well established in SA, with the main mode of transmission heterosexual, the long "asymptomatic phase and non-specific nature of opportunistic infections masked the reality of the epidemic for the public".

A two-year programme to reduce the incidence of STDs, including HIV infection, would be implemented through collaborative efforts with other bodies including those outside government, she said.

The programme would use the National AIDS Plan as its term of reference

Sangomas join fight against AIDS

By CHRISTINA STUCKY

Bizana — "Any volunteers?" Embarrassed laughter sends withered goat bladders flying and beads jingling. Patience Koloko fixes the gathering of 60 sangomas with an amused and steady stare. Five of the six men present are summoned to the front of the room.

Patience places a wooden dildo in their hands and tells them to hold the prop to the groin area. They stand poker-faced. Next, she calls on five women to volunteer. They approach the men and, one by one, talk through the steps. Koloko has taught them. Tear the packet, carefully pull out the condom, blow into it, hold it by its tip and unfurl it. The last step they perform on the wooden replica with the concentration of brain surgeons.

Dying

The condom demonstration is the final step in a workshop on AIDS and HIV taught by Koloko, a sangoma and chairman of the National Traditional Healers Association of South Africa.

"I travelled to Zimbabwe and to Uganda and I saw that my people are dying. I thought of losing my family and I was hurt, thinking that this could happen to me. So I said, I am going back to my people and I am training them," she says.

In her workshops, Koloko has addressed more than 200 fellow sangomas and school children,



ENLISTING EXTRA HELP: Sangoma Patience Koloko demonstrates the use of a critical weapon in the war against the killer disease

PHOTOGRAPH BY CHRISTINA STUCKY

and anyone else willing to listen, on the dangers of AIDS, its symptoms and how to prevent contracting and spreading the disease. She receives no pay for her work. Materials and condoms are supplied by the Department of Health and the AIDS Foundation.

At the workshop held last weekend in former Transkei, the response was positive.

Dr Clive Ewan, an AIDS consultant with Alexander Forbes Health Care, believes "sangomas have a major role to play" in the fight against AIDS and that they ought to be "co-opted" into the AIDS campaign. "My concern with traditional healers is when they claim to find a cure," Ewan says. "I'm not sure they understand what AIDS is all about from a clinical per-

spective. It's dangerous if people believe sangomas have a cure, because then they think it is OK to get AIDS."

After the presence of HIV has been confirmed by a medical doctor, many choose to come to sangomas for further treatment and counseling. This is the point where Koloko's workshops are of critical importance. Sangomas will use razor blades

to perform incisions as part of their treatment for various diseases. She explains that one razor blade should be used for each patient at all times and to break and dispose of razor blades after each use.

Koloko tells workshop members to wear latex gloves — or at least plastic bags over their hands — when treating someone with "dirty blood." Much of her workshop is dedicated to fighting misconceptions about AIDS. "Many think you can't share a blanket with someone who has AIDS and that those with AIDS should be shot or locked away," Koloko says.

Doctors

Breaking prejudice is a difficult task. "First you must approach the chief," explains Mlandeli Negebe, a herbalist in Flagstaff. "Then the problem is the distribution of condoms. Many parents think their children are being encouraged to have low morals if you give them condoms."

He called on the sangomas to "unite and work together like in hospitals", to refer patients to medical doctors and encourage discussion on AIDS.

The workshop ended with singing and dancing. For the group photo, the participants proudly held up their boxes of 100 condoms and a Certificate of Completion as Koloko chanted "Viva Condom! Viva! One round, one condom, two rounds, two condoms, three rounds."

27/5/95

92

Pregnancy hormone may stop

HIV - study

By MIKE LEIDIG

Vienna — Scientists working in the US say they have linked a hormone produced by pregnant women to the apparent destruction of the HIV virus

A report in the journal, Nature, claimed the hormone, chorionic gonadotropin, may stop Kaposi's sarcoma, a type of cancer that afflicts many AIDS victims.

But they kept secret their more startling breakthrough — that the hormone also appears, in laboratory tests, to attack the virus linked with AIDS.

Dr Robert Gallo, leader of the research team at the National Cancer Institute in Bethesda, Maryland, and the controversial co-discoverer of HIV, said: "What we haven't published is that this hormone is also, in fact, anti-HIV"

Placenta

Chorionic gonadotropin is produced by the placenta early in pregnancy, and it stimulates the ovaries to produce other hormones needed to maintain a healthy pregnancy.

Synthetic forms are used in treating some kinds of infertility. Asked how it stops HIV, Gallo said: "We have no idea. The mechanism is unknown in how it interferes with HIV, but the mechanism by which it kills Kaposi's sarcoma is by binding to a surface molecule or receptor and sending signals to the cell that say 'die'.

"Why it also inhibits HIV is unknown. We're starting to work on its mechanism now. How good that will be in being anti-HIV — whether it will work in people as it does in a laboratory culture — is something we are now pursuing."

Dr Yanto Lunardi-Iskandar, another member of the team, said: "What we have been able to do in the laboratory is shut down the replication of HIV"

The team was reluctant to go into further detail before publication of their research data later this year, but said they were optimistic the hormone would prove successful in stopping HIV — The London Sunday Times.

HIV test link to TB 'no problem in SA'

92

CT 30/5/95

LISA TEMPLETON

SOUTH AFRICAN researchers say "we don't have a problem here", after false positive HIV test results in leprosy patients raised fears that the related infection tuberculosis (TB) could also yield false positive HIV results

A study done in Kinshasa, Zaire, showed that people infected with leprosy could yield false positive results for HIV infection

This discovery raised fears that similar false HIV positive results could be drawn from tuberculosis patients, as TB shares some of the properties of the organism which causes leprosy.

The study in Zaire set out to

determine the relation between leprosy and human retroviral infections, for example Aids. The study found that a cross reaction to the HIV Elisa test could yield positive results

Dr B Fourie, of the Medical Research Council, said in the publication Aids Scan, that the implication that "HIV-1 tests could be false positive in tuberculosis patients could be considerable"

Dr Des Martin of the National Institute of Virology, said that while an implication for positive results for Tuberculosis patients might exist it "doesn't show in [South African] TB patients" and that "we don't think that this is a problem here"

Child-rape belief 'must be stopped'

FRG 2/6/95

A BELIEF among a certain class of man that they would be cured of Aids if they raped a young child had to be dealt with at the highest level of government, senator Evelyn Lubidla (ANC) said today.

Rapists and child molesters had to be stopped at all costs — even if this meant castrating them — she said

during debate on the President's Vote.

Legislation should be tabled in parliament which made it the duty of police to respond to every call of abused women. Perpetrators should be held in custody for a minimum of 12 hours and on their release women should be provided with protection if they desired it. — Sapa.

Aids makes group benefits sick

CF(BR) 2/6/95 (92)

Retirement benefits are silently being eaten away by Aids as the insidious disease takes a firmer hold on the population

The problem lies with the death and disability benefits in retirement schemes. As the risk of Aids increases, so assurance companies will increase the premiums for the cover.

The result is that an increasing proportion of the employer's contribution will go towards paying the death and disability cover, reducing the amount of investment that should be allocated to eventual retirement benefits. The result is a lower pension.

That is, unless employers are prepared to continuously increase their contribution, which is unlikely.

Butch Judge, risks benefits actuary at Old Mutual employee benefits, said group life premiums could be expected to increase by an average of 7 to 10 percent in the next year, while those retirement schemes which had a high proportion of members from high-risk groups could increase by as much as 15 percent.

Judge said the levels of HIV infection had been increasing steadily since 1987.

The problem for companies is that they insure all their employees on one scheme with the premiums averaged out on the total number of employees — so the premium is the same for a low-risk as for a high-risk employee.

Derek Smorenberg, Cape Town pension fund administrator of Total Care Strategy, said the problem was even worse for small companies as

LIFE WITH CAMERON



BY BRUCE CAMERON

Individual cover would serve members better than group schemes

their group risk schemes were generally placed in the same nationally underwritten group.

He said companies would bear the cost until it became unaffordable and would then be forced to reduce group risk benefit amounts.

Companies would have to look at other ways of providing death and disability cover to protect members, particularly those in the low-risk groups, he said.

Smorenberg said all members should substitute existing group cover with an individual form of assurance cover.

The advantages would be

- The sums assured were guaranteed, which protected both employer and employee against the increasing costs of group cover,

- The premium was rated at current age and remained fixed within each policy,

- Assurance companies were issuing policies with ever stricter requirements to protect themselves against problems created by Aids, with the result that the interests of policyholders were also protected,

- On retirement or resignation, the member would be

able to apply for the transfer of ownership of the policy from the pension or provident fund,

- After retirement the member could continue to pay premiums if life assurance cover was still required to cover things such as estate duty,

- A member who had left a scheme could borrow against the cash value of the policy to assist in paying future premiums, and

- The cover could be increased as the need arose

□ □ □

The ongoing problems of Crusader Life, which remains under judicial management, are causing significant problems both for insurance brokers and their clients, complicated by the Life Offices' Association (LOA) ban on brokers switching policies between one company and another.

The switching ban, called the twisting agreement, was adopted many years ago to prevent unscrupulous brokers talking clients into cancelling one type of policy to take another "with better benefits". The only people who benefited were the brokers.

The problem was taken so seriously by the life assurance companies that the penalty on anyone contravening the agreement was a ban on working in the industry.

At a recent Life Underwriters' Association function, Jurie Wessels, chief executive of the LOA, was tackled on the issue.

The members argued that it was in the best interests of their clients to switch them out of Crusader, but they were prevented from doing so by the agreement between the life offices and they would not be paid commission.

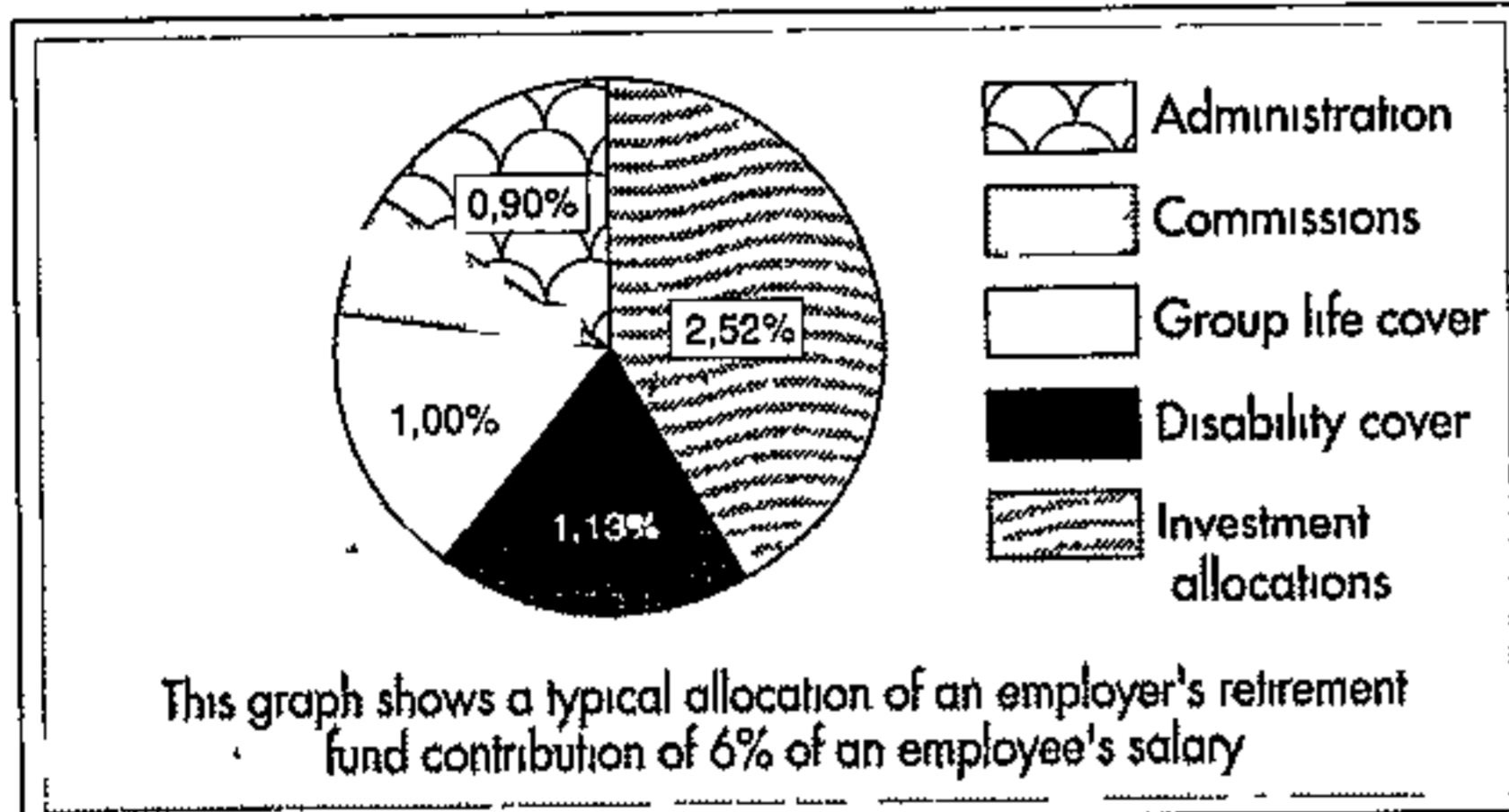
Wessels said the LOA had agreed that brokers could switch their clients but would have to forego commission. Commission would go to Crusader, he said.

Wessels said if the LOA opened the door too wide for policyholders to leave Crusader, those staying behind could be further compromised.

The end does not seem to be in sight yet for Crusader, as negotiations drag on with various parties.

However, industry sources said policyholders' interests were well protected.

Retirement funding allocation



CUTTING EDGE New trends in the global village

Turning HIV on itself may be answer

WM 2-8/6/95

(92)

Rob Stepney on recent discoveries that are causing unusual excitement among researchers worldwide

It is paradoxical but the unrivalled ability of the HIV virus to become resistant to drugs may be its undoing. False dawns have been so frequent in Aids research that people have stopped looking at the sky for signs of hope. So far the Human Immunodeficiency Virus has been able to counter anything we have thrown at it. But there is now the prospect that we can eventually make HIV infection a manageable disease.

Let us start with the problem. Far from lying dormant for many years — as was once thought — it is clear that HIV reproduces itself at an incredibly fast rate. In an infected person, there are half a billion new viruses produced each day. And each time a single virus particle replicates, it introduces a change in one of the 10 000 elements that make up its genetic code. This means that every possible mutation is generated thousands of times daily. It is therefore small wonder that HIV evolves ways of resisting drugs.

Those viruses that mutate in a way which makes them drug resistant survive. But the changes that they introduce to escape treatment make them at least marginally less well able to reproduce. Otherwise, evolution would already have selected those mutations. So, by using different combinations of drugs to manipulate the mutations HIV comes up with, it should be possible to convert it into a form that is weak enough to be kept permanently under control.

It is now clear that the changes that confer resistance to one drug sometimes inhibit the development of mutations to another.

This is seen when the new drug 3TC is given together with the old drug zidovudine, or AZT. The initial impact on HIV is profound, the number of viral particles in the blood dropping by 99 percent.

More importantly, the ability of the virus to recover from this dual attack seems severely curtailed. Levels in blood remain around 90 percent less than before, and stay that way for at least a year.

This is almost certainly because the mutation HIV uses to escape the effects of 3TC makes it more susceptible to AZT, not less. But is even 90 percent suppression of the virus sufficient to allow the infected person to survive? This year has brought the first clear evidence that the immune system is in fact surprisingly good at combating HIV. The virus is indeed replicating

It is clear that HIV reproduces itself at an incredibly fast rate. In an infected person, there are half a billion new viruses produced each day

at an enormous rate, but the immune system is eliminating the virus almost as fast. It is only slowly that HIV gains the upper hand. If we can shift the balance in favour of the body by repressing virus production, it should be enough to reverse the outcome of the struggle. "Immune reconstitution may be possible as long as replication of the virus can be held in

check," says Dr Simon Wain-Hobson, of the Institut Pasteur in Paris.

The key will be to treat the disease early on, using several different drugs at once. "By early, I mean within the first few months of infection. We don't yet have drugs which are safe and effective enough to do this, but it is foreseeable within five

years," says Dr Jan Albert of the Swedish Institute for Infectious Disease Control.

The evidence from these viral resistance studies is one reason for the optimism of scientists involved in HIV research. Another is our increased understanding of what happens in those rare cases of people who are repeatedly exposed to HIV but whose bodies then successfully clear the virus.

There are now many well-documented cases of such people. They include not just Kenyan and Gambian prostitutes but also babies born to HIV-positive mothers and health care workers accidentally injected with infected blood.

In some people, exposure was to weakened strains of the virus. But others survive because of a strong immune response. Research into the factors responsible is shifting attention from the protective role of antibodies to that of white blood cells, called killer T lymphocytes, and may revolutionise our approach to producing HIV vaccines.

Though often effective, the antibody arm of our immune system suffers from two limitations. First, each antibody recognises only a small portion of the outer coat of the virus. If the virus changes this key envelope protein, the antibody does not detect it. Secondly, while antibodies are good at mopping up viruses in the bloodstream, they are blind to a virus that has concealed itself inside our cells.

Killer lymphocytes, on the other hand, can recognise the many different fragments of a virus which appear on the surface of infected cells. T cells active specifically against HIV appear early after exposure to the virus and their levels remain high in people resistant to the disease.

"The correlates of natural immunity may give us an idea of what we should be pursuing," Dr Peggy Johnston, of the US National Institute for Allergy and Infectious Diseases, told a recent Washington meeting on HIV.

Such advances may not yet mark the long-awaited dawn, but there is already a discernible lightening of the gloom.

A 'nun' preaches precaution by giving condoms and disposable syringes to the public in Paris, where Aids among gays is resurging



PHOTOGRAPH. PIERRE VERDY

MEASURE 'NOT DISCRIMINATORY'

Defence Force makes Aids tests compulsory

JOHANNESBURG: The SANDF says its decision to introduce Aids tests follows months of discussion between itself and medical authorities.

THE South African National Defence Force (SANDF) is to test would-be soldiers and other employees for Aids, it was confirmed in Pretoria yesterday

A potential soldier who refuses to be tested will be disqualified automatically

The decision follows months of discussion by medical authorities and the defence force on how to tackle the issue

According to an information bulletin posted at various commands yesterday, the SANDF says the measure was not discriminatory "but represents the SANDF's

(employer) prerogative to determine the medical profile which must apply to all employees"

The defence force says the decision was taken because HIV infection and Aids have emerged "as one of the most challenging modern health matters. The pandemic has created not only medical, but also ethical, legal, social, political and fiscal issues"

It is now required that all applicants should be screened as part of their medical fitness requirements. These include testing for hepatitis B and syphilis. A positive result means an applicant will be dis-

qualified.

Permanent Force members who contract HIV are to be examined and in the absence of symptoms or signs of an Aids related illness, a medical board will decide on the matter

Sufferer

Such people will also have to undergo an annual examination

Full-blown Aids sufferers will no longer do combat duties, take part in contact sport, will not donate blood and will be unable to fly, parachute or dive. When the sufferer is unable to perform useful functions, he or she will become medically unfit, the force says —
Special Correspondent

CT 7/6/95

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AIDS tests ⁹² for SANDF candidates

Story 7/16/95

■ BY NORMAN CHANDLER
DEFENCE CORRESPONDENT

The SA National Defence Force is to test would-be soldiers or other employees for AIDS, it was confirmed in Pretoria yesterday.

The decision follows months of discussion by medical authorities and the SANDF over how the issue should be tackled in view of personal attitudes towards the disease.

According to an information bulletin posted at various commands yesterday, the SANDF says the measure was not discriminatory "but represents the SANDF's prerogative to determine the medical profile which must apply to all employees."

The standpoint has been taken because HIV infection and AIDS have emerged "as one of the most challenging health matters of modern times. The pandemic has created not only medical, but also ethical, legal, social, political and fiscal issues," the defence force said.

It is now required that all applicants be screened as part of their medical fitness requirements. Testing for hepatitis B, syphilis and HIV I and II is done on a clinical indication only. A positive condition means a candidate would be disqualified. A candidate who refuses to be screened will be disqualified automatically.

Permanent Force members who contract HIV are to be medically examined, and in the absence of symptoms or signs of an AIDS related illness, a medical board will be convened to decide on the matter.

Full-blown AIDS sufferers will no longer do combat duties, take part in contact sport, will not donate blood, and be unable to fly, parachute or dive.

E Tvl 'losing' (92)

Aids fight

ET 8/6/95

NELSPRUIT: The Eastern Transvaal was fast losing the fight against Aids, Ms Cathy Dlamini, who runs the province's campaign against Aids, said yesterday

'I have felt the stigma of Aids'

ANC deputy secretary general **Cheryl Carolus** applied for life insurance — and discovered how HIV sufferers are prejudiced

THE experience of buying our first home has been turned, for my husband and I, into a face-to-face confrontation with the irresponsible and discriminatory way in which the insurance industry continues to deal with HIV and Aids

It started with the bank's recommendation that we take out life insurance in favour of each other now that we share a home loan. It made sense, so we went off to see Old Mutual. And here is where the problems began. If we wanted life insurance, we had to have HIV tests. Worse yet, the tests had to be sent straight to their in-house doctor before we or our doctor could see them.

If our tests were negative, the company would grant us insurance and we would sail off into a happy, secure, home-owning future. But if either of us turned out to be positive, the information would be forwarded to our doctor, and we would be shut out, forever, from the possibility of life insurance.

Notwithstanding the discriminatory nature of this practice, there is the fact that it is a clear breach of medical ethics — of the primacy of doctor/patient relationship — for the insurer to insist that it must see the results first. Surely it is my right to go off and be tested by myself, and then to make the decision as to whether I wish the insurance company to see the results.

As I thought about the possibility of a positive test result, I had a tangible understanding, for the first time, of what it must be like to be HIV positive in this society, of just how cruel and inhumane it is to deny HIV positive people access to insurance and all the security it represents, when they are the ones who need it most.

I question the sense of requiring people to test HIV negative before granting them access to insurance — there is a window period of up to six months after infection in which you can test negative even if you are positive. And even if you are negative at the moment you get your insurance, there is no guarantee you are going to stay that way.

But I do understand that the insurance industry needs to protect its viability if it is going to continue providing services, and so I do have some sympathy for the bind it is in. All the same, I do not understand why a person with HIV cannot be insured against accidental death. If I am diabetic, I will be covered against all death save that which is directly related to my diabetes. Why can it not be exactly the same for people with HIV? Why should I and my family be discriminated



Cheryl Carolus: 'I had a tangible understanding, for the first time, of what it must be like to be HIV positive'

PHOTOGRAPH HENNER FRANKENFELD

against if I am run over by a bus, or stabbed?

And so the first thing I would like to see the insurance companies do, to bring them in line with our new, non-discriminatory society, is grant insurance to people with HIV even if they feel they have to exclude death due to HIV-related illness. That is the bare minimum, after that, I would like to see them explore options of how they can provide full

cover to people with HIV — perhaps with higher premiums and lower payouts, perhaps also with state assistance.

The second thing I would insist that they do is beef up their confidentiality and counselling facilities. If they are going to test every applicant, they have to provide pre-test counselling. At Old Mutual, our "pre-test" counselling session consisted of reading

(92) WM9-14/6/95
eight brief paragraphs typed up on our application form. That is a sorry and unacceptable substitute for proper counselling, which involves one-on-one interaction and opens up the possibility of an ongoing relationship if the test is positive. I know this will cost the insurance companies a fair bit more, but they can't have their cake and eat it.

And then, if a prospective client does test positive, it must be up to the insurance company itself to provide — or at the very least pay for — post-test counselling. Currently, state Aids centres have to absorb, at their own cost, those who have undergone the trauma of testing HIV positive while applying for insurance. Why should the taxpayer have to pay for the consequences of a discriminatory practice by a private company?

It is in the field of confidentiality that I take the greatest exception to the way we were handled. I came home one day to find, on my answering machine, a message from the broker's secretary that said "I am just phoning to check whether you have had your HIV test already." What if there were other people in the room with me? I phoned back to complain to her boss, but before she put me through, she asked me, loudly, "Is it about your HIV test?" I could hear other voices in the background.

I do not blame her — she clearly had never been trained, by her company, on the importance of confidentiality. Given her slapdash approach to the issue, how could I feel confident that, in the event that I was HIV positive, the information would not be carelessly broadcast around the office — or my home?

Perhaps most offensive is a clause in the application in which we are asked to sign away our rights by indemnifying the company and all its employees "against any claim of whatever nature which may be made against them as a result of or arising out of such a test." In other words, if my confidentiality is broken, I will have no legal recourse against the company. This makes a mockery of all the company's promises of confidentiality.

I am convinced that all the above practices are not only discriminatory, but unconstitutional, and that a fair case could be made against the insurance industry at the Constitutional Court. I would like to suggest to the industry that it does three things as a matter of urgency: that it stops testing until it has trained its staff properly in confidentiality and put into place proper pre- and post-test counselling facilities, that it respects the primacy of the doctor/patient relationship, that it begins to look at constructive alternatives for those who do test HIV positive.

People with HIV are responsible and productive members of our society. If they are not treated fairly and decently, without discrimination, the whole premise of our new democratic society is brought into disrepute.

Oral HIV test swab has arrived

ARC 1316/95

The Argus Correspondent (92)

THE defence force and prison services are keen to use a new device which tests for HIV by collecting oral fluids rather than a blood sample — to the consternation of Aids lobbyists

The "non-invasive" device is a small pad which must be rubbed between the lower cheek and gum until moist, left for two minutes to absorb the fluid sample, then broken off and sent in a custom-made vial for laboratory testing

The tests can detect HIV antibodies, as well as the hepatitis A, B and C

viruses, cocaine and other therapeutic drugs. Distributors say the device is painless, safe and convenient, particularly for children

However, the Aids lobby group, Aids Consortium, has warned the device might have a valuable place in testing in rural areas where laboratory facilities were limited, but, in the wrong hands, was open to abuse.

A simple mouth swab made it easier to sidestep the internationally accepted conditions of HIV testing — informed consent and pre- and post-test counselling, it said

Device tests saliva for the HIV virus

CT 13/6/95

(92)

SPECIAL CORRESPONDENT

JOHANNESBURG: The SA National Defence Force and the Department of Correctional Services are keen to use a new device that tests for HIV by collecting saliva. The device is a small pad placed

between the cheek and gum until moist and then sent for testing.

It can detect HIV and the Hepatitis A, B and C viruses. The distributors say it is a painless, safe, convenient testing option. But the Aids lobby group Aids Consortium says it is open to abuse.

It made it easier to sidestep the accepted conditions for HIV testing, said co-chairman Dr James McIntyre.

Ms Melissa Flanagan, head of agents First Medical Company, said it had been approved by the US Food and Drug Administration.

AIDS should be compulsory

By Noravenda Mathiqa

THE Gauteng government's standing committee on health has proposed legislation forcing the display of AIDS education posters in public and in workplaces.

The committee also decided yesterday to earmark resources specifically for AIDS programmes.

Gauteng director for AIDS and communicable diseases Liz Floyd said her department had problems compiling comprehensive statistics showing the incidence of the disease in the province. Departmental figures were drawn largely from pregnant women attending ante-natal clinics.

Floyd stressed the need to train counsellors to deal with pregnant women. She said there was neither pre-natal nor post-natal counselling for mothers who tested HIV-positive.

MP Lindwe Zulu said the province would go beyond dealing with the infection by launching AIDS awareness campaigns to counter misinformation.

Sex education programmes in schools should include AIDS education, she said. The province would look at ways of providing care for HIV-positive patients, including those who were not hospitalised.

Gauteng's AIDS and communicable diseases director Dr Liz Floyd, left, at the Gauteng standing committee on health yesterday. Committee member Loretta Jakobus, right, looks on.

Picture: NICKY DE BLOIS



Africa is the Aids exception

WILLIAM REES-MOGG

IN THE mid-1980s, there were false expectations about HIV-Aids. People believed that there would either be a vaccine or a wonder drug inside 10 years. After billions of dollars of research expenditure, and some hope, neither is yet in sight. People thought that there would be a worldwide heterosexual pandemic, a second Black Death. That has not happened, either North America and Europe have far fewer cases of Aids or HIV infection than were being projected in the 1980s. There are some major centres of infection in Asia, such as Thailand and Bombay, but the disease does not seem to have reached the 100-million migrant workers of China, they would provide a vulnerable host community.

The exception is Africa. The World Health Organisation estimates that 70% of all HIV-Aids cases are in sub-Saharan Africa, whose 500-million people comprise only 10% of the world's population. The difficulty in estimating the scale of this African epidemic has been that these are mostly very poor countries, with limited health and administrative services. It started in Central Africa, with Zaïre and Uganda among the earliest and worst-hit countries. It has spread quite slowly southward, not until the 1990s was there a mass epidemic in South Africa, which does have advanced medical services and the ability to collect reliable health statistics.

The WHO estimates that 90% of Aids cases in Central Africa go unreported. The South African figures are likely to be the best guide to infection levels further north, and may well understate them, because South Africa is now experiencing rates of infection that Central African countries reached five or more years ago.

Some of the most reliable local statistics come from KwaZulu/Natal. The hospitals automatically test for HIV infection. In the first two months of 1994, they recorded 4 077 cases, in the first two months of 1995 that had risen to 6 401 cases, an increase of more than 50%. About 55% of those infected were women. Probably more women than men were tested, for gynaecological reasons, but the epidemic is certainly a heterosexual one, with both sexes equally at risk. Most of the cases are reported to have been aged between 20 and 34. The University of Natal's Virolo-

gy Unit is a major authority on the epidemic. Its latest estimate, for the first quarter of this year, is that 21% of the population of KwaZulu/Natal is infected with HIV, the precursor to full-blown Aids. That would mean that a much higher proportion of sexually active young adults would be infected, and this rate of infection is still rising.

The figures for South Africa as a whole are less clearly established, and it is possible to be confused by different estimates, made at different dates. However, the latest and most authoritative estimates are those given by the Minister for Health, Mkosazama Zuma, to an Aids conference in Cape Town early in March. She stated that there are now more than eight-million known cases of HIV infection in South Africa. In 1991, 1.2-million cases were reported in South Africa, so in three years the number of cases has doubled just less than three times. That also fits the KwaZulu/Natal estimate of a more than 50% increase in the past year.

The WHO estimates that 70% of all HIV-Aids cases are in sub-Saharan Africa, whose people comprise 10% of the world's population.

Various explanations have been given for the disproportionate scale of the epidemic in sub-Saharan Africa. The widespread lack of medical facilities is one. The prevalence of other sexually transmitted diseases, often untreated, is another factor, this may indicate a larger average number of sexual contacts, while untreated sores probably facilitate infection by the virus. A large number of indentured labourers who are living away from their native villages go to prostitutes. Active sex lives seem to start earlier in Africa, at an estimated age of 11 in South Africa. This suggests a larger lifetime number of sexual partners, which some epidemiologists regard as the real indicator of the size of the networks of potential infection. The weakening of the immune system, which is the result of Aids itself, increases the spread of other infectious diseases, particularly tuberculosis. There is no lack of reports which show the severity of the Aids epidemic and the large number of Aids deaths which have already occurred. In some areas, it could be seen from aerial surveys that farm land is shrinking because of the shortage of workers. Sys-

The effect of Aids-related deaths was seen in aerial surveys which showed that farm land is shrinking because of the shortage of workers.

tems of care for orphans whose parents have died of Aids-related diseases have broken down because they are overloaded. In Tanzania, an acute shortage of teachers is reported. More specifically, Uganda Railway reports a three percent annual death rate from such illnesses among its staff, these workers cannot be replaced. If in Africa there is an average eight-year period from HIV infection to death, then at least 24% of this railway staff would have been infected with HIV as early as 1987. That does fit the estimates which were made at the time. Uganda has an exceptionally high birth rate, and may even be able to replace a three percent

loss, but the current HIV estimates would project an actual fall in the population of South Africa in the early years of the next century.

The government fully appreciates the potential social and economic consequences of this epidemic. President Nelson Mandela himself has said that dealing with HIV-Aids is "one of my main presidential projects". Yet the world outside seems to be hardly aware of what is happening. The sub-Saharan African countries, with 10% of the world's population, are already the weakest and poorest of the world's large communities.

The post-colonial era has been a success in Asia but a failure in sub-Saharan Africa, largely because of these countries' inability to adapt tribal cultures to the needs of a modern society. Some countries, such as Zaïre, had already been swallowed by anarchy, brutality, corruption and crime before Aids came along. All these countries face acute political, social and economic problems. Now they also face the loss, over a period of a decade or so, of a high proportion of the most able and active people in their populations. Given the length of time it takes medical research to produce a viable product for general distribution, and the poverty of most of Africa, it seems unlikely that this grim prospect will be averted by a new medical discovery.

The world has largely turned its back on Africa, despairing of finding effective ways to help. Yet this is not a possible attitude. Five-hundred-million people are threatened with a fatal disease, and, beyond disease, with the collapse of state structures, tribal wars, crime and famine. The rest of us cannot just turn our backs on Africa and regard it as the continent that failed — The Times, London

CT 74/6/95

(92)

AIDS lobbyists object to new HIV mouth fluids test

SPAN 13/6/95 (92)

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

The South African National Defence Force and the Department of Correctional Services are keen to use a new device which tests for HIV by collecting oral fluids rather than a blood sample — to the consternation of AIDS lobbyists.

The "non-invasive" device is a small pad which must be rubbed between the lower cheek and gum until moist, left for two minutes to absorb the fluid sample, then broken off and sent for laboratory testing.

The tests can detect HIV antibodies, as well as the hepatitis A, B and C viruses, cocaine and therapeutic drugs. According to the distributors the device is a painless, safe, convenient testing option, particularly for children.

However, the AIDS lobby group, AIDS Consortium, has warned the device might have a valuable place in testing in rural areas where laboratory facilities are limited, but, in the wrong hands, was open to abuse.

A simple mouth swab made it easier to sidestep the internationally accepted conditions of HIV testing: informed consent and pre- and post-test counselling, said consortium co-chairman Dr James McIntyre.

According to Melissa Flana-

gan, head of agents First Medical Company, the device was approved by the American Food and Drug Administration in December after clinical trials on 10 000 patients.

It was proven to have a sensitivity of 99.88% and specificity of 100% — making it well nigh 100% accurate — and had been well received by the insurance industry in the US, Canada and Thailand.

The device was being marketed here but was not a home-testing device, and would not be sold over the counter because of the sensitivity surrounding a test for HIV.

Flanagan said test procedures should be identical to those of a blood test and patients could also read the specially developed insert, which manufacturers had included as a counselling service.

"We've taken a responsible attitude to informed consent and counselling, and so must the people who conduct the test," she said.

South Africa's Medicine's Control Council does not, at present, control the registration of testing devices, or lay down conditions of use.

But the product is to be subjected to a short, limited assessment by the National Institute of Virology this week.

70 percent of HIV cases are in southern Africa, says WHO ⁽⁹²⁾

ET(BR) 19/6/95

By WILLIAM REES-MOGG

SUNDAY TIMES OF LONDON

In the mid 80s, there was hope that either a vaccine or a wonder drug for HIV and Aids would be discovered within 10 years. However after billions of dollars have been spent on research neither is yet in sight.

A worldwide heterosexual pandemic or second black death was predicted. However there are far fewer cases of Aids or HIV infection in North America and Europe than were projected in the 1980s. Asia does have some areas of infection, such as Thailand and Bombay, but the disease does not seem to have reached the 100 million migrant workers of China.

The World Health Organisation estimates that 70 percent of all HIV and Aids cases are found in sub-Saharan Africa. The 500 million people in this region comprise only 10 percent of the world's population.

The infection started in central Africa, with Zaire and Uganda among the earliest and worst-hit countries. It has spread quite slowly southward. A mass epidemic only hit South Africa, which does have the advanced medical services and the ability to collect reliable health statistics, in the 1990s.

The organisation estimates that 90 percent of Aids cases in central Africa go unreported. The South African figures are more accurate and are likely to be the best guide to infection levels further north, and may understate them, because South Africa is now experiencing rates of infection that central African countries reached about five years ago.

Heterosexual

Some of the most reliable local statistics come from KwaZulu Natal. The hospitals automatically test for HIV infection. In the first two months of last year, they recorded 4 077 cases, in the first two months of this year the figure had risen to 6 401 cases — an increase of more than 50 percent.

About 55 percent of those infected were women. Probably more women than men were tested, for gynaecological reasons, but the epidemic is certainly a heterosexual one, with both sexes equally at risk.

The University of Natal's virology unit is an authority on the epidemic. Its latest estimate, for the first quarter of this year, is that 21 percent of the population of KwaZulu Natal is infected with HIV.

The figures for South Africa as a whole are less clear. The latest and most authoritative estimates are those given by the health minister, Mkosazama Zuma, to an Aids conference in Cape Town this year. She said there were now more than 8 million known cases of HIV infec-

tion in South Africa. As the South African population is about 40 million, the figure coincides with the KwaZulu Natal infection rate of 21 percent of the population. In 1991, 1.2 million cases were reported in South Africa. In three years, the number of cases has doubled almost three times.

Various explanations have been given for the disproportionate scale of the epidemic in sub-Saharan Africa. The widespread lack of medical facilities is one of them, though the medical services in South Africa are among the best in the continent.

The prevalence of other sexually transmitted diseases, often untreated, is another factor. This may indicate a larger average number of sexual contacts, while untreated sores probably facilitate infection by the virus. A large number of indentured labourers who are living away from their homes go to prostitutes. Active sex lives seem to start earlier in Africa — at about 11 years in South Africa against 15 in the United States.

Tuberculosis

This suggests people have more sexual partners which some epidemiologists regard as the real indicator of the size of the networks of potential infection. The weakening of the immune system, which is the result of Aids itself, increases the spread of other infectious diseases, particularly tuberculosis.

Tuberculosis spreads rapidly among people who do not have normal resistance to disease, but goes on to infect those whose resistance is normal. The medical statistics in the rest of Africa may not be reliable, but there is no lack of reports which show the severity of the epidemic and the large number of Aids deaths.

Systems of care for orphans whose parents have died of Aids related diseases have broken down.

In Tanzania, an acute shortage of teachers is reported. Uganda Railways reports a 3 percent annual death rate from such illnesses among its staff. These workers cannot be replaced. If in Africa there is an average eight-year period from HIV infection to death, then at least 24 percent of the railway staff would have been infected with HIV in 1987.

This fits the estimates which were made at the time. Uganda has an exceptionally high birth rate, and may even be able to replace a 3 percent loss, but the current HIV estimates would project an actual fall in the population of South Africa early next century.

The government appreciates the potential social and economic consequences of the epidemic to South Africa. President Nelson Mandela said dealing with HIV and Aids is "one of my main presidential projects". Yet, the rest of the world appears unaware of what is happening.

Huge increase in victims since March revealed by Health Minister

1,2-million SA have HIV

(92) Stan 28/6/95

BY PATRICK BULGER
POLITICAL CORRESPONDENT

Cape Town — At least 1,2-million people in South Africa have been infected with the HIV virus — a major increase since the last survey, the Minister of Health, Nkosazana Zuma, told Parliament yesterday.

In a hard-hitting warning on the AIDS epidemic, she said the 1,2-million infections compared dangerously with the official figure for March, which stood at 850 000.

That is an increase of nearly 50%.

Zuma said SA's budget to prevent and treat AIDS was being increased by four times from R21-million to R85,5-million. The sum would include R22,5-million in aid from the European Union.

The Department of Health would also be distributing, free of charge, 97-million male condoms and 90 000 female condoms.

"All our efforts must be focused on prevention," she said. "The full impact of AIDS has not yet been felt in South Africa. As the number of deaths starts to increase rapidly, all sectors will be affected."



Nkosazana Zuma... relentless increase.

Zuma warned of a "relentless" annual increase in the incurable sexually transmitted disease. AIDS was "one of the biggest challenges of our time which, if ignored, may affect future health services, welfare services, economic development and education."

"It can reverse our gains in the different sectors," Zuma

told the National Assembly during the health budget debate.

The Minister warned that the rate of infection was increasing each year. In 1991 the rate of increase was 1,35%, in 1992 it was up to 2,42%, in 1993 it was 4,25% and last year the rate had already climbed to 7,6%.

There were also marked geographic differences. In the Western Cape the growth rate was 1,16% but in KwaZulu-Natal it was 14,35%.

Zuma warned that the epidemic would not confine itself to adults. "Because of the heterosexual nature of the disease in South Africa, we will find increasing numbers of children being affected. Not only will they develop HIV/AIDS but a lot of them will be orphaned."

"I would like to call on the business sector to seriously address this problem, not for humanitarian reasons only, but for their own financial interest."

She outlined five key strategies to fight AIDS in the year ahead. These were school-based life-skill programmes, widespread use of the media, appropriate treatment of sufferers, increased access to condoms, and providing adequate care and support.

Dr James McIntyre, co-chairman of the Aids Consortium, welcomed the strategies, saying they were appropriate and had the support of NGO AIDS organisations.

He also praised the cash injection into the AIDS budget, and the planned distribution of male and female condoms.

"We are about to embark on a study with the World Health Organisation on the acceptability of the female condom. It is my impression that there is a great demand for them from black women as it is a method of infection control they can implement."

(92)

Zuma warns on spread of HIV

Political Staff ARG 20/6/95

ABOUT 1,2 million South Africans are infected with the human immuno-deficiency virus (HIV), which can lead to Aids, and growth in the number of HIV-positive cases has been relentless, says Health Minister Nkosazana Zuma.

The number of cases countrywide increased by 7,6 per cent last year, she told the national assembly yesterday.

Aids slowing in Europe (92)

ET 20/6/95

LONDON: The European Centre for Disease Control (ECDC) has reported that the incidence of AIDS is slowing in parts of northern Europe.

Professor Montanier, who led the problem-solving mission to the region, said that a major effort should be concentrated there. There is a noticeable reduction in the incidence of AIDS in Europe.

The statement is welcomed by AIDS groups who said it was a step towards Europe's commitment to the fight against the disease.

Prof Montanier believes that it will be at least a decade before HIV is widely controlled in developed countries. The main factor is that scientists had discovered evidence that people are not taking the necessary precautions to prevent infection.

Condoms issued in anti-Aids drive (92)

SPECIAL CORRESPONDENT

ET 20/6/95

DURBAN: The government is to distribute 97 million male and 90 000 female condoms this year as it steps up its war on Aids — with HIV-positive South Africans now reaching an estimated 1,2 million.

The Department of Health has decided to step up its Aids budget from R21m to R85,5m.

kwaZulu/Natal has the dubious honour of having the highest proportion of its population infected with HIV — 14,35% compared to the Western Cape's figure of 1,16%.

During her budget debate in Parliament yesterday, Health Minister Dr Nkosazana Zuma said the annual survey of antenatal patients done in November last year showed that 7,6% of the 18 000 patients tested positive. "This implies that about 1,2 million people in SA are infected." Aids cases had increased by 1,35% in 1991 to an alarming rise of 7,6% in 1994.

The war on Aids would include a billboard campaign to educate the public on preventing transmission, school life-skill programmes and using the mass media to popularise "key prevention concepts".

Plan to enlighten youth on AIDS

Star 21/6/95 (92)

■ BY NIKKI WHITFIELD

The Department of Health has pledged to enlighten the nation on the prevention, dangers and treatment of AIDS during the 1995/1996 financial year

Quarraish Abdool Carim, director of HIV, AIDS and sexually transmitted diseases at the Department of Health, shed more light yesterday on the key strategies to fight AIDS touched on by Health Minister Dr Nkosazana Zuma in Parliament on Monday

Abdool Carim said that, as part of the school-based, life-skilled programme, it was intended to reach the youth both in and out of schools

"We want to get the Education Department to incorporate life skills as part of the curriculum. We will be holding workshops with all the major role-players to see what methodology can be used to make young people aware, not only about sex

and AIDS, but also about drugs and other important things in life

"As far as the youth outside schools is concerned, we will be working with structures and organisations to facilitate awareness," she said

The media programme was a multipronged strategy aimed at heightening awareness and getting rid of as many prejudices about AIDS as possible

"We want to make AIDS an open issue, and the media campaign is seen as the catalyst to get people discussing it more"

Posters will be highly visible and pamphlets widely available, and these will be complemented with radio and television slots

On the issue of condoms, Abdool Carim said there were few options available to women, who were very vulnerable to sexually transmitted diseases

Family planning clinics were to continue stocking male and female condoms as well as dia-

phragms and spermicides. She said the woman who used a female condom was just as likely to be successful in persuading her partner to use one too

Abdool Carim said more than 50% of people were inadequately and inappropriately treated for sexually transmitted diseases. The main aim of the strategy regarding appropriate care for sufferers was to ensure the proper treatment was given at first-level contact points, like workplace clinics, general practitioners' rooms and health care centres

"This will also involve training health care workers, and providing the correct drugs and making sure they are available"

AIDS, she said, had in the past been an invisible disease which people would rather ignore than face. This was all changing, and people needed to be taught how to care for AIDS sufferers in the home before HIV clinics and then hospices took over

AIDS figures 'are frightening'

Adrian Hadland

CAPE TOWN — About 15% of all pregnant women in SA were likely to be diagnosed as HIV-positive by the end of the current financial year and would probably be dead before their children left school, Health Minister Nkosazana Zuma said yesterday.

Addressing the Senate in her budget debate, Zuma said statistics concerning HIV-infection were "frightening". She called on every South African to assist in slowing the epidemic's spread.

The most recent national figures, already seven months old, indicate 7,6% of pregnant women are infected. With the rate of infection doubling every 15,4 months, 15% of all pregnant women in SA — and 30% in KwaZulu/Natal — will be HIV-positive by next March.

The budget available for combating the disease had been increased from R21m in 1993/94 to R85,5m this year, Zuma said.

The latter figure included a R22,5m contribution from the EU.

Most of the money available would be spent in the provinces following the health department's identification of strategies to slow down the rate of infection, Zuma said.

The battle against AIDS in SA was still being fought largely by health workers, she said. "Everybody with power in any sphere of life in SA needs to acknowledge that HIV/AIDS is their problem also."

Rates of infection in pregnant women by November last year were. Western

Cape 1,16%, Eastern Cape 4,52%, Northern Cape 1,81%, Free State 9,19%, KwaZulu/Natal 14,35%, Eastern Transvaal 12,16%, Northern Province 3,04%, Gauteng 6,44% and Northwest 6,71%.

Zuma also said a national immunisation campaign was being launched this week. It was aimed at eradicating polio by 1998, the reduction of neonatal tetanus to fewer than one case per 1 000 live births by 1997, the reduction of measles cases to fewer than 4 000 over a five-year period from 1997, and the cutting of child deaths from measles by 70% by the year 2000.

Kathryn Strachan reports that children arrived in droves at points throughout Johannesburg as a campaign to vaccinate all children under five against polio got under way yesterday.

"The response has been tremendous," said the project's co-ordinator Dr Natalie Mayet. "People arrived in their hundreds — with their children — at the Alex clinic."

The national campaign, which was launched by President Nelson Mandela in April, is aimed at eradicating polio.

At present SA has a 70% immunisation coverage, and it is necessary to get as many children immunised as possible if the country is to meet the World Health Organisation's deadline of 1998 for eradicating polio.

The last polio case was reported in SA in 1991.

The vaccinations were being given at clinics, pharmacies, informal settlements, shopping centres and taxi ranks throughout Johannesburg.



Nursing sister Ethel Thebehall prepares 11-month-old Joy, held by her mother Caroline Morake, for a polio vaccination at the Oaklands Clinic yesterday. Picture: GARTH LUNLEY

Killer will testify today

Stephane Bothma

PRETORIA — Maximum security prisoner Almond Nofomela, pardoned after being sentenced to death for the murder of a Britz farmer, will be brought to the Transvaal Supreme Court today to testify against his former commander Eugene de Kock.

... ..

Cape clinics' survey finds HIV infection rate has doubled ⁽⁹²⁾

CLAIRE BISSEKER

TRADITIONAL Aids education is not working in the Peninsula's black townships where the rate of HIV infection among women attending antenatal clinics has doubled.

This is the view of Professor John Moodie, head of clinical virology at the University of Cape Town's Medical School, in response to the latest Aids statistics

in the HIV Surveillance Bulletin.

Last year 1 752 people were tested at antenatal clinics across the Western Cape of which 31 people or 1,77% were found to be HIV positive — almost double the 1993 figure

The clinics worst affected were Guguletu with 4,67%, Crossroads with 4,5% and Nyanga with 4%

This is low compared to Durban's King Edward VIII Hospital where every fifth baby is born to

ET 22/6/95

an infected mother, but Professor Moodie warned that the situation in Western Cape townships could soon reach the same levels.

He said a new community-driven approach to Aids education had to be adopted.

New admissions of HIV/Aids patients at provincial hospitals and health services throughout the Cape had increased almost five-fold between 1992 and 1994 from 130 cases to 617

Hospital HIV-test signs come down

(92) WM 23-29/6/95

Justin Pearce

SIGNS at Johannesburg General Hospital stating that patients can be routinely tested for HIV are to be removed, says superintendent Dr Robert Odes.

This follows a complaint by an outraged patient who recognised that routine testing was contrary to Health Department policy and World Health Organisation guidelines. The Aids Law Project at the University of the Witwatersrand has also been considering taking the hospital to court to end the policy of routine testing.

The matter was brought to the attention of the Aids Law Project and the *Mail & Guardian* by Ruth van der Vindt, who took her 22-month-old son Jude van Wyk for a minor hernia operation at the hospital.

Van der Vindt was appalled to see a sign in the paediatric section warning: "Aids is a reality. It is therefore the policy of this department to test patients for HIV infection when clinically indicated. If you have any objections to this policy, please inform the doctor in charge."

The same sign is displayed in several other departments. The orthopaedic surgery department displays a more detailed set of rules, including

the provision that "patients who refuse to be tested should be treated as HIV positive", and that in certain instances a principle of "no test, no operation" should apply.

Quarriasha Abdool-Karim, director of the government's HIV/Aids and Sexually Transmitted Disease Programme, said general screening for HIV is not Health Department policy. "It is not cost-effective or valid to test everyone," she said.

She said that tests should be conducted only in cases where the result would have an impact on the clinical management of the patient — and then only with the consent of the patient, and pre- and post-test counselling for the patient.

Zackie Achmat of the Aids Law Project expressed the concern that with hospital signs only in English and Afrikaans, patients who cannot read in those languages could find themselves confronted with an HIV test with no prior knowledge of the test or its implications.

Superintendent Odes agreed that the signs were not valid. He confirmed that hospital staff should conduct HIV tests only with the informed consent of the patient, and after considering the case individually rather than as part of a general procedure.

Hospital

Aids policy of police faces court challenge

WM 23-29/6/95 (92)

Justin Pearce

THE South African Police Services are to face a court challenge over the exclusion of people with HIV infection from the force. Police unions and human rights law organisations have filed papers in the Transvaal Supreme Court arguing that SAPS policy of pre-employment HIV testing is discriminatory in that it excludes people with HIV from performing work which is within their capabilities.

The applicants — who include both the Police and Prisons Civil Rights Union and the South African Police Union — are to contest the case on the basis of the anti-discrimination provisions of the Constitution. Other applicants are the Aids Law Project of the University of the Witwatersrand, Lawyers for Human Rights, and the Black Lawyers' Association. Both the Minister of Safety and Security and the Commissioner of Safety and Security are named as respondents.

While SAPS policy on HIV has previously been vague, a proposed new regulation seeks to clarify the situa-

tion — and does so by requiring that new recruits to the force have tested negative for HIV. This requirement is lumped together with a general requirement that a recruit "be free from any mental or physical defect, disease or infirmity which will probably interfere with the proper execution of his duties or necessitate retirement from the service before reaching a pensionable age".

The applicants argue that HIV infection itself does not prevent employees from carrying out normal duties. They also make the point that an uninfected recruit could well retire voluntarily before reaching pensionable age — and argue that it is therefore discriminatory to assume that people with HIV are likely to retire sooner.

The applicants also present medical evidence to the effect that HIV cannot be transmitted in the course of normal police duties.

The documents filed in response by the SAPS contain all the force's policy directives on Aids and HIV since 1988. The first document — a memorandum from the then Commissioner of Police RTJ van Vuuren to the then

minister, Adriaan Vlok — does not consider the possibility of police employees having HIV, but concerns itself with the problem of "Vigs-besmette terroriste (Aids-infected terrorists)" infiltrating South Africa.

At the bottom of the typed document is Vlok's handwritten comment, "Baie dankie — dit is goed gedoen! Hoeveel van die terros wat ons tans aankeer het Vigs? (Thank you and well done! How many of the terros whom we are now apprehending have Aids?)"

A 1990 SAP document indicates that when a member of the force is found to have HIV, there should be enquiries into the kind of behaviour which caused the person to become infected. If there is reason to believe that the infected person has been guilty of "onsedelike gedrag (sexually immoral behaviour)" or drug abuse, a disciplinary enquiry may be initiated. If, however, the member of the force does not appear to have contracted the virus as a result of "wangedrag (misbehaviour)", a medical enquiry should determine whether the person is fit to remain in the force.

More recent SAPS documents state that discrimination against people with HIV is unacceptable. The applicants in the court case contend that the SAPS' policy of pre-employment testing runs contrary to this principle of non-discrimination.

WU 23-29/6/95

92
17/6/95

Don't let Africa die of our ignorance

(92) ARG 24/6/95

In the mid-1980s, there were false expectations about HIV-Aids. People believed that there would either be a vaccine or a wonder drug inside 10 years. After billions of dollars of research expenditure, and some hope, neither is yet in sight.

People thought that there would be a worldwide heterosexual pandemic, a second Black Death. That has not happened, either North America and Europe have far fewer cases of Aids or HIV infection than were being projected in the 1980s. There are some major centres of infection in Asia, such as Thailand and Bombay, but the disease does not seem to have reached the 100 million migrant workers of China, they would provide a vulnerable host community.

The exception is Africa. The World Health Organisation estimates that 70 percent of all HIV-Aids cases are in sub-Saharan Africa, whose 500 million people comprise 10 percent of the world's population.

The difficulty in estimating the scale of this African epidemic has been that these are mostly very poor countries, with limited health and administrative services. It started in Central Africa, with Zaïre and Uganda among the earliest and worst-hit countries.

It has spread quite slowly southward, not until the 1990s was there a mass epidemic in South Africa, which does have advanced medical services and the ability to collect reliable health statistics.

The WHO estimates that 90 percent of Aids cases in Central Africa go unreported.

The reports of infection in South African hospitals may be accurate to a single percentage point. These South African figures are likely to be the best guide to infection levels further north, and may well understate them, because South Africa is now experiencing rates of infection that Central African countries had reached five or more years ago.

Some of the most reliable local statistics come from KwaZulu/Natal. The hospitals automatically test for HIV infection. In the first two months of 1994, they recorded 4 077 cases, in the first two months of 1995 that had risen to 6 401 cases, an increase of more than 50 percent.

About 55 percent of those infected were women. Probably more women than men were tested, for gynaecological reasons, but the epidemic is certainly a heterosexual one, with both sexes equally at risk.

Most of the cases are reported to have been aged between 20 and 34. The University of Natal's Virology Unit is a major authority on the epidemic. Its latest estimate, for the first quarter of this year, is that 21 percent of the population of KwaZulu/Natal is infected with HIV, the precursor to full-blown Aids. That would mean that a much higher

■ In sub-Saharan Africa, 10 percent of the human race is at risk of an Aids pandemic, warns **WILLIAM REES-MOGG**.

proportion of sexually active young adults would be infected, and this rate of infection is still rising.

The figures for South Africa as a whole are less clearly established, and it is possible to be confused by different estimates, made at different dates. However, the latest and most authoritative estimates are those given by the Minister for Health, Mkosazama Zuma, to an Aids conference in Cape Town early in March. She stated that there are now more than 8 million known cases of HIV infection in South Africa.

As the South African population is just under 40 million, that coincides with the KwaZulu/Natal infection rate of 21 percent of the population. In 1991, 1.2 million cases were reported in South Africa, so in three years, the number of cases has doubled just less than three times.

That also fits the KwaZulu/Natal estimate of a 60 percent increase in the past year. Various explanations have been given for the disproportionate scale of the epidemic in sub-Saharan Africa.

The widespread lack of medical facilities is one of them, though the medical services in South Africa are among the best in the continent. The prevalence of other sexually

transmitted diseases, often untreated, is another factor; this may indicate a larger average number of sexual contacts, while untreated sores probably facilitate infection by the virus.

A large number of indentured labourers who are living away from their native villages go to prostitutes. Active sex lives seem to start earlier in Africa, at an estimated age of 11 in South Africa as against 15 in the United States.

This suggests a larger lifetime number of sexual partners, which some epidemiologists regard as the real indicator of the size of the networks of potential infection. The weakening of the immune system, which is the result of Aids itself, increases the spread of other infectious diseases, particularly tuberculosis.

This is not only a risk to the Aids victims themselves. Tuberculosis spreads rapidly among people who do not have normal resistance to disease, but goes on to infect those whose resistance is normal.

The medical statistics in the rest of Africa may not be reliable, but there is no lack of reports which show the severity of the epidemic and the large number of Aids deaths which have already occurred. In some areas, it could be

seen from aerial surveys that farmland is shrinking because of the shortage of workers.

Systems of care for orphans whose parents have died of Aids-related diseases have broken down because they are overloaded. In Tanzania, an acute shortage of teachers is reported. More specifically, Uganda Railways reports a 3 percent annual death rate from such illnesses among its staff, these workers cannot be replaced.

If in Africa there is an average eight-year period from HIV infection to death, then at least 24 percent of this railway staff would have been infected with HIV as early as 1987.

That does fit the estimates which were made at the time. Uganda has an exceptionally high birth rate, and may even be able to replace a three percent loss, but the current HIV estimates would project an actual fall in the population of South Africa in the early years of the next century.

The South African government fully appreciates the potential social and economic consequences of this epidemic. President Nelson Mandela himself has said that dealing with HIV-Aids is 'one of my main presidential projects'.

Yet the world outside seems to be hardly aware of what is happening. The sub-Saharan African countries are already the weakest and poorest of the world's large communities.

The post-colonial era has been a success in Asia but a failure in sub-Saharan Africa, largely because of these countries' inability to adapt tribal cultures to the needs of a modern society.

Some countries, such as Zaïre, had already been swallowed by anarchy, brutality, corruption and crime before Aids came along. All these countries face acute political, social and economic problems.

Now they also face the loss, over a period of a decade or so, of a high proportion of the ablest and most active people in their populations.

Given the length of time it takes medical research to produce a viable product for general distribution, and the poverty of most of Africa, it seems unlikely that this grim prospect will be averted by a new medical discovery.

The world has largely turned its back on Africa, despairing of finding effective ways to help. Yet this is not a possible attitude.

Five hundred million people are threatened with a fatal disease, and, beyond disease, with the collapse of state structures, tribal wars, crime and famine. The rest of us cannot just turn our backs on Africa and regard it as the continent that failed.

■ **William Rees-Mogg, a former editor of The Times of London, is now a member of the House of Lords and a leading newspaper commentator.**

■ See page 21.

ing AIDS to prevent further evictions. Spokesman said 500 000 families were tied to farms through labour tenancy de-

Impurities found in free market milk

CAPE TOWN — The advent of a free market in milk had led to a rise in milk-borne diseases, Prof Piet Jooste of the Milk Quality Panel told the parliamentary standing committee on health yesterday.

He said deregulation meant much milk on the market was no longer controlled for health risks.

"Our concern arose when statistics revealed a disturbing increase in the amount of unsafe milk being sold in SA — up to 250 000 litres a day," Jooste said.

"This problem can be addressed by ensuring healthy herds and workers, using technology such as pasteurisation and packaging to safeguard milk.

"However, the free-market system has

The constitution guaranteed private ownership of property and farmers would not be forced from their land, he said.

given rise to an uncontrolled milk trade which does not always comply with acceptable hygienic conditions.

Random milk quality tests conducted by the panel in Cape Town, Grahamstown, Potchefstroom, Newcastle and the Vaal Triangle showed that there were irregularities in untreated raw milk.

"Our inquiries have shown that the health department does not distribute even a basic pamphlet on the subject, which is of such great importance to public health," Jooste said. He urged the department to promote the natural goodness of milk and to include the importance of safeguarded milk in its preventative health care programme. — Sapa. 20 29/6/95

AIDS, HIV increases threefold

PIETERSBURG — Confirmed AIDS and HIV cases had trebled in the past year in Northern Province, an AIDS researcher said yesterday.

Sapa reports that Northern Transvaal AIDS Centre chief and behavioural scientist Herbie Smith said between 3-4% of the province's population had AIDS or were HIV positive.

"The RDP might stem epidemics to a certain extent, but the co-operation of all South Africans should be emphasised to curb AIDS," Smith said.

There had also been a marked increase in reported cases of tuberculosis, a disease often associated with AIDS.

"Both AIDS and tuberculosis break down the body's immunity. It is also true that about 95% of confirmed cases of AIDS and tuberculosis can be traced to developing countries."

Northern Province, itself considered a developing area, was specially vulnerable to the diseases because it bordered Zimbabwe, Mozambique and Botswana.

Kathryn Strachan reports that more than 200 billboards bearing the message of AIDS have been placed countrywide by the Health Department as part of a new AIDS awareness drive.

The billboards include a tollfree helpline number and the slogan "A new struggle".

"This campaign is the first part of a multidimensional strategy by the department that seeks to raise awareness around AIDS issues," director of the department's AIDS programme Quarraisha Abdool-Karim said.

"The current billboard places an emphasis on responsibility within relationships. Prevention is about caring and support. The virus is not simply about death."

received

Aids statistics 'trebled' in Northern Province

(92) CT 24/6/95

PHILIPSBURG confirmed aids and HIV cases trebled in the past year in northern province and aid cases and deaths

northern province aids and HIV Centre chief and health journal scientist Mr Herbie Smith said today that one and four percent of the province's population were living with HIV or aids. The health care could be too high however he said.

The Population and Development Programme might have epidemic coverage but but the cooperation of all health stream should be given to the under aid. Mr Smith said.

The health care could be too high however he said.

tuberculosis which is often associated with aids.

Both aids and tuberculosis break down the body's immune system together.

He said about 98% of confirmed cases of Aids and tuberculosis could be traced to developed countries.

Northern Province is a developing area and is particularly vulnerable to the diseases because it bordered Zimbabwe, Mozambique and Botswana.

Mr Smith said attempts to curb Aids have been hampered by political argument.

He said doing nothing could be a disaster for the people of the province because of the nutritional consequences of the aids virus.

Star 29/6/95
Govt launches
massive AIDS
awareness drive
(92)

■ MEDICAL CORRESPONDENT

More than 200 billboards have been placed throughout the country as part of a multidimensional AIDS awareness drive by the Department of Health

The billboards bear the message. "AIDS . Prevention is the Cure . . . Protect yourself, Protect Others" They include a toll-free helpline number and a logo bearing the internationally recognised red ribbon with the slogan. "A new struggle"

"AIDS prevention is about love, caring and support," says Quarraisha Abdool-Karrim, director of the AIDS programme. The ribbon symbolises unity of efforts to combat the spread of the virus and minimise the effect of the epidemic

The billboards will be changed every two months and messages will cover themes including AIDS in the workplace, sexually transmitted diseases and youth

Other strategies for prevention will be emphasised in print, radio and television campaigns.

'Donated blood tested for HIV, hepatitis'

(92)

STAFF REPORTER

CT 3/7/95

EVERY unit of blood donated to the blood bank is tested for HIV, syphilis, and hepatitis B and C, the Western Province Blood Transfusion's deputy medical director, Dr Jane Pearce, said yesterday

Dr Pearce said there had been no HIV transmissions through blood transfusions in South Africa since the mid 1980s when the HIV test became available.

She said all blood transfusion services were non-profit, non-governmental organisations which received no state or provincial subsidies and cost the taxpayer nothing

"We levy an end-user fee, so the person who uses the blood pays for the service," she said, "We bill the patient or the hospital which covers costs of staff salaries, transportation of blood, testing and storage"

Blood transfusion services had introduced questionnaires for donors to complete before they donated blood to try and "close all the loopholes"

Donors were asked not to donate blood if they had had more than one sexual partner within the six months prior to donating or if their sexual partner had had more than one sexual encounter in that time

Global AIDS up 19% in past 12 months

Star 4/7/95
Geneva — The number of reported AIDS cases jumped by 19% in the past year, the World Health Organisation said yesterday.

In a report, WHO said the number of reported cases had jumped from 985 119 last July to 1 169 811 at end of June.

Allowing for under-diagnosis, incomplete and delayed reporting, WHO estimated that more than 4.5-million AIDS cases in adults and children had occurred worldwide since the pan-

demic began in the late 1970s.

About 70% of the cases were reported in Africa and about 9% of them in the US. The most significant increases were reported in Africa and south Asia.

By the end of the first half of this year, a total of some 20-million people (18.5-million adults and more than 1.5-million children) had been infected with the HIV virus since the start of the pandemic, said the report — Sapa-AP

SA on UN AIDS board

(92) Stanb/7/95

South Africa was elected as one of five African members on the co-ordinating board of the United Nations Programme on AIDS (UNAIDS), the Ministry of Health said yesterday.

The decision was taken at the Economic and Social Council meeting on June 1.

The board will hold its first meetings in Geneva, Switzerland, next Wed-

nesday and Thursday

UNAIDS is a special programme established to combat the AIDS/HIV epidemic

It consists of six international bodies, including the World Health Organisation and the United Nations Children's Fund

Health Minister Dr Nkosazana Dlamini Zuma would represent South Africa, the statement said. — Sapa.

24-hour Aids care centre opens in Durban

(92) WM 7-13/7/95

Ann Eveleth

SOUTH AFRICA'S first 24-hour Aids care centre has opened in Durban, marking the culmination of five months of determined effort by a dozen people whose lives have been directly affected by the virus.

The Durban Aids Care Centre aims to provide a "friendly service" to the Aids and HIV community — and hopes to inspire wider community participation in combating the disease.

Centre chairman Edward Higgs — a former Johannesburg supermarket manager, who decided to get involved after losing "a lot of friends and one family member to Aids" — says the centre's philosophy is that "Aids sufferers don't just need a counsellor — they also need a friend. We want people to know there are friends out there who do, in fact, care."

The centre offers round-the-clock counselling services for people with Aids and HIV, and their friends and families; free counselling courses for anyone interested in getting involved with Aids prevention and awareness in their communities; pre and post-HIV test counselling; condom distribution; medical referrals and information on other Aids care facilities.

While a number of Aids care services already exist, they are "overloaded, with 600 people a day being diagnosed this year, compared to only 250 per day last year ... The other problem is that most centres are only open between 8am and 4pm and there's nobody to talk to after hours." In the longer term, the centre hopes to form a social group for the Aids community, organise outings and provide a place where people can socialise.

While the centre is still raising funds — and hoping the government will help out — Higgs said the initial response from the community had been "very good".

"The new government has done a lot for Aids and the new health budget reflects that. But businesses have also responded positively — there is a growing realisation that the economy is also affected by Aids and they need to do something," he said.

'State fuelling HIV in jails'

ADELE BALETA

Staff Reporter

THE human immuno-deficiency virus (HIV), which leads to Aids, is spreading unchecked through prisons and threatening the entire South African prison population

Aids activists countrywide are demanding Correctional Services Minister Sipho Mzimela urgently revise the "descriptive" policy of segregating HIV-positive inmates and that condoms be distributed in prisons to stem the killer epidemic

The activists believe "archaic" prison policies are resulting in fewer inmates coming forward for HIV-testing for fear of "punitive" segregation measures if the result is positive

HIV-infected prisoners also fear frequent insults and abuse from prison officials and other inmates. They regard the policy as a double punishment

Western Cape Aids Legal Network representative Geoffrey Taylor said "Segregation has resulted in a drop in HIV-diagnosis in prisons while the incidence of the epidemic is increasing"

(92) *AKG 8/7/95*
Government refusal to issue condoms to prisoners has helped HIV run riot in South African prisons.

Dr Mzimela's controversial statement, that sex was not a priority for prisoners and therefore they were not concerned with condoms, has raised grave concern

Activists and legal organisations believe people are being put at risk by the minister's attempt to sweep under the carpet the fact that sex and sexual assault are a reality in prisons worldwide

Lawyers for Human Rights said at least 65 percent of convicted people in jail would engage in sexual activity

The Aids Legal Network — part of the Penal Reform Lobby Group — have questioned the minister's lack of response to submissions made on Aids and HIV in an alternative white paper on correctional services submitted in February

"There has been no response to our submissions. In fact, the history of the department's response to HIV in prisons has been inglorious," said Mr Taylor, who is also employed at the Aids Training Information and Counselling Centre

But, he added, while there had been no

movement nationally, great strides had been made locally

Many prison authorities were in favour of abolishing the segregation policy and were issuing condoms, but they were being hamstrung by the national office

The department's HIV policy has been criticised for not measuring up to international standards

The World Health Organisation is unequivocal condoms should be provided in prisons

"We provided the department with this literature years ago," said Mr Taylor. He added that France, Germany, Holland, Italy, Botswana, Namibia and some North American states provided condoms on request to prisoners

The department, last November, met some "minimum requirements" related to testing and reporting

Now HIV testing in prisons can take place only with the full, written consent of the inmate and for medical, epidemiologi-

cal reasons, or at the request of the prisoner

Reporting of HIV-positive prisoners ensures confidentiality. The names of affected prisoners are not known, but a list of anonymous statistics are kept

Only the commissioner of prisons and the local commander of a prison has access to names. All medical information regarding the inmates is confidential

In spite of this, however, the right to privacy is often violated and the segregation is evidence of this

Mr Taylor said segregating prisoners and not allowing condoms did not deal with the South African reality

"The fact that sexual activity forms part of a culture in prison is negated of down-played by the officials

"In the context of an epidemic which is sexually transmitted, this has major implications — especially from a public health point of view"

Mr Taylor believes the department is sitting with the worst of two worlds: there is no prevalence testing and condoms are not being issued, so there is no effective education

"It's impossible to talk of abstinence and non-penetrative sex in prisons where consensual sex and rape are the reality"

"The segregation of prisoners caused major problems, he said

"If one of the HIV-infected prisoners in the group gets depressed, it affect them all. The same applies to aggression"

A major problem is that there are no regulations governing segregation

"In some regions HIV-infected prisoners were identified and dumped together in the same prison

"This meant some inmates were being transferred away from family and support groups to prisons where HIV-infected prisoners were concentrated"

Anne Strode, Maritzburg regional director of Lawyers for Human Rights, said that with the rewriting of the Sexual Offences Act, the department may be compelled to review its segregation and condom policy

"Sodomy is a criminal offence in terms of the Sexual Offences Act, regardless of whether or not it is consensual," said Ms Strode.

Staff Reporter

FOURTEEN prisoners, who have tested positive to human immuno-deficiency virus, are taking Correctional Services Minister Sipo Mzimela to court to contest their "discriminatory" segregation from other prisoners.

The action is likely to launch a chain of similar applications by the Aids Legal Network in provinces throughout South Africa.

In a separate case, Safety and Security Minister Sidney Mufamadi is being taken to court to review the police department's HIV-testing policy

The 14 HIV-positive inmates of Serfontein prison near Maritzburg are basing their action on their constitutional right to privacy

Maritzburg regional director of Lawyers for Human Rights Anne Strode said the prisoners were segregated from other inmates at night.

She said that in spite of the officials' perception that by separating HIV-infected prisoners they were protecting them, they were in fact violating their right to privacy.

"By separating them at night, everyone in the prison knows who they are. They are open to abuse and attack from other inmates who refer to them as the 'Aids prisoners'," she said

Ms Strode said that in this case, it was fortunate the prison had a homogeneous population because in other penal institu-

14 infected prisoners seek court action to stop segregation

tions the abuse of HIV prisoners had taken on a racist tinge.

In a Gauteng prison, for example, a group of HIV-positive prisoners were referred to as "Aids kaffirs"

The 14 Serfontein prisoners informed a full-time Aids counsellor at the prison, employed by the Aids Training and Information Counselling Centre, of their intention to go to court to contest the measures

"We are pleased the group has decided to stand together because there will be less chance of victimisation," she said.

"In ordinary circumstances each individual has to bring their application separately to get relief. In this instance, the group are applying together"

She said that they were making use of a mechanism created by the new constitution which broadens the law in terms of

people's ability to go to court

Ms Strode said Mr Mufamadi was also being taken to court to review the police department's HIV-testing policy

The application is being made by the Aids Law Project, Lawyers for Human Rights, the Aids Legal Network, the Police and Prisons Civil Rights' Union (Popcru) and the South African Police Union.

Ms Strode said the action was being supported by affidavits from individual policemen

"Testing is conducted at two levels. Citizens are tested when they apply to join the police force and if they are invited to join the force as a permanent staffer, they have to be tested for the Aids virus again.

"Individual police officers came to see us," said Ms Strode.

"One of these officers tested negative on joining the force. He was awarded citations for bravery during his probation and looked set to have a promising career. He was invited to become a permanent member of the force

"He underwent the specified second test but this time the result was positive. He was not fired but he was not promoted. He has no pension, no medical aid and is stuck in the notch of a temporary employee.

"We are taking up the case in the name of the above organisations rather than the individual because it's likely the ruling will be broader and that it will affect the HIV-testing policy in the entire police force," said Ms Strode

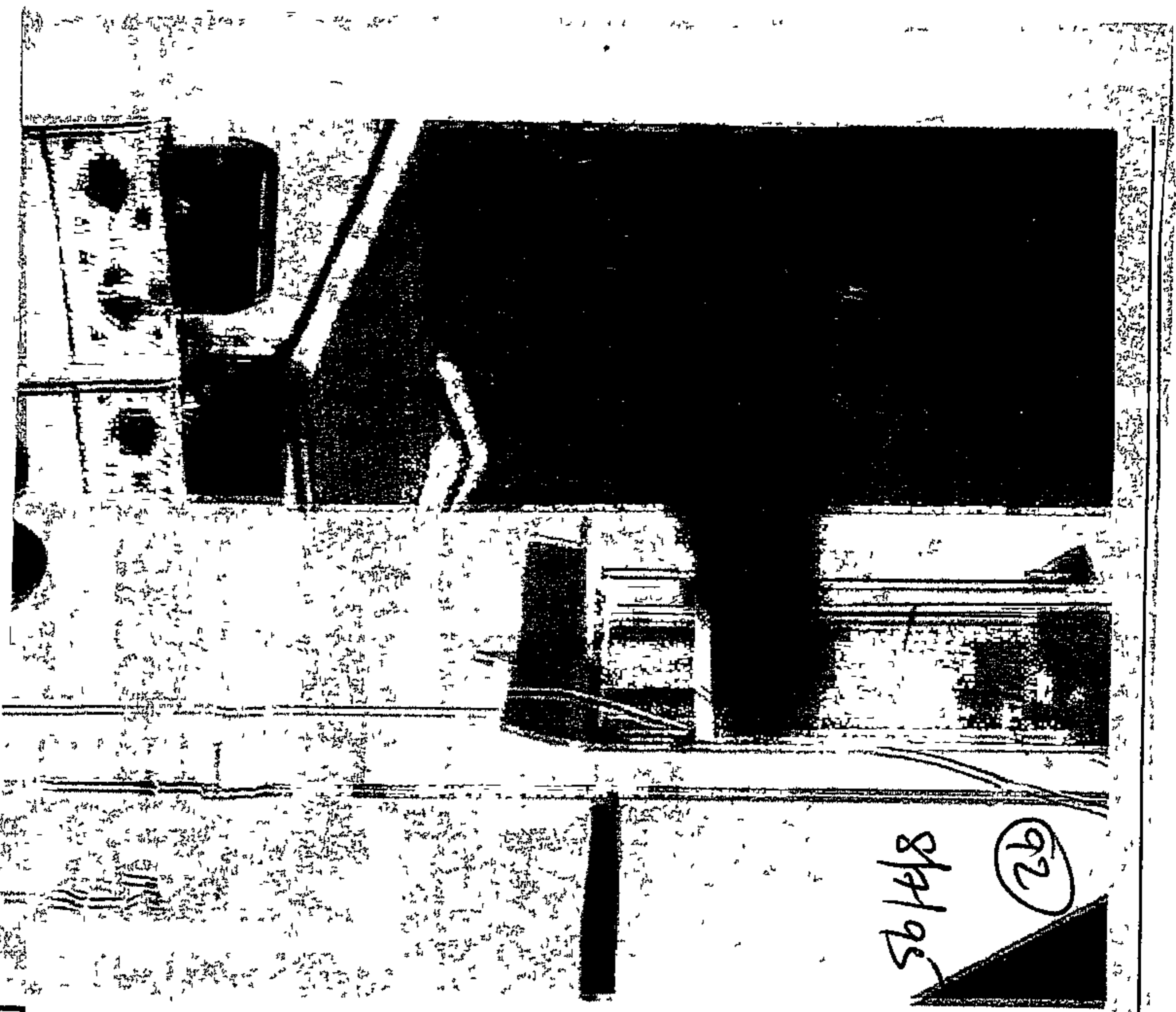
Argus 8/7/95
92



Picture OBED ZILWA, Staff Photographer

CONDOMS FOR PRISONERS: Geoffrey Taylor is demanding that condoms be distributed in prisons in an attempt to stop the AIDS epidemic

Argus
8/7/95 (92)



8/7/95
 (92)

Dark cellar may hold clues to missing girls

VENILLA YOGANATHAN
 Staff Reporter

POLICE have completed an intensive search of the dark cellar of a Bluff home in the hope of finding evidence that six missing schoolgirls had been held there

Investigating officers refused to divulge details of the investigation, saying some of the forensic tests were yet to be completed. However, it is known that police were searching for fingerprints, hair samples and other physical evidence that could place the girls, missing since 1988 and now believed dead, in the cellar of the home.

Neighbours said one leg of a girl's black stocking was found, with an old newspaper and a bottle containing some sort of chemical. Police, however, would neither confirm nor deny this.

An informer, believed to be a convicted child-rapist serving his sentence in a Port Elizabeth prison, was escorted to Durban to identify the Field Street house.

■ Fresh leads in the unsolved case of paedophile Gert van Rooyen and six missing schoolgirls sent police investigators back to Durban in a dramatic turn which has raised hopes of progress in the puzzle.

The prisoner allegedly told police he had been at the house five years ago and had seen the girls being held in the cellar and being given drugs. He was to have taken the girls to Sun City but left without them when he became scared.

Although the house had been painted and some changes made by the new tenants, the informer quickly identified the house, said police.

The convict sat in a police car outside the house as detectives began their search.

Police said details he had given had matched "to the T" certain descriptions he offered of the interior were also positive.

Fingerprint experts were summoned. A forensic expert in private practice said it was possible to lift prints after several years. He said other particles like hair could

also be matched if police had obtained samples of the missing person's hair from their home at the time of their disappearance.

Neighbours who were at the scene of the digging said the entrance to had been bricked up in recent years but was broken down by police.

There is speculation that the missing girls had been brought to Durban in a truck. A Bluff man was questioned in connection with this theory.

Police are believed to be searching for two brothers, one of whom is a long-distance lorry driver.

Fiona Harvey, 12, of Maritzburg; Joan Horn, 12, of Westpark; Tracey-Lee Scott, 15, of Randburg and three Kempton Park children, Anne-Marie Wapenaar, 12, Odette Boucher, 11 and Yolande Wessels, 12, went miss-

ing under mysterious circumstances. There has been no trace of them since. Paedophile Gert van Rooyen shot his lover, Joey Haarhoff, and then committed suicide after they were chased by police in Pretoria in January 1990. The couple saw police keeping observation at their house and sped away.

Van Rooyen shot Haarhoff and then turned the gun on himself.

Soon after their death police searched a Pretoria house and dug up the yard but found no trace of the missing girls. A young schoolgirl told police how she managed to escape from Van Rooyen's house in Pretoria. This is when Van Rooyen and Haarhoff became prime suspects.

Detectives yesterday spent the entire day at the house on the Bluff, using the latest forensic equipment and bright lights to search the cellar.

They were tight-lipped about their investigation and whether they had found anything to indicate that the missing girls had been at the house.

networks what

Call for new policy on AIDS

Star 8/7/95

(92)

By ADELE BALETA

While AIDS is spreading unchecked through prisons, AIDS activists countrywide are demanding that Correctional Services Minister Sipo Mzimela revise the policy of segregating HIV-positive inmates and that condoms be distributed in prisons.

They believe "archaic" prison policy deters inmates from stepping forward for HIV-testing for fear of abuse from prison officials and inmates.

Western Cape AIDS Legal Network representative Geoffrey Taylor said there was cause for concern about Mzimela's statement that the department was not concerned about condoms, as sex was not a priority for

prisoners. He had not responded to submissions on AIDS and HIV in an alternative White Paper on correctional services, submitted in February.

France, Germany, Holland, Italy, Botswana, Namibia and some US states provide condoms for prisoners

Maritzburg Lawyers For Human Rights director Anne Strode said that with the rewriting of the Sexual Offences Act, the department might be compelled to review its policy.

While the department had argued that supplying condoms would encourage a criminal offence, "now that homosexuality and sodomy will — in terms of the constitution — be decriminalised, that argument falls away".

■ See Page 5

Prisoners' landmark court case on 'HIV segregation'

Star 8/7/95

(92)

Correctional Services Minister Sipo Mzimela is taken to court by 14 HIV-positive inmates of Serfontein Prison near Maritzburg in a test case supported by the Aids Legal Network, writes ADELE BALETA

Cape Town — In a precedent-setting case, 14 HIV-positive prisoners are taking Correctional Services Minister Sipo Mzimela to court to contest their "discriminatory" segregation from other prisoners.

The action is likely to launch a chain of similar applications by the Aids Legal Network throughout South Africa.

In a separate case, Minister of Safety and Security Sidney Mufamadi is being taken to court to review the police department's HIV-testing policy.

The 14 HIV-positive inmates of the Serfontein Prison are basing their segregation action on their constitutional right to privacy.

Maritzburg's Regional Director of Lawyers for Human Rights, Anne Strode, said the prisoners were separated from other inmates at night.

She said that in spite of the officials' perception that by separating HIV-infected prisoners they were protecting them, they were in fact violating their right to privacy.

"By separating them at night, everyone in the prison knows who they are. They are open to abuse and attack from other inmates who refer to them as the 'Aids prisoners'," she said.

In this case, it was fortunate the prison had a homogenous population because in other penal institutions the abuse of HIV prisoners had taken on a racist tinge. In a Gauteng pris-

on, for example, a group of HIV-positive prisoners were referred to as "Aids Kaffirs"

The 14 Serfontein prisoners informed a full-time Aids counsellor at the prison, employed by the Aids Training and Information Counselling Centre, of their intention to go to court to contest the segregation

"We are pleased the group has decided to stand together because there will be less chance of victimisation," Strode said

Strode said Mufamadi was also being taken to court to review the police department's HIV testing policy

The application is being made by the Aids Law Project, Lawyers for Human Rights, the Aids Legal Network, the Police and Prisons Civil Rights' Union and the SA Police Union.

Strode said the action was being supported by affidavits

from individual policemen.

"Testing is conducted at two levels. Citizens are tested when they apply to join the police force and if they are invited to join the force as a permanent staffer they have to be tested for the Aids virus again

"Individual police officers came to see us," said Strode

"One of these officers tested negative on joining the force. He was awarded citations for bravery during his probation and looked set to have a promising career. He was invited to become a permanent member of the force.

"He underwent the specified second test but this time the result was positive. He was not fired but he was not promoted. He has no pension, no medical aid and is stuck in the notch of a temporary employee

"The ruling will affect the HIV testing policy in the entire police force," Strode said.

HIV hits pregnant rural women hard

By DAN DHLAMINI

AN INFORMAL survey among women attending antenatal clinics has revealed that there was an alarming 21 percent HIV prevalence this year in Manguzi, compared with 7,57 percent for the entire country last year

Manguzi village is situated in Maputaland, in the north-east corner of KwaZulu/Natal on the Mozambique border.

According to Manguzi hospital acting medical superintendent Dr Ian Couper, while last year's figure for the incidence of HIV infection was 7,57 percent for South Africa as a whole, in KwaZulu/Natal alone it was 14,35 percent.

Couper attributed the high rate of Aids in the province to the influx of Mozambicans who do not have adequate facilities and Aids campaign programmes in their country.

He said Manguzi hospital was established by the Methodist Church in 1948 and handed over to the KwaZulu government in 1980. It serves a community of 100 000 in the Tembe tribal area as well as an unknown number of patients from southern Mozambique.

Other rural hospitals in Maputaland which are engaged with primary health care, training of nurses and fighting Aids, malaria, TB and other diseases are Mosvold, Mseleni and Bethesda

Couper said the nearest referral hospitals are Ngwelezane hospital in Empangeni - 290 km away - and academic hospitals in Durban, 470 km away.

He said in order to increase health awareness and to facilitate relationships with the community of KwaNgwanase the hospital runs baby competitions and essay competitions for high schools.

According to Gold Fields Foundation chairman Michael Tagg, whose company has contributed health facilities to Maputaland, a new nursing course has been designed to provide comprehensive primary health care in the rural and urban areas.



Dr Zuma

Tagg said at the request of Health Minister Dr Nkosazana Zuma, 50 people in key nursing training institutions from all nine provinces will be trained in using the new primary health care course in projects funded by the mining industry.

CP 9/7/95 (92)

Bill would outlaw AIDS pre-testing

Kathryn Strachan

(92) BD 10/7/95
THE Centre for Applied Legal Studies is drafting a Bill outlawing pre-employment AIDS testing following a spate of reports of workers, particularly domestic workers, being fired because they are HIV-positive.

Mark Haywood, research officer for the centre's AIDS law project, said yesterday that an article which appeared in the May edition of Fair Lady magazine, telling the story of a woman who dismissed her domestic worker after she found out she was HIV positive, had led to a spate of domestic workers being sent for AIDS tests and being fired if they were positive.

The centre was acting on behalf of several domestic workers subjected to tests without being told what the test was for.

There were also cases of the doctor telling the employer the results of the test before informing the worker

In the case of testing without informed consent, doctors would be charged with assault.

The centre had also reported these incidents to the Medical Association of SA, Haywood said.

The centre was trying to dispel employers' fears by explaining how HIV was spread.

As the HIV epidemic has hit women between the ages of 14 and 24 the hardest of all groups, discrimination in this group was most prevalent.

The prohibition of pre-testing Bill is soon to be discussed by the National AIDS Convention of SA and by the National Economic, Development and Labour Council, but opposition is expected from business.

Haywood said concern was not so much about the public sector, where the constitution protected people against discrimination from disability (and AIDS is considered a disability), but about the private sector.

Government has already adopted the national AIDS plan, which is against pre-employment testing.

While larger corporations such as the Chamber of Mines did not do pre-employment testing, there was widespread dismissal and discrimination on the basis of AIDS in factories.

The number of cases reported to the centre increased each week. The Alexandra clinic also reported that it was concerned about the number of people coming for AIDS tests because employers demanded it.

Pre-testing for AIDS has been condemned by the World Health Organisation and European Union on the basis that it is discriminatory.

Arguments for pre-testing were nonsensical, said Haywood, because workers could contract HIV at any time and there was also no occupational risk of spreading HIV. People with HIV could also work productively for at least a decade.

**'No cure for Aids
in next 10 years'**

ET 10/7/95

SCIENTISTS say it is unlikely that a cure for HIV — and ultimately Aids — will be found in the next 10 years and, when one is found, it will be too expensive for use in developing countries, an Aids journal, Panos Briefing, reported

(92)

Stop Aids (92) in SA jails, says ANC

APLT 10/7/95
JOHANNESBURG. — The African National Congress is "deeply concerned" about the treatment of HIV-positive prisoners in jails.

This was said by the ANC's Carl Niehaus, chairman of the Portfolio Committee on Correctional Services, in the National Assembly yesterday.

He said specific matters of concern were that the Department of Correctional Services did not issue condoms to prisoners and that prisoners who had been diagnosed as HIV-positive were often segregated from other prisoners.

"Prisoners are human beings who, like anyone in the community have the right to be protected equally from disease and suffering," said Mr Niehaus.

Mr Niehaus described as "short-sighted" the argument that condoms were not needed in prisons because sexual intercourse were not "officially allowed".

"Everyone, including senior officers of the Department of Correctional Services, knows that a large number of prisoners are sexually active," he said — Sapa

Aids policies attacked

Sowetan 10/7/95

OR
THE African National Congress is deeply concerned about the treatment of HIV-positive prisoners in South African jails, the party said in a statement yesterday

Mr Carl Niehaus, chairman of the portfolio committee on correctional services, said specific matters of concern were that the Department of Correctional Services did not issue condoms to prisoners and prisoners who had been diagnosed as HIV-positive were often segregated from other prisoners

Niehaus said the ANC strongly urged Minister for Correctional Services Dr Siphosiso Mzimela and the Department of Correctional Services "to change their resistance with regard to making con-

doms available to prisoners, and to start issuing them immediately"

He said Health Minister Dr Nkosazana Zuma had already emphasised that the general availability of condoms and safe-sex education were essential in the battle against Aids

Disease and suffering

"Prisoners are human beings, who like anyone in the community have the right to be protected equally, together with every other citizen, from disease and suffering."

"Niehaus said, adding it would be "futile" to try and control the spread of Aids outside prisons, because some prisoners were released back into their communities"

Niehaus described as "short-sighted" the argument that condoms are not needed in prisons because sexual intercourse is not "officially allowed"

Everyone, including senior officers of the department of correctional services know that a large number of prisoners are sexually active," he said —
Sapa

Tonight's Sowetan-Radio Metro Talkback Show will be an open line. Phone Tim Modise between 7pm and 8pm on 089 110 3377 to share your views with the nation.

Doctors give one more year

AIDS victim pins hopes on baboons

Star 11/7/95 (92)

Oakland (California) — Jeff Getty, an AIDS activist who hopes to become the first human to be injected with bone marrow from a baboon, believes he's alive today because of a confrontational style of negotiating.

He said he learnt it at the Mexican border in 1988, when US border guards caught him coming out of Tijuana with un-sanctioned AIDS drugs.

"At the time, US residents were permitted to import medication that lacked federal approval if it was for personal use. The guards knew the purpose of the isoprinosine and ribavirin, Getty says, but demanded he tell them why he needed them. Out loud

If the intent was to embarrass him, the effect was the opposite. Getty, whose illness was confirmed in 1986, shouted "Because I have AIDS!"

Since then, Getty repeatedly put the lesson to use, successfully battling drug companies and the Food and Drug Administration for the chance to use experimental AIDS drugs.

Doctors credit these treatments for keeping Getty (37), alive for 15 years. But they now give him no more than a year more to live.

Dr Suzanne Ildstad, who leads a research team at the University of Pittsburgh Medical Centre, believes his last chance is a transplant of baboon marrow.

The FDA stopped the experiment this spring, and asked a panel of experts at the National Academy of Sciences to deter-

mine whether the effort could kill Getty or spread dangerous animal viruses to humans.

Their answer was frustrating: no consensus. The virus could lie dormant for years before attacking the patient or merge with a germ in his body, forming a potent hybrid, said Dr David Cooper, research director at the Oklahoma Transplantation Institute in Oklahoma City.

If the virus comes up many years in the future, then Getty may have infected his nursing staff, friends and family, Cooper said.

The FDA says it will decide how to proceed after public hearings on cross-species transplants beginning on Friday.

Getty believes he contracted HIV in 1980 from the man he still lives with in Oakland.

Their front room is devoted to a desk and file cabinets crammed with material documenting AIDS treatments.

Growth hormones still generally unavailable to AIDS patients have helped Getty remain a candidate for the transplant, said Dr Steven Deeks, a project researcher.

Getty credits still-experimental lymphocyte donations from his sisters with keeping him from succumbing.

His CD4 corpuscle count is 16, compared to a healthy person's complement of 1 000-plus, a sign that Getty now meets the transplant experiment criterion of a one-year life expectancy — Sapa-AP

HIV still spreading 'like veld fire'

CT 12/7/95 (92)

DAN SIMON
STAFF REPORTER

HIV and Aids awareness programmes undertaken by the Department of National Health and Population Development are showing results — but the virus remains a deadly epidemic

SA Medical Journal editor Dr DJ Ncayiyana said in this month's

issue there was "every indication" that HIV was spreading in SA like a "wind-driven" veld fire

"Since HIV is governed by lifestyle and social behaviour, it is generally believed that only through massive financial support of preventive programmes could the country hope to turn the tide."

However, although he applauded the allocation of

R87 million towards the HIV/Aids campaign for the current fiscal year, he questioned whether preventive programmes worked,

Health Department spokesman Mr Vincent Hlongwane said the preventive programmes were working. "More and more people are beginning to use condoms and are conscious about practising safer sex."

'SILENT EPIDEMIC' SPREADING

HIV infections rise tenfold in five years

CT 13/7/95

(92)

JOHANNESBURG: The number of people with the HIV virus is doubling every 15 months in South Africa and an estimated 1,8 million people are now HIV-positive

THE number of South Africans with the HIV virus has increased tenfold over the past five years, national HIV/Aids programme director Ms Quarraisha Abdool-Karim said here yesterday

She said 7,6% of South Africans, or 1,2 million people, were HIV-positive in October last year, compared with 0,74% in 1990. The HIV virus is widely believed to lead to Aids

With figures doubling every 15 months, an estimated 1,8 million

people are now probably HIV-positive, she told the fourth national conference on legal rights and Aids

In kwaZulu/Natal about 15% of people have the virus, in the Eastern Cape 13%, and in the Free State 10%

Ms Abdool-Karim said there was still denial about the scale of the spread of the "silent epidemic"

She said the government alone was not responsible for combating the disease and she described the

private sector's response as "tardy". Provincial governments had to be mobilised to fight Aids, she added

The government's budget for controlling the disease had recently doubled to R85m, with a quarter allocated to non-government and community-based organisations

Strategy

The state strategy to fight Aids included teaching life skills to the young, mass communication on prevention, increased access to condoms, improved treatment of sexually transmitted diseases and programmes to treat the infected

— Sapa

HIV rate goes up 10-fold since 1990

JOHANNESBURG — The number of people with human immuno-deficiency virus (HIV) in South Africa has increased 10-fold in the past five years.

National HIV-Aids programme director Quarraisha Abdool-Karim said 7,6 percent of the population, or 1,2 million people, were HIV positive in October compared with 0,74 percent in 1990. The HIV virus is widely believed to lead to Aids

With figures doubling every 15 months, an estimated 1,8 million people probably were now HIV positive, she told a national conference on legal rights and Aids

In KwaZulu-Natal about 15 percent of people had the virus, 13 percent in the Eastern Cape and 10 percent in the Free State

Ms Abdool-Karim said there was still denial about the scale of the spread of the epidemic

The government alone was not responsible for combating the disease and she described the private sector's response as "tardy".

"A joint effort can make a difference," she said, adding that provincial governments had to be mobilised to fight Aids

The government's budget for controlling the disease had recently doubled to R85 million, a quarter of which was allocated to non-government organisations

The state strategy to fight Aids included teaching life skills to the young, mass communication on how to prevent the disease, increased access to condoms, improved treatment of sexually-transmitted diseases and development of programmes to treat those infected — Sapa

Million condoms in foreign aid

(92) AR 13/7/95
PRETORIA — The Department of Health's Aids prevention programme has been boosted by a Malaysian company's donation of a million condoms.

The department said they would be distributed through hospitals, clinics, non-governmental organisations and government health agencies with another 97 million condoms already acquired.

South African High Commissioner in Malaysia M Mohale received the gift in Kuala Lumpur yesterday.

Health Minister Nkosazana Zuma welcomed the donation, saying it would support the country's anti-Aids campaign

The condoms, made by Sime Darby Plantations subsidiary Sime Latex Products, are made to Britain's highest quality standard — Sapa.

1-m condoms given to SA

(92) Sapa 13/7/95

The Department of Health's AIDS prevention programme has been boosted by a Malaysian-based company's donation of a million condoms, the department said yesterday.

The condoms will be distributed through hospitals, clinics, non-governmental organisations and Government health agencies along with 97-million condoms already procured

South African High Commissioner in Malay-

sia M Mohale received the donation in Kuala Lumpur yesterday, the department said in a statement.

Health Minister Dr Nkosazana Zuma welcomed the donation, saying it would support the country's anti-AIDS campaign.

The condoms, manufactured by Sime Darby Plantations' subsidiary Sime Latex Products, are made to Britain's highest quality standard. — Sapa.

UKaid-SA

with condoms

(92) CT 14/7/95
STAFF REPORTER

The government has
ordered a million condoms
from a British manufacturer
to aid its population pro-
gramme. The Department of
Health announced today.

The department said M F
Medical, South Africa will be
contracted to manufacture
and deliver the condoms
to the company, Sun-
Dyne Plantations, in India.

The donation, in addi-
tion to 97 million condoms
already acquired by the
Department of Health.

The condoms, with the
brand name "Central", will
be distributed throughout the
country through hospitals,
clinics, non-governmental
organizations and govern-
ment health centres.

'Ignorant' Aids victims live longer, says report

(92) ARG 15/7/95

LONDON — Patients who do not know they are infected with the Human Immuno-deficiency Virus that causes Aids live longer than those who get early treatment, British researchers said in a report.

This could mean the present treatment for HIV, which delays the onset of full-blown Aids, does not necessarily help the victims to live longer

Dr Mark Poznansky and his team at St Mary's Hospital in London found that patients diagnosed with Aids-related illnesses could be divided into two groups — those who knew they were infected with HIV

and those who did not

He reported in the British Medical Journal that the group in ignorance lived longer overall.

He said this had important implications for doctors studying the treatment of Aids, but stressed that people who do not know they are infected with HIV risk spreading it

He studied more than 400 patients with Aids over two years.

Nearly a quarter went to hospital with an Aids-related illness like pneumonia, but without knowing they were infected with HIV — Reuter

Aids victims' rights still wrong as case numbers continue to grow

ARG 15/7/95

(92)

JOHANNESBURG — People with Human Immuno-deficiency Virus (HIV), the virus which causes Aids, continued to be abused and their human rights violated at the time when 700 new cases were reported every day in South Africa, Mr Justice Edwin Cameron said

Cameron, who has a background of involvement in human rights issues, said the sober predictions six years ago of the best epidemiologists were now proving correct

He was speaking at the fourth national conference on legal rights and Aids in Johannesburg

Cameron said about 700 people were being infected by Aids every day, and more than 15 percent of the population in KwaZulu/Natal were HIV posi-

tive

The abuse of HIV sufferers' human rights was widespread, simply because they carried the virus. They were tested against their will, dismissed from jobs and denied employment, healthcare, insurance cover and employment benefits

Cameron said the time for deliberation was over. It was time to act, and people in government had to translate their good intentions into action

The government had expressed its commitment to the national Aids plan, which involved non-discrimination and adequate resources for care. But very little was being done

Cameron said pressure should be put on the govern-

ment to force it to take appropriate action and to make the right choices in policy and action

The conference resolved to fight against pre-employment HIV testing and for a stop to involuntary testing of people, and to force government-supported hospitals to observe this right

Other components of the conference's plan of action include

- To campaign for the distribution of condoms to prisoners and to stop the segregation of HIV positive inmates,

- To ensure that provincial legislatures and government departments adopted the national Aids plan, and,

- Compulsory Aids testing should be abolished in accor-

dance with the equality provisions of the constitution

Speaking at a conference, Jessie Duarte, Gauteng's Minister of Safety and Security, noted that police regulations still required new recruits to be tested for HIV, at a time when moves were underway to abolish pre-employment testing

She said there were people in the SA Police Service who had been found HIV positive and intended to contest the test in court. She added the time had come for the police service to accept it had gays and lesbians in its ranks

Health Minister Dr Nkomo-zana Zuma has called for the scrapping of pre-employment involuntary Aids testing. — Sapa

Condoms in jail — 'but only if there is sex', says Minister

ADELE BALETA
Staff Reporter

PRISONS supremo Sipo Mzimela says he will distribute condoms in prisons only when he has been given "irrefutable evidence" that there is sexual activity behind prison walls.

"I challenge anyone to give me irrefutable evidence of sexual activity in prison, where it's happening, what percentage of the prison population it involves, whether it's among men or women," the Minister of Correctional Services said in an interview.

The minister and his department has come under stinging attack by Aids activists linked to the legal fraternity for not allowing condoms in prisons and for segregating HIV-infected prisoners.

They say this "outdated" policy runs counter to international trends to stem the rampant human immuno-deficiency virus (HIV) in prisons.

Mr Mzimela's challenge follows a Department of Health announcement that HIV infections are up 10-fold in five years in South Africa.

National HIV/Aids programme director Quarraisha Abdool-Karim said last week that 7,6 percent of South Africans, or 1,2 million people, were HIV positive in October last year, compared with 0,74 percent in 1990. The HIV virus is widely believed to lead to Aids.

Also last week, the health department's Aids prevention programme was boosted by a Malaysian-based company's donation of a million condoms. The condoms will be distributed through hospitals, clinics, non-governmental organisations and government health agencies along with 97 million condoms already procured.

Health minister Nkosazana Zuma welcomed the donation, saying it would support the country's anti-Aids campaign.

Mr Mzimela said segregating

(92) (20) ARG 15/7/95
HIV-infected prisoners at night was a stopgap measure until a lasting solution could be found by the medical profession by whom he was happy to be advised, and only by them.

Mr Mzimela said "I need evidence to take action and not base things on what people imagine. As I travel around I ask prison commanders and warders what the position on homosexuality in prisons is. They say nothing is happening. You might as well say sex is happening in monasteries and convents."

Asked if death as a result of Aids would be proof enough he replied "As far as I am aware there are HIV-infected prisoners but none who have Aids. I know of prisoners who had Aids when entering prison but none who were infected while in prison."

"I make a distinction between sodomy and homosexuality. I have no problems with homosexuality. I have friends in the United States who are gay. But don't just say sex is happening. I am not sweeping anything under the carpet. I need proof."

"Sodomy is a different matter. It's a criminal act. Handing out condoms won't solve the problem. If anything, it will condone sodomy. The way to handle the problem or rape is to redesign prisons so that these sexual offenders can be isolated from other prisoners."

What about issuing condoms in the event of rape?

"There needs to be evidence of rape. We need to know who raped whom so that prisoners will come forward. It's no good acting on hearsay."

"I am willing to discuss the issue with the commissioner. I will set up a mechanism to get evidence on the issue."

"I cannot distribute condoms at random. I need a reason and the reason will only be in the event of homosexuality. In the case of consensual sex, condoms can be made available."

Virus experts team up to fight the killer diseases

(92) ARG 15/7/98

JOHANNESBURG — The African Virology Association has been set up to co-ordinate efforts at combating viruses such as Aids, hepatitis B, measles and rinderpest.

Launched in Midrand at an international congress on the impact of viral diseases in the developing world, the association said improving disease surveillance and laboratory capacity were its most important aims.

Education and linking scientists to the Internet was also crucial, delegates said.

"Viruses are a major problem in Africa, and, for the first time, there is international public interest and funding available," said Edouard Kurstak, president of the International Comparative Virology Organisation Oyewale Tomori, the World Health Organisation's Harare-based regional virologist, said Africa could not combat disease without using the developed world's resources. "We have the knowledge of our area, and they the resources," he said.

South Africa's National Institute of Virology is already providing laboratory support to Africa and plans to expand this by training, exchanging information and setting up meetings, said Barry Schoub, elected president of the association.

Aids and hepatitis B were two of the biggest viral problems on the continent, he added. But deaths of malnourished children from measles and the medical information from the programme to eradicate polio were also important.

Animal viral threats included rinderpest — which was almost eradicated 20 years ago — and poultry viruses, he said.



'I've lost my dignity,
confidence, self-respect
and libido.'

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African states join forces to check spread of viruses

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

(92)

Virologists have joined forces to improve Africa's capacity to impede the development of viruses such as AIDS, hepatitis, measles and rinderpest

Improving disease surveillance and extending laboratory capacities are the most important aims of the African Virology Association (AVA) launched at an international congress on the impact of viral diseases in the developing world in Midrand last week

Education, and linking scientists to Internet were also crucial, delegates said

The move by Ava to join more than 200 African and 70 international virology organisations is timely, says Professor Edouard Kurstak, president of the International Comparative Virology Organisation.

"Viruses are a major problem in Africa, and, for the first time, there is international public interest and funding available," he said

Star 17/7/95

Dr Oyewale Tomori, the World Health Organisation's Harare-based regional virologist, said Africa could not combat disease without using the developed world's resources "We have the knowledge of our area, and they, the resources," he said

South Africa's National Institute of Virology (NIV) is already providing laboratory support to Africa, and plans to expand this by training, exchanging information and setting up meetings; says NIV director Professor Barry Schoub, who was elected president of the Ava

AIDS and hepatitis B were two of the biggest medical viral problems on the continent, he added. But deaths of malnourished children from measles, and the medical information from the programme to eradicate polio were also important.

Animal viral threats included rinderpest, which was almost eradicated 20 years ago, and poultry viruses

Insect virologists were researching the use of insect viruses as safe, sustainable, natural plant pesticides

(92)
Star 17/7/95

SA boxing hit by AIDS revelations

Thirty-three South African professional and amateur boxers have been banned from the sport because they are infected with HIV, the virus that causes AIDS

Mike Mortimer, chairman of SA's boxing control body, confirmed that 33 HIV positive boxers had been refused licences in 1994. Figures for 1995 were not yet available.

He said the banned boxers included active professionals

and amateurs applying for professional licences. The names of the athletes were confidential and known only to the doctors who counselled them.

Provincial boxing officials said six banned fighters were from the Free State and three from the Border region.

Free State official Sinton Tsekeletsa said "It is a heart-break. We are dealing with young boys. Some of them won't see the age of 30."

About 1 000 boxers are licensed to fight professionally in SA. Since 1994, all have been required to take annual HIV tests as part of their medical examination.

Dr Martin Schwellnus, a sports medicine researcher at the University of Cape Town, said a boxer had roughly the same chance of contracting AIDS as any other young South African. The risk of a boxer catching the disease in

the ring was low "but still high enough to cause concern."

"I don't anticipate the number of boxers who are HIV positive to reflect a different story than the rate of infection among other active young South Africans," he said.

Schwellnus added he knew of at least two professional soccer players who are HIV positive. Soccer does not conduct mandatory HIV testing —
Own Correspondent

'HIV-infected' Sowetan 17/7/95 (92) boxers ignore ban

By Glenn McKenzie

SOME HIV-POSITIVE boxers were still engaged in unofficial sparring sessions after losing their licences, a leading boxing official said

Dr Malefetsane Peter Ngatane, chairman of the Transvaal Provincial Boxing Control Commission told *Sowetan* he had "heard" that several HIV-infected boxers were still sparring after they had been denied professional licences

Thirty-three professional and aspiring professional boxers were refused licences in 1994 because they were infected with Aids

South Africa's boxing control body prohibits doctors from telling anyone except the fighters themselves about the results of HIV tests. Boxers who are HIV-positive can choose to tell others or keep the disease a secret

"We are not even allowed to tell a boxer's manager," said Ngatane. "We can only say that a boxer has been denied a licence for medical reasons. If he (the HIV-infected boxer) decides to continue sparring,

Boxers involved in unofficial sparring despite losing their licences

we cannot stop him," he said

Ngatane, who has counselled HIV-positive boxers in the Transvaal, said he encouraged boxers with Aids to "stand up and openly discuss their disease," but so far nine were willing to go public

"These boxers have the chance to be heroes if they decide to talk about Aids. People will listen to them and they can make a difference," he said

The doctor said top ranked boxers had many "opportunities" to contract Aids through sexual activities with female fans

Aids Law Project official Mark Haywood said it was unconstitutional to ban boxers from fighting because they have Aids

Mandatory Aids testing also infringed on athletes' individual rights

"Once you start introducing mandatory Aids testing, where do you stop? Do you introduce it to other sports? We say no," said Haywood

Meanwhile, boxing promoter Mr Rodney Berman said he was confident that there was little risk of boxers contracting HIV in the ring

Berman said he didn't know any SA boxers who had the disease, although he had heard "vicious and untrue rumours" about one of his own fighters

Former world champion Jacob "Baby Jake" Matlala also said he was not worried about catching Aids from other boxers

"I'm shocked that so many boxers have HIV but as long as everyone is tested, I'm confident about going into the ring," said Matlala

Tonight's Sowetan-Radio Metro Talkback Show will be an open line. Phone host Tim Modise between 7pm and 8pm on 089 110 3377 to share your views with the nation.

33 boxers in Aids shocker

(92) Sowetan 17/7/95

By Glenn McKenzie

THIRTY-THREE South African professional and aspiring boxers have been quietly banned from the sport because they are infected with HIV, the virus that causes Aids.

Mr Mike Mortimer, chairman of South Africa's boxing control body told *Sowetan* that 33 HIV-positive boxers were refused licences in 1994. Figures are not available yet for 1995.

Mortimer said the banned boxers included active professionals and amateurs applying for professional licences. The names of the athletes were confidential and known only to the doctors who counselled them.

Sowetan has independently established the name of one well-known boxer who is afflicted with the disease.

Provincial boxing officials said six banned fighters were from the Free State and three from the Border region. Free State boxing council secretary Mr Sinton Tsekelesa said "It is a heartbreak. We are dealing with young boys. Some of them won't see the age of 30."

About 1 000 boxers are licensed to fight professionally in South Africa. Since 1994, all have been required to take yearly HIV tests as part of their

medical examinations.

Dr Martin Schwellnus, a sports medicine researcher at the University of Cape Town, said boxers have roughly the same chance of contracting Aids as other young South Africans. He said the risk of a boxer catching the disease in the ring was low "but still high enough to cause concern".

"I don't anticipate the number of boxers who are HIV positive to reflect a different story than the rate of infection among other young active South Africans," he said.

Schwellnus said he knew of at least two professional soccer players who are HIV-positive. Soccer does not conduct mandatory Aids testing.

An estimated 1,2 million South Africans have been infected with Aids, for which there is no known cure. President Nelson Mandela has said fighting the disease is a national priority.

The August edition of *Pace* magazine accused boxing officials of covering up the Aids problem in the sport. *Pace* warned boxers not to "climb into the boxing ring again because if you do you could die a slow and horrible death."

● See also page 2.



President Nelson Mandela turns 77 today and he will be in his element when he entertains 2 000 underprivileged children at Gold Reef City. On Saturday he celebrated the big occasion with handicapped children at one of his residences.

PICT: TONY NAIDOO

HIV knockout for 33 boxers

ARC 18/7/95 (92)
JOHANNESBURG. — Thirty-three South African professional boxers have been refused licences after testing positive for the human immune virus (HIV) which causes Aids, a doctor has said

Medical officer Sam Pitsoe, employed by the South African Boxing Control Commission, said the Aids test was included in the standard medical examination in 1994 after a champion fighter tested positive in Las Vegas

"We decided to include the HIV test in the examination for the safety of the boxers," Dr Pitsoe told Reuters

He said 1994 figures showed the boxers, ranging in age from 22 to 37, included up to 10 who had fought in international competitions. Figures for this year are not yet available

"Natal seems to have the highest

number and the Western Cape the lowest," he said

Dr Pitsoe said he suspected Kwa-Zulu-Natal had the highest number of HIV-positive boxers because of the many prostitutes in the area

"In a contact sport the chances (of infection) are much higher because blood is flowing in the ring," he said, adding all contact sports should consider the tests

"In fact, I've been thinking in rugby too," he said

Dr Pitsoe said young boxers often reacted with disbelief at hearing the HIV tests were positive

"They won't accept it and want to go to another laboratory. Some of them have shed tears. They say 'You mean, this is my death certificate? Boxing is my life. This is the end of my life'" — Reuter

Boxed in by HIV risks

(92) Sowetan 18/19/95

TWO SOUTH AFRICAN boxers square up. For nine rounds they fight, a black veteran against a young white challenger. Insults are slung from the crowd as the two opponents slug it out. The bout ends with the challenger bruised and badly beaten. Streaks of blood cover half the ring.

"Boxing these days is like war. Each chap tries to kill the other and the people want to see blood. There's no art," says Enoch Schoolboy Nhlapo, a 20-year veteran and former national champion between 1958 and 1971.

But, besides being particularly bloody on occasion, South African boxing is unique in another way. Officials recently revealed that 33 South African professional and aspiring pro boxers tested positive in 1994 for HIV, the virus which causes Aids.

South Africa's boxing control body kept the existence of HIV-positive fighters a tightly guarded secret until last week. The boxers were quietly banned, with officials saying only that they were "medically unfit".

Some observers say well-known fighters are among the banned group. So far no one has openly admitted having the disease. *Sowetan* has the name of one fighter who is allegedly infected.

The news opens a minefield of legal and moral questions about boxing, which has been a jewel among South African sports since international sanctions were lifted recently.

The country has two world champions in junior featherweight Vuyani Bungu and bantamweight Mbulelo Botile. Three other former champs are expected to appear in title bouts this year. Twenty-three South African fighters were recently ranked in the World Boxing Council's top 30.

Aids threatens to affect the sport as greatly as it has the country as a whole. Since 1990, an estimated 1.2 million South Africans have become infected with the disease. President Nelson Mandela has made the fight against Aids a national priority.

"What we need is a boxer to stand up and say he has Aids," says Dr Peter Ngatane, a boxing official who examines and counsels fighters. "We would have a hero, our own Magic Johnson."

With South Africa's Aids rate approaching eight percent of the population, hundreds of athletes in various sports could become infected in the next five years.

"I don't anticipate the number of boxers who are HIV positive to reflect a different story than the rate of infection among other young South Africans," says Martin Schwellnus, a sports medicine researcher from the University of Cape Town. In Britain, where officials were among the first to introduce mandatory Aids testing of boxers, only one South American boxer and two

Glenn McKenzie reports on the problem of Aids in boxing, which was a secret guarded closely by South Africa's boxing control body until last week:



Dr Peter Ngatane ... says some HIV-positive boxers continue to spar.

others from African countries have tested positive for HIV in the past three years. In many other countries, mandatory Aids testing does not exist.

British boxing officials have called for the creation of a new world body to monitor medical procedures and regulations in the sport.

Mr John Morris, head of the British Boxing Board of Control, says "A lot of countries are not testing for HIV and we firmly believe this should be happening right across the board."

Some South African officials believe the boxing fraternity should go even further. Ngatane would like to see boxing bodies lift laws that prevent doctors from naming HIV-positive athletes.

Ngatane says some HIV-positive fighters have continued sparring despite losing their licences. Doctors should be allowed to lift the veil of secrecy that surrounds Aids, he believes.

"It is up to a boxer to tell his manager and sparring partners that he has Aids," says Ngatane. "We can only say he has been denied a licence for medical reasons."

But human rights organisations are up in arms at the prospect of mandatory Aids testing in sport. Mr Mark Haywood from the Johannesburg-based Aids Law Project believes involuntary testing infringes the individual rights of athletes. Denying a boxer a licence because of Aids is also unconstitutional, he says.

"Once you introduce mandatory Aids testing, where do you stop? Do you introduce it into other sports? We say no," says Haywood.

Scientists say boxers face only a minimal risk



Magic Johnson ... local sport needs a hero like him to stand up and say he has Aids.

of contracting Aids in the ring. But, according to Schwellnus, about half of South African fights result in open cuts on both fighters. "The risk of transmission (in the ring) is small but high enough to cause concern," says Schwellnus.

Aids is transmitted through infected blood, as well as sexual intercourse and also breast feeding.

Boxing officials believe they have taken all possible precautions to protect the safety of fighters and officials. In addition to forcing boxers to take yearly Aids tests, referees and cornermen wear gloves to protect themselves from infection.

But officials admit that no one is completely safe in the ring, nor are boxers immune from catching the disease during sexual contacts outside the ring.

Ngatane paints a "potential scenario" of a world champion boxer with Aids. Has it already happened? He is not allowed to say. Could it easily happen? He believes the answer is yes.

"The ease with which top boxers can receive sex is well-known. I cannot say if they are, in fact, sexually promiscuous," he says. "What makes this situation more dangerous is that many boxers don't even know what Aids is."

Meanwhile, people are bound to speculate about who has Aids and who doesn't. Retiring boxers will inevitably be asked to dispel rumours before they reach the grapevine. Already a boxer in the camp of Rodney Berman has been the subject of "vicious and untrue rumours", according to the well-known promoter.

"If someone prominent ducks out, tongues are going to wag. The only breakthrough will be if people come into the open," says Ngatane.

'Teach boxers in SA about HIV'

CT 19/7/95 (92)

JOHANNESBURG: South African boxers should be taught how not to contract HIV outside the ring, a higher possibility than in the ring, UCT medical researcher Dr Martin Schwellnus said yesterday

Reacting to reports that 33 professional SA boxers had tested HIV-positive and were banned from boxing last year, Dr Schwellnus said a boxer had a one in 27 000 chance of contracting HIV in the ring, and in other contact sports the chance was even lower

"From the figures we have, including the incidence of HIV-positive boxers, we have approximated that a boxer would have to box 27 000 matches before he contracted the disease

"People shouldn't focus on the figures as much as they should on preventing HIV," he said.

Mr Mike Mortimer, chairman of the SA Boxing Board of Control, confirmed the number of HIV-positive boxers, but said he didn't

expect an international backlash

"I think internationally they (international boxing associations) feel the matter is properly controlled and is not a hit-and-miss business.

"What the rest of the world wants to know is what type of control there is over professional boxers," he said

Mr Sam Ramsamy, chairman of the National Olympic Committee of SA, said he doubted whether the banning of the 33 boxers would affect the status of SA athletes

"It will not affect SA athletes because we follow the regulations by the International Olympic Committee."

He said HIV-positive athletes were still allowed to compete in the Olympics because the Olympic Committee felt banning them would be as discriminatory as firing employees if they were found to be HIV-positive — Sapa

British board⁽⁹²⁾ praises S African officials' vigilance

The Argus Foreign Service *July 20/7/95*
LONDON — The British Boxing Board of Control has praised the "vigilance" of South African boxing officials which led to the identification of 33 professionals found to be human immuno-deficiency virus (HIV) positive

General secretary John Morris said he felt "very sad" for the boxers concerned — "but it's a fact of life, today"

Morris was commenting following newspaper reports here saying the BBC was "on Aids alert" following the cancellation of the 33 boxers' licences

He declined to respond to criticism among some boxing officials here that the results of the South African test came to light not in an official statement, but in an interview with one of the South African commission's doctors, Samuel Pitsoe

Dr Pitsoe revealed that in 1994 33 fighters aged between 22 and 37 had failed the commission's HIV test, as many as 10 of them boxers who had fought overseas opponents

Reported HIV has been rare in professional boxing. Featherweight Ruben Palacio was stripped of his world title in 1992 when found to be HIV positive, and a South Africa bantamweight was sent home, allegedly for the same reason

South African boxers are frequent visitors to Britain, and the report is expected to cause concern among promoters here

Aids: Future of W Cape boxer hangs in balance

July 20/7/95 (92)
Banned but awaiting the results of third test

ROGER FRIEDMAN and LENNIE KLEINTJIES Staff Reporters

THE future of a Cape Town professional boxer hangs in the balance — if a third Aids test proves positive he will never climb through the ropes again

He is one of two Western Cape professional boxers tested positive for the Aids virus last year and banned from the sport

The tests were carried out under the orders of Sam Pitsoe of the South African Boxing Control Commission. They found 33 South African boxers to be human immuno-deficiency virus (HIV) positive

But Western Cape Boxing Commission secretary George Freddy said one of the unnamed local boxers said he had undergone a second test at the

Somerset Hospital which indicated that he did not carry the virus

"He went for counselling and came back to say he had been to Somerset Hospital and been given a clean bill of health

"We cannot take it for granted, however, and are waiting for the return of our medical doctor from overseas. He will do a third test," said Mr Freddy

Last year was the first year that the Boxing Control Commission routinely tested its 1 000-odd professional boxers

It is understood the tests were prompted by the British Boxing Board of Control which began testing all African boxers fighting in Britain about two years ago due to the perception that Aids was more

prevalent in Africa than elsewhere

Sports medicine specialist at the University of Cape Town Martin Schwellnus said he doubted the boxers had been infected in the ring, but it was preferable for them not to continue fighting once identified as carrying the virus.

According to reports, several Gauteng boxers who tested positive are still sparring. The Aids test results are "strictly confidential". The boxers are simply declared medically unfit

Dr Schwellnus said the 3.5 percent of professional boxers who tested positive mirrored the prevalence in society

"You would expect a higher prevalence rate if it was picked up in the ring," he said

"Aids awareness is important

and HIV infected sportspeople are a reality. As a result the general public, sportspeople and sports administrators need to be aware of the problems which might occur"

He said other sporting codes had developed their own policies on testing players for Aids

Dr Schwellnus, chairman of the Football Medical Association, disclosed that at least two professional South African soccer players had also recently tested positive for the virus

Mandatory testing of soccer players was, however, unnecessary as the risks of contracting the virus were very low

In the end, soccer authorities relied on "universal precautions" such as removing bleeding players from the field

Tension over AIDS cost

Kathryn Strachan (92)

TENSION is mounting between the National Union of Mineworkers and Old Mutual over the insurer's attempt to dramatically increase the premiums for the Mineworkers' Assurance and Benefit Scheme in the light of a perceived threat of AIDS.

NUM assistant general secretary Gwede Mantashe said Old Mutual had claimed during negotiations that AIDS had taken its toll and a 34% increase in the premium was necessary to offset the cost of the escalating number of AIDS-related deaths.

Old Mutual administers the insurance scheme, which is a joint scheme of the NUM and the Chamber of Mines. The Chamber has supported the NUM in the dispute.

The NUM rejected Old Mutual's proposal saying there was no evidence to prove that the scheme's declining income was related to AIDS.

While the NUM accepted that some increase in the premium was necessary, there was not enough detailed information supporting the proposed 34% hike.

The union also accepted that there had to be some restructuring of benefit schemes in the light of AIDS, but it was crucial that such restructuring should not result in practices which were discriminatory.

Another proposal of Old Mutual was that the current system whereby terminally ill workers were repatriated and provided with 12 months cover should be cut down to six months cover, and that the terminally ill should pay five times the monthly premium.

The union believed this proposal would affect AIDS patients and, it was a step closer to the slippery slope of discrimination.

The union was seeking recognition from insurance companies that peo-

ple with HIV/AIDS should not be discriminated against in terms of access to benefits.

Mantashe said there was a need to transform the business sector and compel it to adopt non-discriminatory practices.

The NUM would also support proposed legislation to ban pre-employment testing.

It was poor social conditions, the migrant labour system, overcrowded hostels and the presence of prostitutes on the mines which had led to the rapid spread of the HIV virus, he said.

To curb the spread of AIDS, the union called for measures such as proper housing for miners to improve social conditions.

Old Mutual's assistant general manager Chris Newell said yesterday that he could not comment because negotiations were underway.

MD 20/7/95

Agony of HIV Malawian

Star 20/7/95

(92)

BY JANINE SIMON

Malawian resident David Kwachelanji Dennis Banda (22) is homeless, hungry, and angry. All he wants is to be arrested and deported as an illegal immigrant.

His temporary resident's permit expired on January 30, a fact the unemployed Banda says he pointed out to Department of Home Affairs officials.

But, Banda says, he was told "We can't arrest you because you are HIV positive and can die in jail and we will have to pay."

A department official then referred his case to the Malawi Embassy in Pretoria. But, Banda says, the message came back that Malawi had spent its money on the election and had no funds to pay for his return journey.

Banda, a student, came to SA from Lilongwe in January to look for a job. He went to Baragwanath Hospital because he was suffering from headaches and thought he had malaria. Instead, he was diagnosed HIV positive and counselled before being discharged in July.

Banda says he has been sleeping at Park Station and taking piece jobs to buy food. He has no money to pay for his return, and, in desperation, came to The Star for assistance.

Hennie Meyer, spokesman for the Department of Home Affairs, said Banda was to be issued with temporary travel documents and repatriated.

"It is policy to refer nationals with valid travel documents to their High Commission."

"We were told the Malawian government had no funds to repatriate Banda, and referred to the embassy in Pretoria," he said.

A Malawian embassy official said Banda had not been to the Malawian consulate in Braamfontein, and should he go there, he would be assisted.



Homeless, hungry and angry . . . Malawian David Dennis Banda is to be repatriated after battling officialdom for weeks.

PICTURE: MOTLHALEFI MAHLABE

Govt to discuss assets

■ BY JUSTICE MALALA

The Cabinet is to consider a Public Enterprises Ministry document to restructure state enterprises worth an estimated R100-billion following demands by unions and business for clarity on the issue.

Minister of Public Enterprises Stella Sigcau said yesterday the Government had no intention of privatising or restructuring any of the corporations it was responsible for until it had consulted labour, business and development bodies.

"Sale of the assets is not a major thing, but selling could be the result of the restructuring process. This could involve selling buildings which are no longer being used, but this is not privatisation as such," she said.

Sigcau's ministry is responsible for parastatals such as Transnet, Eskom, Denel and the diamond mining operation Alexcor.

The announcement came after

Cosatu and its affiliates last month resuscitated their campaign calling for a halt to the sale of state assets

More than 3 000 National Union of Metalworkers of SA (Numsa) members at Eskom and Iscor are to march on the Union Buildings on Wednesday to demand a stop to feared privatisation of some of the parastatals' units.

The union said yesterday Eskom intended to privatise 11 of its business units, including its conference centre, gardening services and security. It said this would adversely affect about 4 000 workers.

Numsa also expressed concern over Iscor's "modernising" plan. It said the plan, which has led to a reduction of workers from 52 000 to 48 000 over the past 10 years, had seen its members forced into early retirement and employees having to carry double their normal workload.

Star 21/7/95
**Row over AIDS,
miners' insurance**

92 (92) (92)
■ BY JUSTICE MALALA

The National Union of Mineworkers (NUM) has called for a joint government, labour and management approach to alleviate rising AIDS infection on mines and a review of an insurance company's intentions to increase miners' premiums to lessen the load on their schemes.

NUM general secretary Kgalema Motlanthe said yesterday about 60% of 10 mineworkers would be affected by Old Mutual's decision to increase premiums on the Mineworkers Assurance Benefit Scheme by 34% because of a fear of a rise in AIDS-related deaths.

He said the Chamber of Mines had decided that it would not pay the increase and instead the mineworkers' benefits would be reduced from 36 months' salary for death to 26 months to pay for the increased premiums.

But the chamber said in a statement yesterday that negotiations on the scheme and the new premiums were still continuing.



ON THE MARCH ... thousands of mineworkers on the move through Johannesburg yesterday to deliver a list of demands to the headquarters of the Chamber of Mines and De Beers. The National Union of Mineworkers is in dispute with the chamber over wage demands ranging from 15 to 132 percent

Picture. HERBERT MABUZA

NUM fears AIDS premiums hike could lead to backlash

By CAROL PATON

ST 23/9/95 (92)

THE National Union of Mineworkers has challenged AIDS statistics used by insurance giant Old Mutual to justify a 34 percent increase in death benefit premiums.

Gwede Mantashe, NUM assistant general-secretary, said Old Mutual's figures were based on

"national trends and not on actual research conducted in the mining industry".

A breakdown of death benefit claims of the Miners Assurance Benefit Scheme for the six months ending in February showed that only 1,9 percent of deaths could be clearly attributed to AIDS.

According to the union,

Old Mutual has argued that a further 14,5 percent of deaths caused by tuberculosis and pneumonia — both common occupational diseases among miners — should also be seen as AIDS deaths

Old Mutual also wants deaths due to illness where the specific cause has not been diagnosed (10,6 per-

cent) to be considered AIDS deaths.

The NUM has suggested that a study be conducted by the Department of Health to determine the level of infection and following that, an informed response concerning benefits could be made

While the Chamber of Mines would not comment on the premium hike, the NUM said in a statement that the chamber advocated reducing the death benefit from 36 months to 26 months of pay as an alternative to raising the premium. Employers pay 75 percent of the premium and workers 25 percent.

Mr Mantashe described the chamber's response as a "don't care attitude" "Employers cannot simply wash their hands of the problem. The high level of HIV among mineworkers is a result of single-sex hostels and the migrant labour system," he said.

Old Mutual's proposal for a 34 percent increase also includes reducing the cover offered to terminally ill workers from 12 months to six months once they can no longer work.

The union contended that the intention of this was to exclude AIDS sufferers, many of whom would take longer than six months to die after they had stopped working

The NUM is also concerned that reducing the death benefit because of AIDS-related deaths will cause a backlash on the mines against people who are HIV positive.

"This will entrench prejudice," it said.

Old Mutual would not comment on the proposed changes to the scheme, saying it was subject to client confidentiality.

● Sapa reports that Anglo American announced at the weekend that it planned to retrench 10 000 workers at its Freegold operations in the northern Free State.

Angola's new enemy is AIDS, and the best way to escape is to head south

(92) (S) ST 23/8/95

By CHRISTOPHER McDOUGALL: Saurimo, Angola

DANGEROUS ideas fly around an Angolan army campfire — sex with a virgin is a miracle cure, condoms cause impotence, girls can't get AIDS and a smelly root paste will clear it up anyway.

Soldiers relaxing with beers shout agreement — unaware that they and their comrades are likely to kill more of their com-

patriots in the coming years of peace than they did during 20 years of Africa's bloodiest civil war

Relentless fighting has turned Angola into "a lethally perfect petri dish for HIV," says the World Health Organisation's Dr Eben Moussi of the virus that causes AIDS.

"Combat killed 500 000 Angolans, the first years of peace may kill one million. Psychologically, physically and economically Angola is not prepared for a disease that will hit with epidemic force," he says

The danger of an AIDS outbreak in Angola poses a serious threat to South Africa. With more than 2 000 South African mercenaries stationed in Angola, and hundreds of businessmen now flying back and forth to Luanda, the risk of bringing the infection home is dramatically increased.

Due to political isolation, just 5 000 cases of HIV infection were reported in South Africa in 1990. But with the explosion of post-apartheid travel, the figure in the past five years has leapt to 1.3 million. That figure is likely to increase as South Africa becomes more involved with its neighbours

Some 300 former South African commandos, members of the 2 000-strong Executive Outcomes force stationed in Angola since 1993, are based in Saurimo near the northern border, which has seen a steady traffic of diamond smugglers, refugees and rebel troops during the war

Because of the city's proximity to Zaire and the explosion of prostitution, Saurimo has become one of the most vulnerable areas in Angola.

The most dangerous disease-carriers are believed to be government and Unita troops. Infection is so high among African soldiers that they run a far greater risk of dying from

AIDS than from warfare, according to the Centre for International and Strategic Studies

At least 65 percent of army hospital beds in Uganda and Zaire are filled by soldiers with AIDS. More than half of Zimbabwe's soldiers are infected with HIV, according to the centre's study

Dr Moussi believes at least 100 000 Angolan government and rebel soldiers — half the fighting force — are HIV-positive. They are marching home to civilians so war-weakened and vulnerable to disease that Dr Moussi calls them "lambs for the slaughter"

But political urgency is missing. Says Dr Moussi: "We show the government a map of Africa with flags marking AIDS hot zones — Angola is surrounded — but we can't convince them there's no escape."

Experts estimate at least 10 percent of Angola's 10 million population already carries the virus

But with the country divided by the war and laboratories in ruins, health workers have been unable to do any AIDS testing, even in the military

Thousands of boys as young as 13 were drafted into the armies and received sex education from platoon mates on the march. Condoms and chastity were not prominent

topics, says Ana Filgueiras, an AIDS-awareness trainer for the World Health Organisation

And the rape and prostitution that trailed combat and helped spread the disease were further aided by sexual myths

"Legend has it that sexual relations with a virgin girl can cure a man with a sexually transmitted disease," says Mrs Filgueiras

Young Angolan girls are now five times as likely to be infected as boys

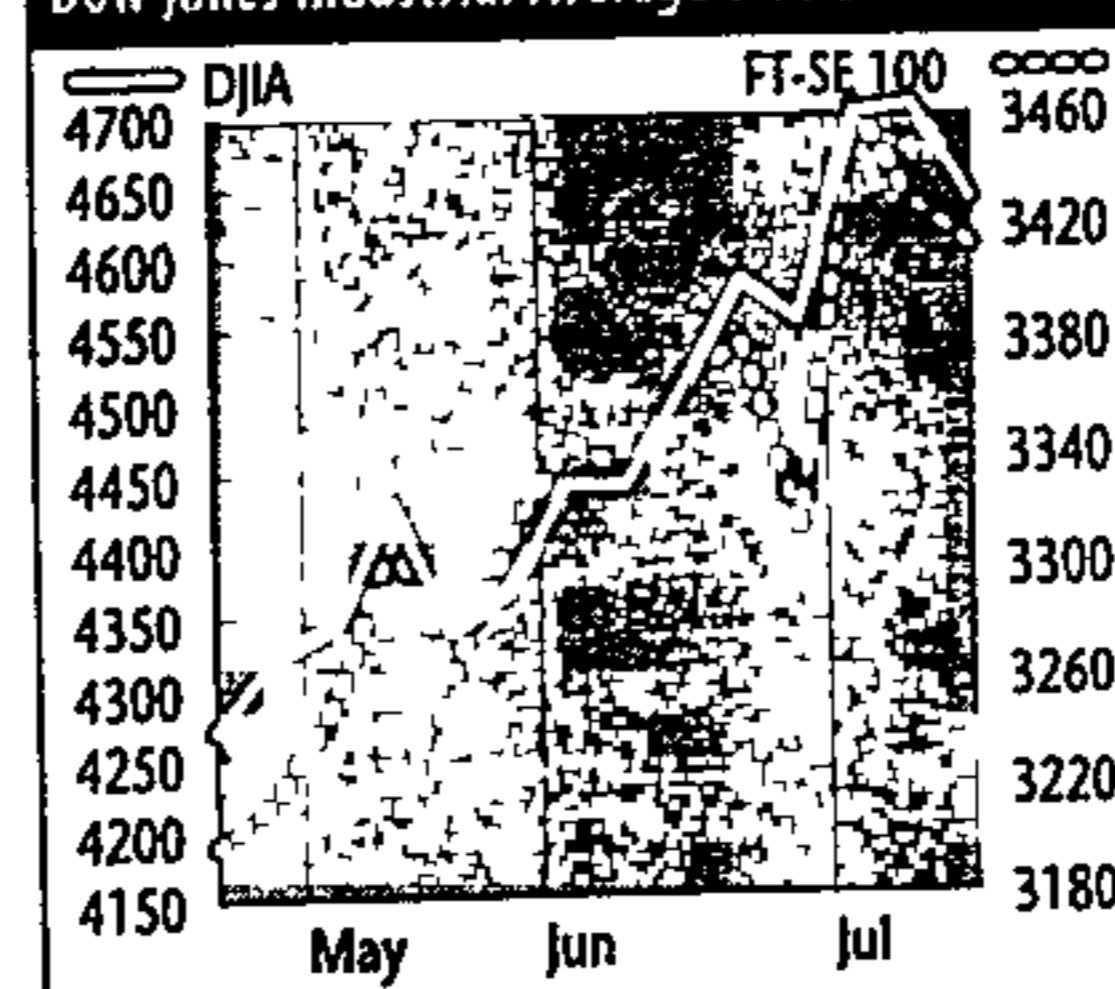
"And people believe these tribal healers who tout a noxious ointment they say will cure AIDS, which they call war fatigue," Mrs Filgueiras adds.

Unita's top medical officer, Dr Anastasio Sikato, contacted government doctors two days after the peace treaty was signed in November last year to ask for help battling the spread of AIDS among his troops

"I am more fearful for the boys' lives now than ever before," Dr Sikato says, adding that transfusions for wounded rebels have been arm-to-arm, with no screening for HIV

Dr Moussi predicts that the future will see more teenagers in AIDS wards than in high school, half the armed forces wiped out by the disease, famine as farms fail, collapsed industries through lack of managers, and, a wild scramble to emigrate

Dow Jones Industrial Average & FT-SE 100 Index



Graphic: FIONA KRISCH

Source: F-NET

FRIDAY'S
DJ IA CLOSE:
4641,55

FRIDAY'S
FT-SE 100
CLOSE:
3413,1

FRIDAY'S
NEW YORK
GOLD CLOSE:
\$386,35

YESTERDAY'S
HONG KONG
GOLD CLOSE:
\$386,35

COMMERBATT ZONE

HIV man's hard-luck story struck a chord for angry relatives and social workers

Star 24/7/95

92

■ BY JANINE SIMON

Angry family members and social workers have questioned the motives of David Kwachelanjii Dennis Banda, the Malawian who told The Star he had been refused repatriation because he was HIV positive

They were responding to a story on Banda's plight, which was published last week. Banda had asked The Star for help because, he said, he was battling to get Malawian and Department of Home Affairs officials to send him home

Illegal

He said South African authorities had refused to help him because he was HIV positive and could die in jail.

He said his relatives were unemployed and living in Lilongwe. He presented a Malawian passport, with an expired temporary resident's permit, and documentation from Baragwanath Hospital as proof of his plight.

The Department of Home Affairs confirmed that Banda had asked for assistance, but said he had been referred to his embassy

A spokesman for the Malawian Embassy said Banda had never been to the Johannesburg consulate for assistance, and he would be helped should he go there.

But social worker Ruth De Carvalho, of the Social

Refugee Office of the Catholic Diocese said Banda had come to their office two weeks ago for assistance

"He gave us the HIV story and said he wanted to leave immediately

"We ran around to get him a R165 train ticket to Maputo, and gave him R50 to pay for the journey to Lilongwe," she said angrily. "Then I saw the story"

And a family member told The Star that Banda's mother had worked as a domestic in Johannesburg's northern suburbs for years

He had been born here, but was sent to Malawi as a child.

Banda allegedly abused his father, with whom he lived in Malawi, the family member said.

Racket

He came to South Africa last year, and was sent by his mother to live in a home she had in Brits.

There he allegedly abused young children, and allegedly became involved with a theft racket, until he returned to Malawi.

Banda telephoned his mother when he returned to South Africa this year, but has not seen her.

A spokesman for the Department of Home Affairs said Banda was a confirmed Malawian citizen, and was due to be flown home on Friday afternoon



A second view ... David Kwachelanjii Dennis Banda. PICTURE MOTLHALEFI MAHLABE

Compassion is the guide in Neville's crusade of faith

(92) *STAR 24/7/95*

■ BY ANNA COX

AIDS sufferers are human beings who need special care and attention, says administrator of St Christopher's Home in Malvern, Neville du Preez.

Du Preez gave up a comfortable three-bedroomed house with a swimming pool and a full-time job to live in one room with shared bathroom and toilet facilities with HIV patients.

Du Preez does not fear contamination.

"I am well-informed on the virus and it never enters my mind that I may get it. Our aim here is to make life more comfortable for people who are critically ill and dying," he said.

Du Preez became involved with AIDS patients when he experienced a religious conversion two years ago. He struck up a friendship with a psychologist who was involved in AIDS work and she invited him to attend a course on counselling on it.

A patient whom he had been counselling in a hospice was becoming depressed seeing other patients dying around him and asked Du Preez if he could move in with him.

"I was afraid of what I was letting myself in for. After much praying I allowed him to move in. Another two sufferers soon moved in with me. Around that time the Anglican Church started St Christopher's Home for AIDS sufferers and I started visiting friends and became involved with the residents. I felt a calling to help," he said.

After much thought, Du Preez decided to work part-time at his job as a confectioner and part-time at the home but it became too much and eventually, in December, he gave up his job.

It wasn't an easy decision, but this is my life now and I

don't see any other for me." Emotional involvement with AIDS sufferers is unavoidable and becomes an integral part of counselling.

"Sometimes the residents get very difficult and abusive but I understand what they are going through. They are simply taking out their frustrations on me — like children do on parents," he said.

The home, which was donated to the Anglican Church by the O'Connor Foundation, a private welfare organisation, is one of the few which offers accommodation to sufferers who are still able to take care of themselves.

They are given chores to do around the house and some do part time work such as sewing to bring in extra income.

Caring

Patients pay part of their disability grants for their upkeep but, said Du Preez, it is often not enough. Churches in the area make donations but fundraising has to be done to pay rates and taxes and maintenance work around the house.

Said patient Martin Booysem: "I thank God every day for people like Neville. My family threw me out when they found out I was infected. I slept at the Johannesburg station for four months before Neville took me in and is taking care of me."

Another sufferer, "JF", said Du Preez provided a stress-free environment for patients which was important for their health.

"I was destitute because I lost my job. Neville looks after all of us with a lot of love and care," he said.

Anyone who can assist with donations or food should telephone Neville du Preez on 615-3302.



Dedicated to AIDS victims . Neville du Preez has given up a comfortable life to take care of HIV patients
PICTURE ANDREAS VLACHAKIS

Insurance (92) @ Sowetan 27/7/95 companies in Aids hot seat

Ten million, or 25 percent, in SA are expected to be HIV-positive by 2010

By Mzimkulu Malunga

A PARTHEID MIGHT HAVE been a factor of life in South Africa for the past four decades, but it looks like in the next few decades Aids will be the major new factor of life. The question is, where does this put the insurance industry?

There is mounting concern that the industry is not handling the Aids issue in a humane manner.

Critics say while they understand the insurance industry's right to protect itself against Aids, they do not approve of the apparently arrogant way some institutions in this sector handle Aids.

There is no consensus yet on the number of HIV positive people in this country, but estimates range between a million and 1,5 million people.

Insurers are almost in agreement that 20 and 25 percent of people in the country could be HIV positive by the year 2010. This means more than 10 million people. Some people believe there should be counselling prior to and after a person has gone for an Aids test.

But insurers believe it would be too

expensive to sustain pre-Aids test counselling. Metropolitan Life senior general manager Peter Doyle says the majority of the people who go for Aids tests are not positive, and if the industry was to counsel everybody with a policy worth more than R50 000, it would be far too expensive.

The industry issues almost a million life assurance policies a year.

With effect from the end of this year, says Doyle, life assurers have agreed to pay for after-test counselling for those who have tested HIV positive.

While it seems the industry could be beginning to listen to its critics, there are certain companies that do not fully disclose to clients the implications of what is termed an "exclusion clause".

The exclusion clause stipulates that if a policy holder dies of Aids, the company will not pay. In some insurance companies, even if a person goes for an Aids test, the exclusion clause stays on for the first ten years of the policy.

Another issue that could put more pressure on the industry to review some of its tactics when approaching the Aids issue is the banks' insistence that people take life policies first before their housing loans are approved.

A natural antidote for Aids virus?

Sowetan 27/7/95 (92)

SAN FRANCISCO — In one study, children infected with the HIV virus in the womb haven't developed full-blown Aids. In another, ethnicity seemed to play a role in the level of resistance found in infected infants.

"Is this an accident, a coincidence, or has nature done the right experiment for us?" said Dr Gene Shearer of the National Institutes of Health.

Researchers from around the world are finding there is far more work to be done before they learn whether some people exposed to Aids have a natural immunity to the disease.

The fundamental issue is whether those who escape the disease were exposed to the genuine article or simply shrugged off a weakened strain or viral fragments, said Shearer, who co-chaired the session on Aids immunity on Monday at the ninth International Congress of Immunology.

One of the most discussed studies came from Hebrew University in Israel, where Dr Zvi Bentwich examined newly arrived Ethiopian immigrants. Half of them show signs of HIV antibody production even though they tested negative for the disease, he said.

The finding probably indicates that their immune systems had launched an attack against HIV, Bentwich said.

Intriguing evidence

An Australian team led by Dr Andrew Geczy of the New South Wales Blood Transfusion Service in Sydney found that people with HIV who don't develop Aids often show evidence of other infections that affect the immune system. There is some intriguing evidence that inborn biological factors could be at work.

A Swedish-Italian team looked at children who were infected with HIV in the womb, but never developed full-blown Aids. That study found "broad neutralising activity" against the virus in the children's bloodstream.

Researchers at the State University of New York Health Science Center in New York City concluded that Hispanic children had more virus-fighting factors in their blood, as well as fewer and less intense symptoms, compared with white or black children. The finding suggests Hispanic children are genetically predisposed to high levels of resistance to the disease.

Dr Henry Heimlich, inventor of the first-aid treatment for choking, presented a controversial study which showed temporary infection with a curable form of malaria raised the level of disease-fighting T cells in two patients in China.

Heimlich theorises that malaria somehow triggers the right immune response to resist the Aids virus, along with other diseases.

Shearer called Heimlich's results interesting, but said his patient sample was insufficient and there were questions about experimental controls. — Sapa-AP.

Minister accused of putting thousands at risk in jails

ADELE BALETA, Staff Reporter

PRISONS chief Sipo Mzimela has been accused of "thwarting" progress made in handling Aids awareness behind prison walls and putting thousands of inmates at risk.

The accusation comes from the Aids Legal Network, which comprises lawyers, paralegals, Aids educators and counsellors, health workers, people who have Aids and human rights activists working toward the protection and advancement of human and legal

rights for people living with Aids.

The network was responding to comments made by the Minister of Correctional Services, Mr Mzimela, in an interview with Saturday Weekend Argus recently.

Mr Mzimela said he would distribute condoms in prisons only when he was given "irrefutable evidence" that there was sexual activity in jails.

The network questioned the minister's continued policy of segregating human immunodeficiency virus-infected prisoners at

night while denying that sex was taking place in prisons

Network members said the minister ought to accept the reality that sex takes place within prison walls "We cannot allow people to be sent to prisons which do not ensure that inmates are protected from possible HIV infection."

By denying the need for an adequate Aids and sexuality policy in prisons, they said, thousands of inmates were being placed at risk. They added that the Aids education pro-

gramme undertaken by the department was ineffective, as prisoners were unable to exercise many safe-sex options because they were denied condoms.

Network members said evidence of sexual behaviour had been established through carefully documented international studies.

The network referred to a recent interview with a prisoner on national television at a Transkei prison during a parliamentary select committee visit. The inmate said that sex between prisoners occurred regularly.

ARG 29/9/95

922

Business sector wary of proposed HIV legislation ⁽⁹²⁾

By PRAKASH NAIDOO

For such a deadly virus, HIV is a rather sluggish killer, with most infected people going on for a decade or more before showing symptoms

But the SA business sector is not entirely convinced and its insistence on continuing with the existing policy of pre-employment testing has had lobbyists declaring HIV the "new apartheid" in the workplace

Fresh from talks over the Labour Relations Bill, the next likely battle is over the newly drafted Prohibition of Pre-employ-

ment Testing for Human Immuno-Deficiency Virus Bill, which goes before the National Economic Development and Labour Council later this month

Although several major business companies in South Africa have accepted that there should not be general testing for HIV, most are vehemently opposed to legislation that would prohibit it. SA businesses, in a draft copy of a set of guidelines released in October last year, recommends against pre-employment testing but at the same time offers members an "opt-out" clause

In special circumstances, for

example, where employment will involve substantial training or where a prospective employee's HIV status is an occupational hazard to himself or others, an HIV test "should be acceptable", the code states

Other organisations, such as the Chamber of Mines, SA Chamber of Business and Anglo American, have similar policies

In an agreement between the National Union of Mineworkers and the Chamber of Mines four years ago, it was resolved that HIV and AIDS should be approached on the same basis as any serious condition. Em-

ployees are tested for HIV only on specific grounds. Similarly, Sacob and Anglo American applicants are required to pass a pre-employment medical examination which does not include an HIV test

A recent study revealed that one out of every five employers admitted to carrying out pre-employment testing. One anonymous reply from a mining company, when asked if a person with HIV would make a difference in his decision, replied "Ja, nee, not officially, but in one's mind, yes, it would affect the decision"

Star 29/7/95

Get real on sex in our prisons, AIDS

body tells minister

Star 29/7/95 (92) (53)
Prisons chief Sipo Mzimela has been accused of thwarting progress made in handling AIDS awareness behind prison walls and putting thousands of inmates at risk.

The accusation comes from the AIDS Legal Network which comprises lawyers, para-legals, AIDS educators and counsellors, health workers, people who have AIDS, and human rights activists working towards the protection and advancement of human and legal rights for people living with AIDS.

The network was responding to comments made by the minister of correctional services in a recent interview. Mzimela said he would distribute condoms in prison only when he was given "irrefutable evidence" that there was sexual activity in jails.

The network questioned the minister's continued policy of segregating HIV-infected prisoners at night while denying that sex takes place in prisons. Members said the minister ought to accept that sex in prisons is a reality.

"We cannot allow people to be sent to prisons which do not ensure that inmates are protected from possible HIV infection," they said.

By denying the need for an adequate AIDS and sexuality policy in prisons, thousands of inmates were being placed at risk. The network added that the AIDS education programme undertaken by the department was ineffective. Prisoners were unable to exercise many safe-sex options because they were denied access to condoms.

Constable's hopes dashed by discrimination

By PRAKASH NAIDOO

With a commendation behind him, a sterling performance record and buoyant optimism for the future, Simon Dhlomo (not his real name) was the perfect recruit for the new police force.

After four years as a temporary constable in KwaZulu-Natal, Simon, with a batch of colleagues, applied for permanent status and went through the compulsory examination.

Then his application was refused because he was HIV positive. Tall, well built and with a glowing complexion, the 30-

year-old constable belies the media image of someone with HIV, but friends say the sparkle in his eye has waned.

He is still a temporary constable, doing exactly the same duties he had applied for on a permanent basis, but enjoying none of the related benefits or status that goes with the position and at a lower salary.

In a dramatic move, Simon and three colleagues from around the country will now challenge the controversial policy of pre-employment HIV testing of new recruits to the police force in a landmark case before

the Supreme Court in Gauteng next month.

In an affidavit to his lawyer in Maritzburg, Simon said a senior officer confirmed he had been refused a permanent position because of his HIV status, but would not acknowledge this in writing.

"I think the police are the worst culprits in this respect. While many other companies have reversed their positions on pre-employment testing, the SAPS still do it as policy," said Rose Smart, manager of the AIDS Training and Counselling Centre in Maritzburg.

Last year the centre received a frantic call for assistance from police in northern Natal after several new recruits were refused by the permanent force after testing HIV positive.

"Because KwaZulu-Natal is at the forefront of the AIDS epidemic, the province is being used as a 'testing ground' for new recruits.

"Even those in the police force with the best intentions have no idea how to deal with this and we end up having to take an entire group of recruits, counsel them and then test them all again," said Smart.

(92) (251) Simon 29/7/95



MY, WHAT BIG EYES YOU HAVE... Thato's mother abandoned her at the H F Verwoerd Hospital

Picture: RUVAN BOSHOFF

A little room to love SA's AIDS 'orphans'

SOME AIDS babies are abandoned by their mothers in hospital cots. Others are found stuffed in city rubbish bins.

One tiny girl, Moleboheng, was discovered last year in the veld in Vereeniging, wrapped in a refuse bag and with her face mutilated by rats

She died, aged four months, of AIDS-related diarrhoea last Christmas in the Salvation Army's AIDS orphanage at Bethesda, in Soweto

A policeman spotted Wehsile hidden inside a dustbin in Hillbrow on May 27 1993. He was about a month old. The boy was sent to a foster home for a couple of months but was rejected in horror when AIDS was diagnosed. He was sent to Bethesda

"Unlike Africa to the north, South Africa's looming problem of AIDS 'orphans' is usually caused, not when mothers or families die of the virus, but when frightened, infected mothers believe they and their newborn babies will die as a result of it.

These mothers, usually young, single and penniless, disappear from hospital, leaving their children and a false address behind. Others give away the babies, afraid their families will discover their own infection

"Nobody in the community ever talks about AIDS. Now the mothers hide away; they worry and then they die," says Bethesda's matron, Sister Theresa Mokhesi. She blames AIDS denial on legislation that insists on confidentiality

"AIDS must be seen as

The Health Department estimates that there are 28 242 babies in South Africa who are infected with the virus that causes AIDS. Medical correspondent CAS St LEGER visits two homes where young sufferers are kept

an ordinary disease," she says "They are not lepers, to be discarded"

Eight babies have died in the two years the home has existed

No mother has ever returned to claim her child, either at Bethesda or at Cotlands Baby Sanctuary in Turffontein. Many of the babies are perfectly healthy but, tragically, the mothers who left them might never know

"We had 12 AIDS babies. We were surprised to find, as they grew older, that their blood started to test negative. Now, of the 12, we have eight healthy babies with no trace of the virus. It is sad their mothers do not know," said Cotlands head Alta le Roux.

Seven of Bethesda's 20 babies have tested negative, and another six will be tested soon

While tiny, their bodies still carry their mothers' antibodies to the AIDS virus. If a mother has AIDS, her baby's blood will test positive for the virus antibodies, too.

Before birth, antibodies pass through the placenta from the mother to her baby. In about 30 percent of cases the virus also passes through.

Then, at the age of about 18 months to two years, the

child's antibodies take over. All but about three out of 10 babies will escape AIDS

About half the babies breast-fed by mothers with AIDS will get the disease, as it can be carried in mothers' milk. One of Cotlands's saddest cases was Wendy, born without AIDS but infected by the milk of her wet nurse. She died aged four months

The Salvation Army and Cotlands homes are expanding. The Salvation Army has room for only 12 children, but squeezes in 20. It has a waiting list of 10. A second Salvation Army home in Doornfontein for another 64 AIDS orphans will open soon. It will also look after 30 expectant mothers

Much of Bethesda's bright and cheery furniture and equipment, including six sparkling tricycles, has been donated.

Cotlands is building a children's AIDS hospice for 20 patients, funded by R1,2-million raised through Radio 702. This home receives a monthly state grant of R780 a child, but with a staff ratio of one to every six children, the real monthly cost totals R3 000 a child

Cotlands fosters as

many children as possible. The AIDS children are expected to die at about age four. Four-year-old Khosi, the first child at Bethesda, looks bonny — but his cough tells a sadder story. Some die when only a few months old. Others might live longer.

These babies — estimated by Dr James McIntyre, regional chairman of the National AIDS Conference of SA, to number 200 in Soweto alone — have had their lives nipped in the bud by AIDS

"We don't know how many AIDS orphans there are," says Dr McIntyre, of Baragwanath Hospital

Official figures released by the Health Department estimate there are 28 242 babies infected with the virus in South Africa

(92) ST 30/9/95

Prisons facing Aids 'time bomb'

(92)

CT 3/8/95

THE cabinet-approved National Aids Plan, ending discrimination against HIV-positive prisoners, has yet to be adopted by the Department of Correctional Services, Correctional Services parliamentary committee chairman Mr Carl Niehaus said yesterday.

The department was sitting on a time-bomb because of its discriminatory Aids policy and a reluctance to distribute condoms in prisons, he said.

The plan calls for an end to segregating prisoners with HIV/Aids.

Although mandatory HIV testing in prisons had been abolished, those who agreed to testing and were found to be positive were seg-

regated from other inmates, Mr Niehaus said. This made other prisoners reluctant to have Aids tests.

A total of 18 inmates had Aids, and 514 inmates were HIV-positive, Correctional Services spokesman Major Bert Slabbert said, adding that this only included those who had agreed to the test.

Mr Geoffrey Taylor of the Aids Legal Network said the Correctional Services' refusal to distribute condoms was "short-sighted".

He said Correctional Services Minister Dr Sipo Mzimela had asked for "proof" that sex takes place in prison. "But actually we all know sexual activity does take place," he said — Sapa

Zuma goes gunning for two ministers

Adrian Hadland (929)
BD 3/8/95

CAPE TOWN — Defence Minister Joe Modise and Correctional Services Minister Sipo Mzimela are to be taken to task by Health Minister Nkosazana Zuma for failing to implement fully a national AIDS policy approved by the Cabinet.

ANC MP Carl Niehaus told a news conference yesterday that compulsory pre-employment HIV tests were still being carried out on defence force recruits, while prisoners identified as being HIV positive were being forcefully segregated in SA prisons. The distribution of condoms to prisoners was also prohibited.

These practices were contrary to guidelines contained in the national AIDS plan. They had also attracted growing incidences of litigation, said Niehaus.

Zuma had expressed her concern over the breaches and indicated she would be taking up the issue with the two ministers.

Though the correctional services department had ended involuntary AIDS tests, segregation of HIV positive inmates discouraged voluntary testing.

A statement by Mzimela, requesting proof of sexual activity in prisons before the distribution of condoms could be considered, was "shortsighted", Western Cape AIDS expert Geoffrey Taylor said.

Slim threat of Aids

Sowetan 3/8/95

(92)

By Glenn McKenzie

ONE in every 27 000 boxing matches are likely to result in Aids transmission between opponents, according to a leading sports medicine researcher

Dr Martin Schwelnus, a medical doctor at the University of Cape Town, calculated the risk of boxers contracting HIV in the ring after receiving statistics from *Sowetan*. Schwelnus said the odds of transmis-

sion were very slim in boxing and almost negligible in some other sports where blood is spilled less often

Thirty three boxers have been banned from the professional ranks after testing HIV-positive in 1994. About 1 000 boxers are licensed to fight in South Africa. Schwelnus said the rate reflected the reality of Aids in South Africa among young people.

"I don't expect the number of boxers who are HIV positive to reflect

a story different from the rate of infection among young active South Africans," he said.

Aids is transmitted through blood, during sexual intercourse and breast-feeding. An amateur boxer telephoned *Sowetan* expressing dismay at the Aids revelations. The man, from Katlehong, asked to remain nameless. He said he was "really worried about the Aids problem. I must be tested right away."

Warning on AIDS tests

(92)
Nomavenda Mathiane
BD 4/8/95

COMPANIES planning to introduce mandatory AIDS tests for their employees would have to be carefully monitored, because they could use the test as an excuse to fire HIV-positive workers, Gauteng health standing committee member Lindiwe Zulu said.

Zulu, an AIDS activist, said there was a great deal of discrimination in SA against people who tested HIV-positive.

Chief among those discriminating were company directors and captains of industry who were under the impression that only workers could be infected.

"What we need in this country is a vigorous education programme, which will make sure that everybody understands that they too can be infected."

She said a code of conduct for companies was being drafted which would be a progressive policy on HIV-positive workers. This would force employers to be part of the solution to the AIDS problem.

Social projects 'face cash crisis'

(92)

Theo Rawana

BD 4/8/95

AIDS programmes were collapsing, feeding schemes were foundering and a crisis was developing because government was holding foreign funding instead of releasing it to non-governmental organisations, a meeting of such groups heard yesterday.

Judy Fortuin, National Progressive Primary Health Care Network national advocacy co-ordinator, told the launch of the National Non-Governmental Organisations Coalition in Broederstroom that only the formation of an umbrella body through which they could speak with one voice would solve the problem.

About 200 delegates from the nine provinces attended the launch of the coalition, whose objective is to promote the interests of organisations to government, donors and the general public.

Fortuin said many organisations were closing down because government, through which foreign funding had to be channelled, was not releasing the funds.

She said government and the private sector had always called in the services of non-governmental organisations only when damage had been done and a crisis situation had developed.

Her organisation, which had been running an AIDS programme, among other

projects, had had to close down in March this year because of lack of funds. Many other organisations had also closed or were about to close, said Fortuin.

Conference convenor Zane Dangor, from the Development Resources Centre, said the departure of much of the sector's strategic leadership core to government or private sector jobs had dealt its already fragile capacity to act as a coherent sector a "severe blow".

A draft code of conduct for non-governmental organisations was presented at the conference.

The organisations are expected to take on the responsibility of informing funding agencies regarding progress of projects they helped to finance.

They would strive to create an atmosphere of openness and mutual respect with government and co-ordinate with the different branches of government. They would "foster a continuing dialogue especially in relation to the implementation of policies and programmes, and the performance of government officials in areas and communities."

The two-day conference ends today when presentations and discussions on a role in Nedlac, the National Development Agency/Trust and the Non-Profit Bill will be followed by discussions on strategy and a programme of action.

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Welfare policy will assist AIDS orphans

(92) Star 4/8/98

■ BY PATRICK PHOSA

A new social welfare policy would seek ways of accommodating the needs of AIDS orphans, Welfare and Population Development Minister Abe Wilhams said yesterday.

He was speaking at The Salvation Army's Bethesda AIDS orphanage in Soweto. The orphanage was established in 1993 to accommodate 12 AIDS-infected children, but now houses 20.

Wilhams said accommodation would be sought for AIDS-infected children and that they would be given fostering and other care. He urged people to take part in AIDS awareness and community projects to help those who are infected.

"It is home-based, family-oriented and community-care strategies that are preferred options for coping with social consequences of this disease and the need for care," he said.

He appealed to pregnant women who were HIV-positive not to "simply discard their

babies, but to consider the alternatives that are being made available to assist them in caring for their babies."

He said a representative of his department would visit Sweden soon to get knowledge on up-to-date methods to tackle AIDS and other chronic diseases.

The AIDS-infected children at the orphanage, aged from 6 months to 3 years, had been abandoned in hospitals, rubbish bins and other places after birth, said Major Denis Lorimer of The Salvation Army.

Lorimer said the Adcock Ingram company had contributed R400 000 for the establishment of a new centre in Doornfontein, which would house 60 children and 30 mothers with their babies. He said the organisation could not wait for government policy "while children are already suffering from AIDS".

Joyce Mampua, a nurse at the orphanage, said she was happy to help children who were infected with HIV and regarded them the same as others.

Aids project closed — cash shortage

(92) ARG 5/8/95
Political Staff

THE only national community-based HIV (human immuno-deficiency virus) education programme run by the National Progressive Primary Health Care Network (NPPHCN) closed this year because it ran out of funds

"How could the government or South African society let an Aids programme close in a country where Aids is a major threat?" exasperated NPPHCN spokeswoman Judi Fortun asked.

According to Ms Fortun the closure of such a programme affected not only one organisation but also community-based organisations (CBOs) which worked together. The morale of communities dropped as projects were cancelled.

The people affected by the closure of development and relief agencies are usually the very poor, which RDP projects are supposed to help.

Ms Fortun expects that the Disabled Peoples of South Africa organisation will also have to close down by the end of this year.

Zane Dangor, spokesman for the Development Resource Centre (DRC), which is behind the recent drafting of the proposed Non-Profit Organisations Bill, said the organisations most in danger at present were those who depended on funding from the European Union (EU) and USAid, which had directed their funding away from specific non-governmental organisations (NGOs) to the RDP office.

However, this was denied by Richard Zinc, head of the Development Unit of the EU, who said they had committed a large percentage of their funds to NGO projects for a two- to three-year period in 1994.

Mr Zinc said the 1994 EU budget for South Africa had been 110 million ECU (European Currency Units) and the 1995 budget was 125 million ECU (One ECU equals R4,90).

"Most of our projects this year involve NGOs, including the Land Reform pilot programme. We have made it clear to the RDP office that we want NGOs involved in projects and are considering ways of funding grassroot NGOs which are in danger of closing in the immediate future," he said.

But NGO representatives say they have tried repeatedly to get a clear directive from the RDP office on where they are expected to fit into future projects.

Mr Dangor said NGOs were querying whether the RDP office and various government departments and ministers had the political will to incorporate effective NGOs into their projects.

NGOs feel that there have been undue delays at government level over recognition of the National Development Agency (NDA), which was the body created by the joining of the Independent Development Trust (IDT) and Kagiso Trust.

"The whole idea was motivated by the RDP office as they wanted a structure they could use to fund various NGO projects. However, when the IDT and Kagiso got their act together and handed in proposals including an administrative structure, the RDP office delayed making a decision," said Mr Dangor.

A person connected to foreign funding said most countries had made it clear to the South African government they would channel money through the NDA and could not understand the delay.



FESTIVE . . . Minister of Welfare and Population Development Abe Williams joins in a dance with HIV-positive children who were welcoming him to the Salvation Army's Bethesda House in Soweto.

■ Pic: TLADI KHUELE

Life in the home of Aids!

By NOMVULA KHALO

A VISITOR to Bethesda – a home for abandoned HIV-positive children – would expect to experience total misery and despair – but that isn't exactly the mood of the place

Instead, the home, which is situated at Klipspruit in Soweto, is buzzing with happy children, full of life and laughter

It is home to twenty children, some of them abandoned at railway stations and deserted beaches

The home was founded in 1993 by the Salvation Army

Nursing Sister Theresa Mokhesi, who read an advert in a newspaper that a nurse was needed to look after the children, immediately offered her

services

"As a grandmother I felt pity for these children and took the job," she said

Mokhesi, who works with four other nurses, as well as two child care minders and three volunteers, was interviewed at the home during a visit by Minister for Welfare and Population Development Abe Williams on Thursday

The minister said after reading about the orphanage he enquired more about it and decided he had to visit the children

"These children need love like everyone else, so it is up to me and everybody to give them love and look after them," he said

"Within our society when people suffer from

this disease they are often rejected by relatives so more homes must be built for them so they can be taken care of," he said

The minister added that legislative reforms will be urgently initiated to ensure that the rights of people with Aids – to employment, social security and tolerance – will be entrenched

"I also appeal to those expectant mothers who are HIV-infected, not to simply discard their babies, but to consider the alternatives that are being made available to assist them in caring for their babies," he said

The public relations officer of the Salvation Army, Dennis Lorimer, added that his organisation had always helped the underprivileged and

would continue doing so

"At the moment we are building another home in Doornfontein which will house 60 children and 30 who are HIV-positive," he said

He said more homes would have to be built "as the number of victims was increasing and they face discrimination in the community"

The staff at Bethesda home is paid by the Salvation Army. The children are from a month to four-years-old

Sister Mokhesi said since they began the home only eight children had died, but those had had Aids – as opposed to being HIV-positive

She said the children would remain at the home as long as they had to "as they had nowhere else to go"

Aids sentence

SOUTH African prisons are ripe for an Aids explosion. And the situation is not likely to improve with the prison authorities' reluctance to distribute condoms to prisoners, Correctional Services parliamentary committee chairperson Carl Niehaus said this week.

It is also clear that the authorities have a blinkered vision of the sexual practices that are taking place in prisons.

"There is substantial free sexual activity going on in our prisons and therefore it makes sense to provide condoms," said Niehaus.

He said that there was a "substantial increase" in aids cases.

Recently, Correctional Services Minister Siphon Mzimela said that he travelled to different prisons and asked prison commanders about the extent of homosexuality in prisons.

"They say nothing is

Prisons are Aids hotbeds - but condoms a clear no no

happening, and that you might as well say sex is happening in monasteries and convents," he said.

But what do the prisoners say?

A former long-term prisoner at Westville Prison spoke to City Press about his experiences.

"I was 19-years-old when I started my sentence. On my very first night I was placed in a cell with eighteen other inmates. I had heard stories about prisoners being raped and sexually abused, but I did not think it would happen to me on my very first night."

"As soon as the lights went out I was attacked by three men. All the other men were aware of what was going on but they did nothing. They

told me afterwards that it was a form of initiation that I had to go through before I was accepted into the community.

"It was very painful but I did not cry out and, the next morning I did not report it to the warders because I knew that at night there would be no warders to protect me," he said.

The former prisoner spoke about the unusual social order that is set up in prison around sleeping partners.

"Normally if you are below twenty - or in your early twenties - you are assigned to an older man or someone who has been in prison for a long time. You become known as that prisoner's 'lightie'. I was the 'lightie' of a man

who was serving fifteen years for armed robbery. In return for being his 'lightie' - and providing sexual services - he was my protector. He also provided me with nice things like extra food, dagga and cigarettes.

"This was a style of life that everyone accepted in prison. I was also placed at the Pietermaritzburg prison for a while and exactly the same thing happened there.

"If the authorities say there is no sex in prison they are lying through their teeth because I know of prison warders who also engage in this practice with prisoners."

The authorities' refusal to deal with the problem is due to the moral dilemma they have to deal

with, Geoffrey Taylor of the Western Cape Aids Training Information and Counselling Centre said.

"The premise of the policy seems to be that sexual activity between people of the same sex is 'immoral' and that prisoners with HIV may be more likely to indulge in 'immoral behaviour'. This moralistic and unscientific attitude, which also underlies the refusal to make condoms freely available in South African prisons, is vulnerable to constitutional authority," he said.

The Department of Health supports the issuing of condoms to prisoners. It hands out information to prisoners, describing the use of condoms.

"Sodomy in prisons does occur, and condoms must be accessible to prevent the transmission of HIV," said Taylor.

The National Aids Convention of South

Africa agrees with the call to revise Correctional Services' policies.

"The problem of HIV/Aids in South African prisons must be viewed in the context of overcrowded living conditions, a prevailing gang culture, inadequate access to health care and a long history of political imprisonment and racial segregation," it stated.

A dissenting voice is the African Christian Democratic Party whose leader, Kenneth Meshoe, said that proof was needed to show that "an unnatural thing as sexual relations between same-sex partners can take place".

"By wanting to distribute condoms in prison the Department has apparently decided that unnatural sexual relations in prisons is acceptable. The individuals that take part in sodomy, willingly and unwillingly, need counselling not condoms."

(92) ~~6/8/95~~ 6/8/95

'Youth don't realise seriousness of Aids'

ARL 9/8/95 (92)
□ Teenagers educated about sex diseases

Health Reporter

MANY young people don't believe Aids is real — in spite of the fact that 4,74 percent of people in the 15 to 19-year age group are human immuno-deficiency virus (HIV) positive, says Christo Greyling, co-host of a video on Aids education.

Mr Greyling — himself HIV positive — was speaking at the launch of a facilitator's manual for *Love, Life*, a popular 13-part video series on Aids education co-hosted by Mr Greyling and television presenter Caroline Fassie.

Love Life has been screened on television both in South Africa and Namibia

Mr Greyling has travelled around the country with his wife, speaking to young people at schools, and has reached more than 250 000 pupils in his mission to educate teenagers about HIV and Aids

The manual was compiled in response to requests from teachers and principals, says Pieter Boshoff, head of Edutech, the media production house of the Western Cape Education Department

The manual will provide teach-

ers and other facilitators with material that can be used with the video in a classroom situation

Mr Greyling said information alone did not change behaviour "It must be backed up by strong role models

"Aids is going to ask a lot of teachers, parents and pupils. It's going to ask for conviction. You cannot be neutral on Aids."

He said his experience was that *Love Life* made a difference in young people's lives

● For more information on the video and manual, contact Aneen Botes, ☎ 685 6962 or 689 8912

Zambian inmates
with Aids freed

279/8/95 (92)

LUSAKA: The Zambian government has freed 100 prisoners who have Aids to limit the spread of the disease in jails, officials said

"Inmates with Aids are released on the advice of doctors because prisons are not places for keeping terminally ill people," a Prisons Department spokesman said

Sapa, Reuter

(92)
ARG 10/8/95
Aids prisoners to be released

LUSAKA — The Zambian prisons department has announced a programme to release convicts infected with the virus that causes Aids. A spokesman said the decision aimed to lessen the spread of Aids in the nation's prisons.

Independent researchers say as many as 70 percent of convicts could be infected with the human immuno deficiency virus (HIV) that leads to fullblown Aids.

■ Reports by Sapa-AP

Two million in SA may be HIV-positive

(92) ARG 11/8/95
The Argus Correspondent
and Staff Reporter

PORT ELIZABETH — A total of two million South Africans may now be infected with the Human Immuno-deficiency Virus, says Quarraisha Abdool Karim, national Aids director in the Department of Health

Between 700 and 800 people are infected daily, she said during an address to a news conference at the House of Resurrection (Aids) Haven here

The virus can be transmitted sexually or through body fluids, including blood, and remains incurable

In KwaZulu-Natal one in every 20 people was infected, while the Eastern Cape still had a "large prevention potential" in combating the epidemic

Ms Karim praised the haven and said it served as a good example for all role players to become involved in helping combat the epidemic and, through education, remove stigma and prejudice

● The number of people infected with the HIV virus has increased tenfold over the past five years

In 1990 0,74 percent people in South Africa were estimated to be HIV-positive. This climbed to 7,6 percent in October last year, or 1,2-million people. In July this year an estimated 1,8-million people were HIV-positive

Figures from June this year show that there are now 7 289 reported cases of Aids in South Africa

NEWS FEATURE

Sowetan 11/8/95
Study on (92)
Aids babies

Vitamin A may help reduce infections in HIV babies, say SA researchers

WASHINGTON – Vitamin A might be an inexpensive way to ease the illnesses suffered by infants with the Aids virus, new research suggests

Even otherwise healthy people who lack sufficient vitamin A are vulnerable to numerous diseases and even death. Whether administering vitamin A benefits people with enough of the substance in their diet already, is controversial.

But the first study of vitamin A in HIV-infected babies in a South African hospital whose patients do not lack the nutrient, found moderately large doses helped infants fight off Aids-related illnesses, especially dangerous diarrhoea, Natal University researchers report.

The results look "very plausible" and suggest "that vitamin A might even have applicability in the United States," says Dr Reynaldo Martorell, a public health expert at Emory University who independently reviewed the study.

Doctors in Durban separated 118 babies born to HIV-infected women into two groups. Half the babies received doses of vitamin A at ages one to three

months, six to nine months and 12 to 15 months. The other babies got placebos. Eighty-five of the infants were later found to be HIV-infected, they were similarly distributed between the vitamin and placebo groups. All the children who received vitamin A supplements, regardless of HIV status, had fewer illnesses, from rashes to respiratory infections.

But the vitamin A made a much larger difference in HIV-infected children who suffered diarrhoea, a major child killer, said study author Natal University's Professor Anna Coutsooudis.

The vitamin supplements reduced diarrhoea cases by 49 percent among HIV-infected babies and lowered diarrhoea cases that last seven or more days by 56 percent. In babies who did not have HIV, the vitamin A made no difference in diarrhoea.

Currently, doctors have little to offer HIV-infected children, Martorell said, but he cautioned that the babies studied took doses high enough for them to be monitored closely – because too much vitamin A is highly toxic – *Sapa-AP*

'HIV Will Kill the RDP'

(92) MKG 12/8/95

■ The government's lifeline to non-governmental organisations waging the battle against HIV and Aids came too late for one national programme.

GLYNNIS UNDERHILL
Staff Reporter

CONCERN is mounting over the apparent lack of government commitment to back non-governmental organisations fighting Aids after it failed to come to the rescue of the country's only national community-based Human Immuno-Deficiency Virus education programme.

The programme run by National Progressive Primary Health Care Network (NPPHCN), a non-governmental organisation (NGO), recently closed when funds dried up. Other community-based and NGO HIV/Aids organisations fighting the epidemic have also experienced similar cashflow problems.

NPPHCN spokeswoman Judi Fortum said "One of the major reasons that led to the closure of our programme was the lack of government commitment and a lack of government will

"It is a tremendously demoralising blow to us. We will have to regain our strength and salvage what we can."

The programme was set up in 1991 and needed R2 million to continue

"The government gave us R1 million but it was only enough for three months' operating time," she said

"Why did the government allow this to happen? I told them they would not feel the effects now but in a year or two, or even three, when they are moaning and wailing, then they will see the strength of what we are doing. By then it will be too late. HIV will kill the RDP," said Ms Fortum

The RDP would face a major threat if the spread of the disease continued at the current rate of between 600 and 800 new infections a day, she said

Politicians had made vain promises to try to find funds for the HIV education programme

"We never got the additional funds. To this day, we haven't heard why," said



□ **POPULAR MAGAZINE:** Mizana Matwana, regional co-ordinator for the National Progressive Primary Health Care Network, who is still getting requests for one of the magazines launched by its now-defunct HIV education programme.

Ms Fortum
The organisation had retrenched a large number of staff, but the NPPHCN plans to restructure rather than end its work

The concern over the fight against Aids has been heightened with the number of South Africans with the HIV virus increasing tenfold over the past five years, according to latest statistics.

About 1.2 million South Africans — or 7.6 percent of the population — were HIV-positive in October last year — compared to 0.74 percent in 1990, said the country's HIV/Aids programme director Quartratsisa Abdool-Karim.

The recent announcement by Jay Naidoo, Minister without Portfolio, that the government would throw a lifeline to the funding crisis being experienced by South Africa's NGO sector, came too late for the NPPHCN HIV education programme

Mr Naidoo said the government had appealed to local and international aid donors not to bypass the cash-strapped NGOs by diverting funds to the RDP

However, John Pegg, former director of the Aids Support and Education Trust who is now a private practitioner still working in the Aids field, said provincial and central governments still had to

show "solid financial support" and backing of community based organisations and non-governmental organisations fighting HIV/Aids

Aids education was essential to create awareness, he said

"That is the sad thing because we have yet to see the government come in with a concerted education and awareness drive," he said

Much of the work of the NPPHCN programme had been directed at training and educating youth and students about HIV as the highest rate of infection was found to be among people between the ages of 15 and 24

The broken contact with the youths would set back HIV awareness around the country, said Ms Fortum

"It is disgusting, it is appalling. Just four weeks ago R5 million was made available for the fight against Aids, but we have yet to see who the money will go to"

Warren Parker, media co-ordinator for the government HIV/Aids and STD programme, confirmed that it was still being decided where the R5 million funding for NGOs would go

"There is a representative committee deciding on where the R5 million will be allocated," he said

Picture OBEED ZILWA, Staff Photographer

Society not mindful of Aids

(p2) ARG 12/18/95

We will not succeed in defeating the Aids epidemic unless society's approach to the problem is radically altered, argues a research fellow at Groote Schuur hospital.

MXOLISI MGXASHE
Staff Reporter

AS long as Aids is not seen as a symptom of the general social deficiencies of the country's primary health care system health workers are not going to find it possible to cure the disease, says Nosisa Matsiliza

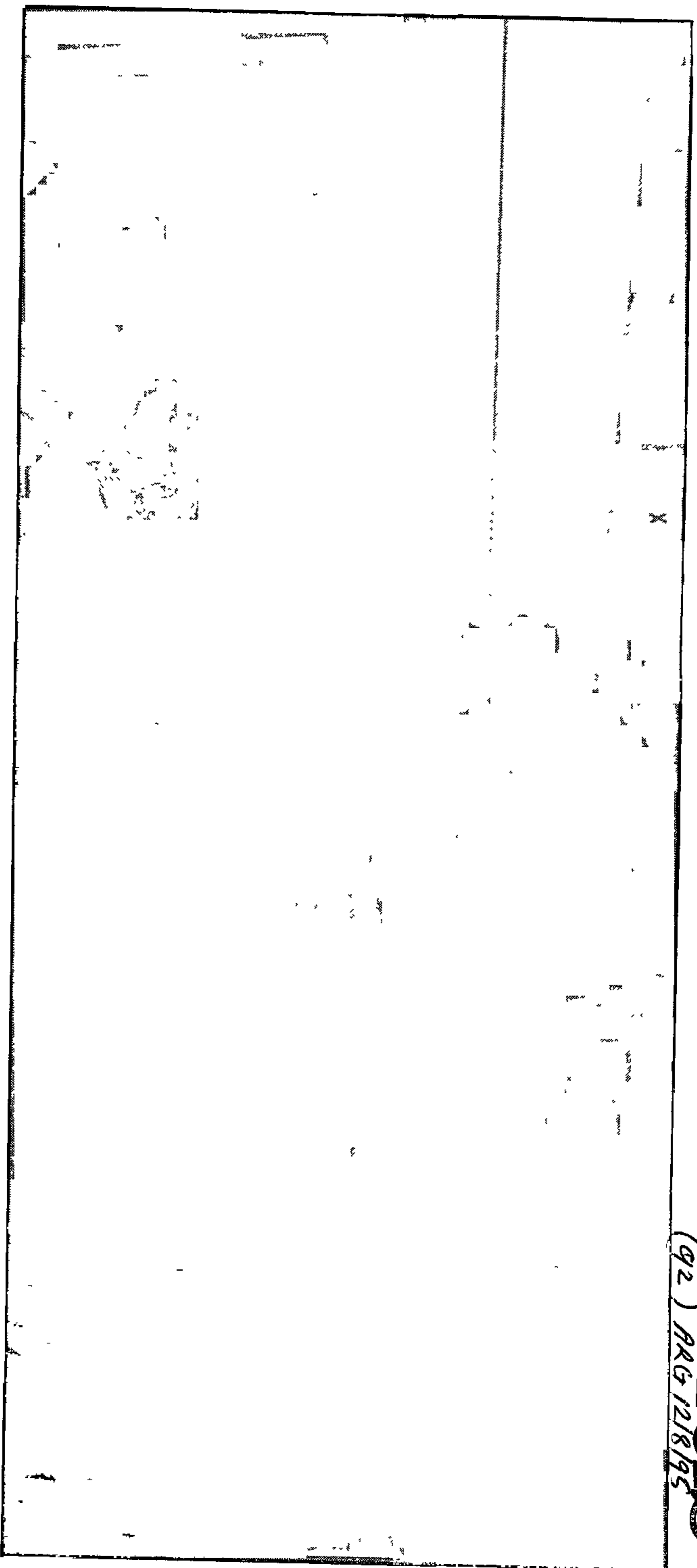
Dr Matsiliza, a research fellow at the Medical Research Council/University of Cape Town Liver Research Centre at Groote Schuur Hospital, was commenting on the resistance to the use of condoms by most youths in the historically disadvantaged communities

A health worker in Guguletu, who preferred to be anonymous, told Saturday Argus there were a number of social factors in the townships that militated against awareness of the hazards of the Aids virus and how people should protect themselves against it

Apparently many youths in the townships fail to use a condom because they believe it robs them of their sexual pleasures

Another reason is the association of the condoms with the family planning programmes of the apartheid era perceived by many black people as a plot to drastically cut down their population while encouraging white women to produce more babies

The Guguletu health worker saw the parents' conservative attitudes towards discussing sex with their children and the general social decay caused by poverty as major obstacles to any diligent Aids awareness effort in these areas



□ **AIDS A MERE SYMPTOM:** University of Cape Town medical school research fellow Nosisa Matsiliza, who says greater focus should be on the broader primary health care crisis rather than on isolating the Aids problem

Picture OBED ZILWA Staff Photographer

But Dr Matsiliza thinks the whole approach to the Aids problem will not succeed in bringing about the desired results as long as Aids was not seen as a mere symbol of the general social crisis facing primary health care

She said for too long health had been based on a monopoly by curative medicine at the expense of the more vital component in the package, the preventive model

"A lot of the focus we see today on Aids is probably because of its social and medical repercussions, but Aids is only a symbol of the state of preventive medicine"

She said the curative approach created an undue dependence of the primary health receiver on the giver and

robbed the former of the opportunity to take part in the process of healing and prevention because they believed that the health worker possessed all the wisdom

This gave the health workers the prerogative to simply prescribe medication without the patients' involvement And in some cases doctors and nurses did not even bother to tell their patients what was wrong with their bodies

She said even in cases where some doctors gave a wrong prescription there was no way the patients would know because to them whatever the doctors and nurses said was engraved in stone

Their constant attitude was "I'll take my problem to somebody who knows, the doctor or

nurse who are going to decide for me what to do"

Dr Matsiliza, who does sessional work at the University of the Western Cape, said her experience in working with university students had exposed her to a great deal of apathy and lack of involvement by a significant sector of the country's population

"Someone who was on television recently, talking about the Women's Day said something about apathy in our communities She said this quite strongly and with anger that many people do not want to be involved in the process of finding appropriate solutions to their own problems

"To some extent, I do understand that because apathy is everywhere But we've got to

look at the problem in the context of the history of what has been going on in the country

"Our people have been brought up in a situation where they simply had to accept and swallow whatever was dished out to them, and inevitably in that situation you can't make choices Things are decided for you and you accept whatever comes to you," said Dr Matsiliza

Over emphasis on the curative approach was basically responsible for "the mess we are in"

She said her criticism of the curative approach did not ignore the role it played in dealing with prevailing health problems because preventive medicine was not going to

work and therefore "you have to deal with the outcome"

Dr Matsiliza said things might improve now that there were a few persons in the medical tertiary institutions who thought differently from the old school, particularly if they were given the space and resources they needed to transform the whole system

She sees the need to infuse the idea of indirect involvement of the community by allowing them to express their needs, which should then be translated into curricula in these institutions, so that a new crop of health workers, who are amenable to the problems faced, could emerge in helping in finding more durable solutions

It was also very crucial that constant researches are done about the conditions of the communities, their attitudes and beliefs so that prescriptions made are based on accurate assessments of these conditions in a more scientific and effective manner

Such researches, she said, should also involve the communities and not become a sole involvement of the so-called experts who invariably impose their own perceptions which might not be the same as those of the people in the communities

In addition she said pupils could also be used as effective vehicles in primary health-care education

The MINISTER OF JUSTICE

- (1) Yes, the said person is in the employ of the NIA in terms of section 3(1) of the Intelligence Services Act in the capacity of a director in NIA (Security Section)
- (2) Yes He was and still is regarded as a fit and proper person for service in the National Intelligence Agency

Iran-SFF/CEF oil deal

*40 Mr M J GOLDING asked the Minister of Mineral and Energy Affairs

- (1) Whether, with reference to a certain newspaper article, particulars of which have been furnished to his Department for the purpose of his reply, South Africa stands to generate R50 million per annum in profits from the proposed Iran-SFF/CEF oil deal, if not, what is the position in this regard, if so, (a) how has this profit been determined and (b) what wharfage costs were included in the calculation,
- (2) whether any provision for disaster treatment was made in the profit calculation, if not, why not, if so, what are the relevant details,
- (3) whether any taxpayers' funds are involved in this oil deal, if not, what is the position in this regard, if so, to what extent?

N11020E

The MINISTER OF MINERAL AND ENERGY AFFAIRS

- (1) SFF is of the opinion that South Africa stands to generate a profit of R50 million per annum from the proposed Iran-CEF/SFF oil deal
 - (a) The profit figures is an estimate based on SFF's experience in crude oil trading over the last six years and the profits made on this trading
 - (b) It was assumed that normal wharfage costs would be paid. Wharfage costs in Saldanha are substantially higher than that of other South African harbours and higher than most bulk-handling harbours in the world. SFF is negotiating with Portnet in order to have the wharfage reduced

(2) SFF has itself provided for disaster contingencies with its pollution control project. It has purchased an anti-pollution vessel the technical capacity of which compares with the best in the world. The vessel's skimmer is the largest of its kind anywhere. Plus Ultra, as the ship is called, is SFF's testimony to its resolve to keep our environment clean.

Due to the high cost of importing a vessel and to time constraints, instead of importing a vessel or having one constructed in South Africa, SFF decided to buy an existing vessel. Plus Ultra was found in Cape Town and refitted in Cape Town. As a result, SFF succeeded in saving about one million rand.

In total, SFF has invested R21 million in oil pollution control equipment.

Saldanha is the best equipped anti-oil-pollution harbour in South Africa and almost certainly in Africa. In the past, policies and practices have been applied which ensured that only properly maintained good quality ships manned by qualified and well trained crew members were permitted to enter Saldanha harbour. Portnet and SFF also take the utmost care in the handling, discharging and loading of vessels. These policies and practices will continue to be applied in future.

An environmental study is at present in progress. Should this establish that existing oil pollution control measures are insufficient, the necessary additional investment in anti-pollution measures will be made.

The owners of all tankers entering port are required to be members of TOVALOP (Tanker Owners Voluntary Agreement Concerning Liability for Oil Pollution). TOVALOP guarantees funds for combating any oil pollution caused by any tanker covered in this way. Similarly the owners of all oil cargoes entering port are required to be members of CRISTAL (Contract Regarding a Supplement to Tanker Liability for Oil Pollution). CRISTAL guarantees funds for combating any oil pollution caused by that particular cargo. The combined cover available amounts to a maximum of \$135 million.

(3) No taxpayer's money is involved in the oil deal. To the extent that SFF needs to disburse funds in connection with the deal, its own working capital, built up from past profits, will be used. Management of the country's strategic oil stocks over the last five years have not cost the taxpayer a cent, as SFF has financed this activity from its own working capital built up from retained profits.

The oil deal is to the taxpayer's advantage in that it will enable South Africa's strategic oil stocks to be reduced. This will in turn release funds to the national treasury.

For written reply

Pregnant women/teenagers HIV positive: provision in Budget

204 Ms N E MASANGO asked the Minister for Health

- (a) How many (i) women attending antenatal clinics and (ii) pregnant teenagers were tested HIV positive in each of the last five years for which information is available and (b) (i) what financial provision has been made in the 1995-96 Budget for the combating of Aids and (ii) how is this money to be expended?

N419E

The MINISTER FOR HEALTH

(a) The antenatal surveys were only conducted from 1990, thus only statistics for the past four years (1991-1994) are available and are as follows:

National HIV surveys, 1991 to 1994 estimated prevalence of HIV infection in women and pregnant teenagers attending antenatal clinics				
Prevalence rate in percentage by age group				
Age	1994 Survey	1993 Survey	1992 Survey	1991 Survey
<20	6,47	4,57	2,62	1,79
20-24	8,94	6,06	3,92	2,15
25-29	8,63	5,22	2,11	1,37
30-34	6,37	3,05	2,04	0,72
35-39	3,72	1,76	1,98	0,39
40-44	5,28	2,44	0	0,95
45-49	0,41	0	0	0

The 1994 statistics will be available towards the end of April 1995

(b) (i) The budget (1995/1996) allocated to the Department of Health (excluding the Provinces) amounts to R40 million, R20 million for the 1995/96 budget and R20 million rolled over, with an allocation from the European Union amounting to R45 million, over a two year period.

(ii) This budget is allocated to various projects to prevent the spread of HIV/AIDS in South Africa. These include a national HIV/AIDS awareness campaign, the publication of information material, the development of educational packages, the Red Ribbon Campaign, the funding of Non-Governmental Organisations (which assist the Department in reaching the entire South African community), the funding of AIDS Training and Information Centres, the funding of HIV testing and the acquisition of condoms for national distribution, etc.

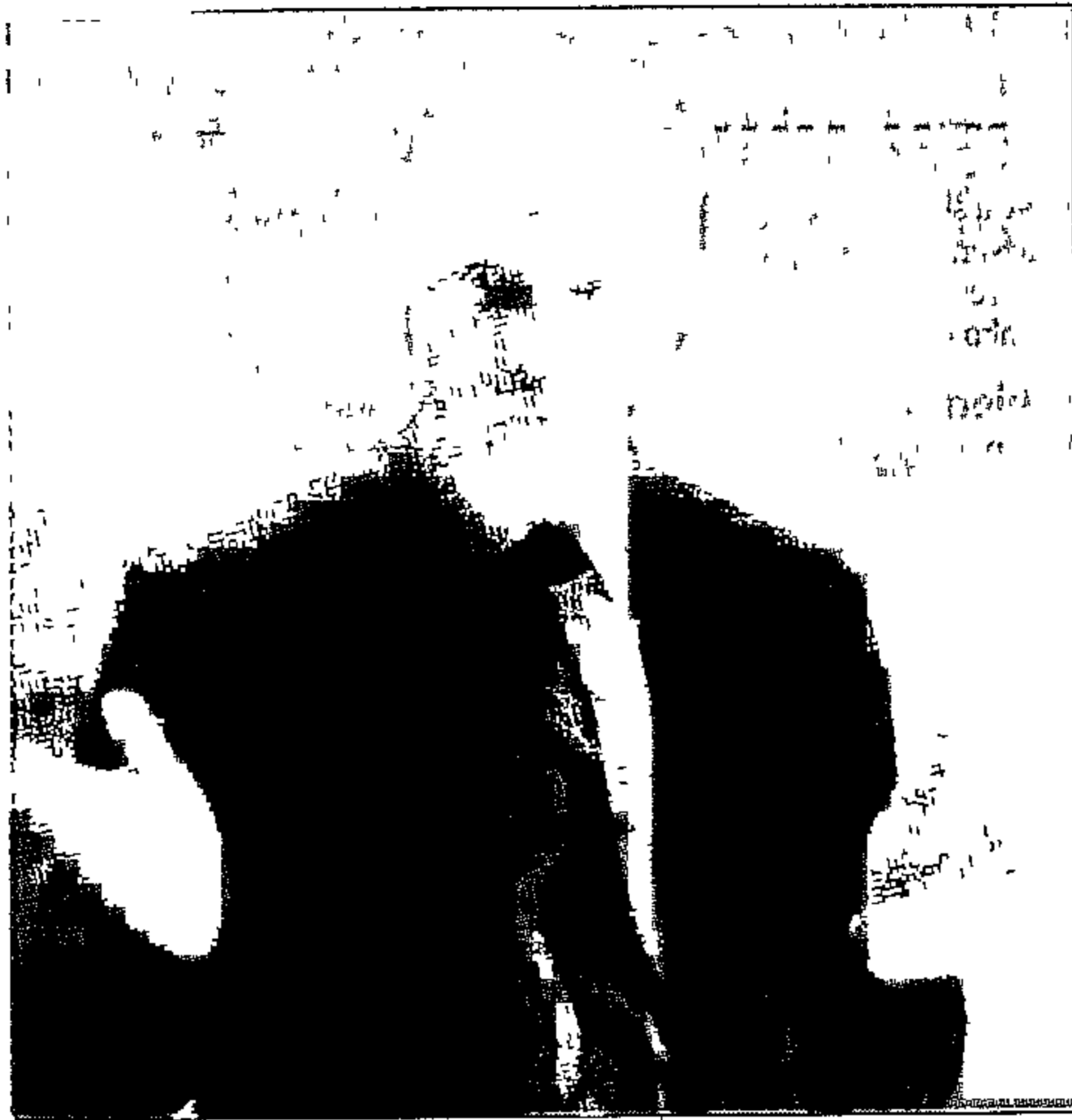
Please note that this is only the allocated funds from National Office. Each province has been allocated a global health budget. They have the prerogative to decide what amount of money to spend on HIV/AIDS and have indicated that they will be spending the following amounts during the 1995/96 financial year:

Free State	R1,135 million
KwaZulu-Natal	R7,73 million
Northern Province	R1,308 million
Eastern Cape	R3,1 million
Gauteng	R1,361 million
Western Cape	R1,915 million
Eastern Transvaal	R1,4 million
Northern Cape	R1,133 million
North West Province	No amount provided as yet

Use of 11 official languages as medium of instruction

250 Mr J A JORDAAN asked the Minister of Education

- (1) How many pupils in each specified year of schooling are currently receiving their



CRITICAL ISSUE Bokkie Botha at a conference on business and Aids

Business 'failing to deal with Aids crisis'

BY ROSS HERBERT

CJ (OR) 22/8/95 (92)

STAFF WRITER

The economic impact of Aids on South African business "could damage the culture beyond repair" yet business is increasingly failing to deal with the issue, warned Bokkie Botha, chairman of the Business South Africa committee that is drafting a policy on the disease.

"There is an enormous amount of HIV-Aids fatigue around in business. I think (business's) concern about Aids tends to be high when the new statistics are published. There is not a consistent overall effort," said Botha, the general manager of human resources for AECI. He spoke yesterday at a Johannesburg conference on Aids and business.

Botha said Business South Africa would likely vote on a draft business policy this week. He said the policy would be "fairly general" and deal with such issues as pre-employment screening, treatment

of infected people in the workplace and disclosure issues.

However, it would not take a stand on the issue of companies insulating their medical and retirement schemes from the costs of the disease.

"There are going to have to be ways to limit the liability to business. You can't run a business where the costs are just running away," Botha said.

Botha cautioned that business should not simply follow news headlines, but adopt a communication and training programme.

Speaking from personal experience he warned, "You have to know there is an enormous amount of Aids training material of limited value. A lot of studies about education have shown that it actually doesn't work."

"A lot of people buy (training material) with the idea that they are doing something, when they aren't," Botha said.

NEWS NATION BUILDING



Mpho Lekhonthula - known as gentle and caring in her community.

An angel of hope who cares for Aids sufferers

Sowetan 22/8/95

An accidental meeting with an infected youth changed the attitude and life of Mpho Lekhonthula

By Russel Molefe

AN ACCIDENTAL meeting with a youth who wanted to commit suicide after he tested HIV-positive radically changed the life of Mpho Lekhonthula

Lekhonthula (32) managed to convince the youth that suicide was not the answer. The youth later died of Aids.

The youth's death greatly disheartened Lekhonthula, who later discovered that scores of teenagers in Sebokeng, where she lives, and other areas in the Vaal Triangle were infected with HIV.

The plight of the infected teenagers inspired her to join the Community Research and Development Centre as a primary health care worker.

The centre later closed but this did not stop Lekhonthula from continuing to raise awareness about the

dangers of Aids and counselling those infected.

"The number of those who came to me for counselling grew. This showed me that more and more teenagers in the township were being infected," Lekhonthula said.

She started organising Aids workshops in the township after attending a counselling course at the Planned Parenthood Association in Johannesburg. In September last year she established Ithembaletsho Ya Rona Community Centre in Sebokeng where Aids-infected youths receive comfort.

Lekhonthula, a former teacher now known in the township as the Angel of Hope, has also organised classes for traditional leaders in which they are taught how to spot the symptoms of Aids in their patients.

With many children roaming the streets of Vereeniging without shelter and food, she goes around asking for donations for food and clothes.

She feeds the children on a daily basis.

"It was not easy for me to establish the community centre. In the beginning I received many threatening calls from people saying I was trying to be smart.

"Threats did not stop me from working with the needy. Giving is my nature and I'm doing this because I love my community. I have found my satisfaction in being able to do something for the community," Lekhonthula said.

Described by residents as modest, caring and gentle, Lekhonthula believes that the identity of those carrying the Aids virus should be made known and the attitude of communities towards them changed.

"When they (Aids carriers) stay in the closet, the possibility of them spreading Aids is very high," Lekhonthula says.

● Watch Cosmo-Life on CCV-TV at 7:30pm tonight.

Bid to ban job-seekers' HIV screens

JOHANNESBURG. — The screening by employers of prospective employees for human immuno-deficiency virus (HIV) as a condition of employment will be prohibited if a draft policy document is enacted in labour legislation.

The HIV/Aids code of good practice also proposes to prohibit any discrimination against employees with HIV, the virus that causes Aids.

Other points in the code of conduct include:

- Offering employment to people in spite of their being HIV-positive; (92)

- Maintaining confidentiality if an employee or candidate discloses that he or she is HIV-positive;

- Treating HIV-positive employees equally in terms of insurance benefits or as persons with life-threatening conditions; and

- Providing counselling and education programmes for employees.

Sana
ARG 22/8/95

'Apartheid to blame for spread of HIV'

DALE GRANGER
STAFF REPORTER

A NEW ZEALAND microbiologist said at an Aids awareness day at UWC yesterday the National Party and apartheid were the cause of the Aids epidemic which was now rampant in the townships

Dr Sean Davison, head of microbiology at UWC, said the campaign against Aids had begun in the 1980s but was "almost exclusively directed at whites"

He said the campaign had "stopped the epidemic in its tracks in the population group (whites) that the campaign was aimed at"

"For those not at the receiving end of this campaign, Aids reached epidemic proportions and continues to do so," he said

"There are now exactly eleven cases of white females that are HIV positive in the W Cape, compared with literally thousands of HIV-positive black females," he said

He said black women in tin shacks did not have television or

CT 23/8/95 (92)
radios, many were illiterate and did not have the same access to health facilities

"The price they are paying for apartheid is a death sentence at the hands of HIV," he said

"It is now time to bring awareness of Aids to the townships I heard the story yesterday of blacks taking condoms home and swallowing them to prevent Aids It is now time to move the campaign to people who don't have a TV in their living rooms," he said.

Education

Dr Davison said New Zealand was an affluent country with good education and health services which had kept Aids in check.

He said there were 1,2 million HIV-positive people in South Africa, including 660 000 women, 480 000 men and 30 000 babies

The Western Cape, with a 1,8% prevalence of HIV, was low compared with other regions but this had doubled since 1983.

Olympic Games may be put back to later date

STAFF REPORTER

The Olympic Bid Company may move the period the Games even further

"We are reviewing that," he said. "Mr Sam Ramsamy (the Nocsa president) favours the first two weeks of October.

It is at all, but a day of rain will not run the A bigger factor is the problem. If it blows strongly records will

100 000 Aids orphans, minister warns

HARARE. — More than 100 000 children living on large commercial farms in Zimbabwe may be orphaned in the next five years because of the Aids pandemic, Agriculture Minister Dennis Norman said.

(92) (362)
The children might by then have lost both parents to the disease, he told a seminar on foster care for or-

phans, Ziana news agency reported.

Mr Norman called on farmers to draft a national programme to deal with the problem. More research was needed and the views of farmers were essential to tackling the problem. *ARG 24/2/95*

About 15 percent of Zimbabwe's 10,5 million people live on commercial farms. — Sapa.

New drug may curb Aids

(92) CP 25/8/96
TOKYO: A new drug has shown promise in limiting the spread of the Aids virus and will be subjected to expanded human tests in the United States, one of the drug's developers said yesterday.

Japan Tobacco Inc said the drug, AG-1343, showed the ability to block enzymes involved in the multiplication of the Aids virus, HIV, in limited human tests in Britain. The drug could go on the market in 1997 if all goes well — Sapa-AP

ST 27/8/95

AIDS crisis deepens in SA

By CAS St LEGER

A MILLION South Africans are carrying HIV, the virus that leads to AIDS, a leading expert said this week.

Peter Doyle, an actuary with Metropolitan Life, said 20 000 cases of full-blown AIDS could be expected this year with 10 000 deaths — more than one every hour.

Mr Doyle said there were at least five times more cases of South Africans sick with AIDS than official figures claim.

His statistics back findings this week by National AIDS Conference of SA head Dr James McIntyre of Baragwanath hospital's maternity unit that South Africa was "heading for a Uganda-type scenario".

AIDS consultant Dr Clive Evian said 20 percent of people in Kwazulu Natal were infected and the epidemic in South Africa was growing at a faster rate than in other African countries. Dr Evian said insurance com-

panies' death benefit schemes were under threat and the situation could be critical in three to four years.

His calculation of one million people now testing positive is an update of the Department of Health statistics on ante-natal testing. The official "best estimate" of infected women was 658 854 in 1994

"We know very little about the incubation period of the virus but we forecast an average of eight-and-a-half years between contracting the virus and falling ill," said Mr Doyle.

He said it was more difficult to accurately produce numbers of full-blown AIDS cases because of a lack of reporting. His calculation of 20 000 new AIDS cases this year would bring the total of this country's AIDS cases since the start of the epidemic in 1982 to an estimated 40 000

He estimated 33 000 new AIDS cases for 1996.

The Department of Health only re-

ported 1 085 cases up to mid-July this year and 8 370 cases since the start of the epidemic.

The department's AIDS statistics show a slowing down of the epidemic but Rentia Agenbach, assistant AIDS programme director for the department, said this reflected a decline not in the epidemic but a breakdown in the reporting of cases.

Mr Doyle is making a special study of under-reporting to the health department. His findings so far show that only one in five cases of AIDS-illness is reported.

"Doctors might miss a diagnosis of AIDS in rural areas. Then there is a long link of reporting from doctor to clinic to hospital to regional health authority to national health which does not always work," Mr Doyle said.

This country's AIDS status lagged five to 10 years behind Africa and was now catching up, with a 15-month doubling time, slowing down as the pool of those infected got larger.

HEALTH & DISEASE - V.D.

1995

SEPT. — DEC.

HIV patients being turned away, claims doctor

GLYNNIS UNDERHILL
Staff Reporter

MANY doctors and specialists in Cape Town are turning away patients with the human immuno-deficiency virus (HIV) which causes Aids, according to the Western Cape director of the national fundraising Aids Foundation, Andrew Clark.

Dr Clark, a Cape Town gen-

eral practitioner with a special interest in the field, said the doctors were either uncomfortable with treating HIV or they were discriminating against patients with HIV.

"Patients are being mistreated by many GPs because they are either frightened or ignorant of HIV," he said.

Many of the HIV patients who came to him claimed to

have been "completely mistreated," said Dr Clark.

Some doctors were testing people with HIV without permission and without adequate counselling.

In some cases the patients were referred to provincial hospitals for specialist care — but in other cases they were not referred on by the doctors.

Dr Clark said doctors could be using the opportunity to prevent opportunistic infections from occurring in the patients

"A lot of problems can be prevented if you monitor the immune system and know when to intervene," he said

Dr Clark flew out of the country this week to attend an Aids conference in Copenhagen.

ARC 2/9/95 (92)

Gencor AIDS toll one a day

Kathryn Strachan

THIRTY workers at Gencor were dying of AIDS each month, chairman Brian Gilbertson said on Friday.

Gencor's medical personnel had estimated that about 20% of the workforce of about 100 000 on its gold, platinum and coal mines were infected with the HIV virus. The figure was probably higher in Richard's Bay where the company had significant investments.

"We are very concerned," he said "It actually hits home when people working for us are dying at this rate."

There was also a marked increase in

tuberculosis sufferers, a rising number of whom were HIV positive. This increased the cost of treatment and would have a significant effect on health services.

"The loss of these skilled people will eventually impact on companies and on the national economy ... the losses are growing," he said.

Gilbertson said Gencor ran awareness programmes, but these seemed to have been no more successful than they had been elsewhere.

"The question now is how to deal compassionately with the numbers that will

Continued on Page 2

AIDS (92)

Continued from Page 1

become sick and with their dependants," he said. "We don't have any perfect solutions, but we are trying to develop an integrated and comprehensive approach."

AIDS was emerging as a far more life-threatening factor than mine accidents. Pre-employment screening had not been proposed, he said. In any case it did not address the basic problem and the existing infection in the workforce.

The government health department's HIV/AIDS programme director Quarraisha Abdool Karim said that with the introduction of HIV infection into SA in about 1987, and with about 2-million people infected, it was not surprising that the country was now starting to see people dying of AIDS-related diseases.

Migrant workers and their spouses were three to five times more at risk of HIV infection, she said. Social conditions on the mines such as single sex hostels, the presence of prostitutes, and the distance from a stable family life, all placed migrants at greater risk.

She said despite the high levels of infection, there was still potential for intervention such as awareness programmes and

condom distribution. The problem with awareness programmes in the mining industry was that they had been imposed by management and had not been implemented in consultation with workers — and were therefore viewed with suspicion.

An integrated approach and a programme which was sensitive to workers was needed, she said.

Kevin O'Grady reports that Cosatu assistant general secretary Zwelinzima Vavi said on Friday that companies responsible for housing labourers in hostels should pay for their medical treatment when they became infected with AIDS and should compensate their families for lost income.

He was addressing a Chemical Workers' Industrial Union conference on health, safety and the environment.

The time had come for Cosatu to make a "decisive intervention" on the AIDS issue because "thousands of our members and members of society are on a daily basis being infected with this disease", he said.

"The cruel and inhuman bosses who enjoyed the benefits of apartheid's migrant labour system, single sex hostels and influx control are now turning their backs on the consequences of the life they imposed on workers," said Vavi.

Strydom's wife 'saw' him kill

Deborah Fine

HELENE Strydom, wife of double murder accused Frans Strydom, denied in the Rand Supreme Court yesterday that she had made a statement to police incriminating her husband because she had wanted to stop him from exposing her love affair with a married colleague.

She testified that her husband had strangled to death one of his employees, Jan McPherson, in 1988.

Strydom, a taxi driver for a Bloemfontein escort agency, has pleaded not guilty.

Strydom said she, her husband and McPherson had undertaken a trip from Bloemfontein to Germiston in November 1988. En route Strydom had drugged McPherson with beer laced with sleeping tablets. He had strangled him and dumped his body in a ditch near Boksburg.

In 1991 her husband had gone to jail for fraud and cattle theft and she had begun an affair with a colleague. Released in 1994 her husband had threatened to kill her and expose the affair unless she got him a car.

She had then gone to the police and made the statement because she had feared for her life.

Adv W Edeling, representing Strydom, said she had not feared for her life as her husband had forgiven her for another affair in 1990.

Three held after taxi rank killings

Theo Rawana

THE special police unit investigating taxi violence at the weekend arrested three people in a white Toyota Cressida and seized handguns from the vehicle.

Lt-Col Eugene Opperman said yesterday that police were looking into the possibility that the Cressida could have been the vehicle described after at least one of the attacks in Johannesburg on Saturday.

One unlicensed pistol was also found at the Bree Street taxi rank after a police search yesterday.

At least three people had been killed and 21 injured since Friday in drive-by shootings involving long-distance taxi operators.

Three people were killed and 13 injured in shootings at Johannesburg's Noord Street and King George Street taxi ranks on Saturday.

One taxi driver was killed and another injured in separate shootings on the Ni near Centurion on Friday and Sunday.

Opperman said people had offered to give information on the involvement of SA Police Service (SAPS) members in the latest taxi violence.

SA Long Distance Taxi Association president Thulani Kubheka called for people from other provinces to get involved in talks to find a solution to the feuding.

A solution lay in involving people from other provinces because the feud was among long-distance operators from as far afield as Northern Province, he said.

There were strong signs of the presence of a third force in the shootings, he said.

Sapa reports that the ANC has urged police to speed up the investigation of alleged police involvement in the taxi industry.

The party pledged its full support for police action intended to end taxi violence.

"The police, and in particular Gauteng safety and security MEC Jessie Duarte, need to be applauded for their speedy intervention in the Saturday incident at Noord Street in which three people were killed.

"If it were not for them more lives would probably have been lost," the ANC said.

Duarte said a meeting between the feuding organisations was set for tomorrow.

Draft Bill to protect HIV-infected workers

Susan Russell (92) BD 5/9/95

THE SA Law Commission believes there is scope for specific AIDS legislation and has drawn up a preliminary draft Bill which would prohibit unfair discrimination against employees infected with HIV.

Writing in the latest issue of the attorneys' journal *De Rebus*, commission secretary Willie Henegan said the commission's preliminary conclusion was that an AIDS-specific Act could be a solution to the problems infected people faced relating to health care, employment, confidentiality and social discrimination.

The draft Bill will be published for comment together with a working paper. Henegan said the health department asked the commission to

probe the legal aspects of AIDS.

There have been widely divergent views expressed by lawyers in the past on the needs for AIDS-specific legislation. Some believe legal problems raised by AIDS can be properly dealt with under existing law, while others argue that current legislation does not adequately protect people with HIV or AIDS.

The commission has recommended legislation be enacted confirming that HIV testing may only be done with the fully-informed consent of the individual, but allowing for testing without the necessary consent in an emergency where the consent cannot be reasonably obtained.

It has also suggested that legislation be introduced in terms of which no employee would be obliged to in-

form his or her employer that they are HIV-infected.

It has also been recommended that new legislation should allow for AIDS-related information to be disclosed only to the infected person. Henegan said the commission was opposed to the blanket testing of all hospital patients. The commission has recommended that segregating prisoners on the basis of their HIV infection be prohibited by law.

Dealing with the insurance industry, the commission has recommended that the Life Offices' Association would have to inform people when AIDS-related information about them was recorded in the Life Register and give them the opportunity to obtain their records, verify it and have it corrected if incorrect.

625 new HIV cases in kwaZulu'

C. 8/9/95 (92)

DURBAN-kwaZulu/Natal had the most HIV-infected people and people with Aids in the country, Professor Alan Whiteside of the University of Natal said in a paper prepared for delivery at a conference here on Aids in the work-place. He said 625 new cases of Aids had been reported in kwaZulu/Natal by July 17 this year.

State steps up AIDS battle (92)

Star 7/9/95

Make no mistake, the State is doing a great deal about AIDS.

Since taking charge in mid-1994, the new Health Ministry has raised the status of the fight against the epidemic to a full directorate, and increased the annual budget from R21-million to R42-million.

Then there's a further R45-million from the European Union earmarked for AIDS prevention. Nevertheless, the epidemic continues to gather momentum, with probably around 1,5-million South Africans now HIV-positive. South Africa has literally thousands of non-governmental organisations (NGOs). They are in daily contact with people at the cutting edge of the AIDS epidemic. But the majority of the NGOs have not incorporated an awareness of the epidemic into their daily activities.

Conscious of this deficiency, one funding organisation which channels support from Scandinavian, British and Canadian sources to South African NGOs has taken an important initiative.

Earlier this year, this funding organisation, Interfund, commissioned an AIDS consultant, Dr Clive Evian, to report on the "feasibility and capacity for integrating AIDS awareness and related issues into the range of NGO pro-

THE ANNUAL budget against AIDS is R42-m but it needs a collective effort if we are to win, David Robbins reports.

grammes"

Interfund director Barry Smith says "The intention was to see if NGOs could be used to get an awareness of the disease out of the AIDS ghetto and into the everyday lives of ordinary people."

Evian responds "NGOs have a strategic role to play in contributing to the control and prevention of the HIV/AIDS epidemic, and to the care and support of affected people."

By examining the important determinants of South Africa's AIDS epidemic, Evian's report makes it obvious why NGOs are in such a good position to join the fight against it.

"Maintaining stable, lasting and trusting relationships is at the heart of the control of the epidemic," the report states. It then outlines those influences and stresses on community life, both past and present, which undermine such relationships. migrant

labour, high rates of urbanisation, poverty, violence, unemployment and poor housing and infrastructure.

In fact, these determinants are the conditions which the majority of NGOs are working to overcome. "Yet NGOs in general have been lukewarm in responding to the AIDS epidemic." The question is why?

Evian's research identifies more than a dozen major causes. Among them are:

- AIDS is simply not felt to be a problem because the epidemic is still in its "invisible" stage

- NGOs believe AIDS is the responsibility of government

- They feel paralysed by the urgency of other major social issues which confront them

- Some feel they have insufficient knowledge of the disease to begin a process of AIDS awareness

- NGOs have also underestimated the impact on their organisation (either in their target communities or among their own staff) which the epidemic would be likely to have in the future

Another important reality revealed by the research is that many NGOs do not know where to get appropriate support and advice on AIDS matters. This is particularly astonishing since South Africa boasts more than

700 AIDS service organisations. In the light of all this, what does Evian's report recommend?

Firstly, a consultative workshop should be held (in fact, it's scheduled for mid-September) to present the findings of the report to NGOs, in particular those funded by Interfund. Secondly, a representative body should be established where NGOs can liaise with the AIDS service organisations (ASOs) and the Government's national AIDS programme. Although the capacity and ability of some organisations in the ASO sector "is questionable", according to Evian, "there are numerous such organisations which could provide a range of supportive services."

Thirdly, another workshop should draw together the various funding organisations, foreign as well as local, to explore how they could collectively promote the integration of AIDS awareness into South Africa's NGOs. At the moment, foreign funders in particular are showing little enthusiasm for supporting the integration of AIDS awareness into the programmes they support.

As Interfund's Smith remarks: "There is no good common sense reason for inertia. Ultimately, it will be the combined impact of large numbers of small efforts which will make the difference."

Aids: Life cover to rocket

FRANÇOISE BOTHA

(92) CT 7/9/95
 LIFE assurance premiums could increase ten fold by the turn of the century because of the HIV epidemic, says Southern Life

Executive director of the life division Mr Chris Liddle said that current estimates by the Department of Health indicate that 13% of the population could be HIV-positive by the year 2000

Departmental figures show that 1,8 million South Africans are currently HIV-positive and the infection rate is almost one in fourteen people amongst the sexually active population

"If our predictions are accurate, about 4,1 million people will be HIV-positive by the end of the century and as many as 2,3 million of these could die by 2005

"For every two percent of policy holders who are HIV-positive, life assurance premiums should double," said Mr Liddle

Aids-related claims are increasing rapidly and rose by 34% last year

By 1993, Southern Life had identified 348 HIV-positive policy applicants, and had declined life cover of R36,3 million

"This figure has now grown to 1 693 people and cover of R106,6 million has been turned down," said Mr Liddle.

Big rise in SA condom sales as Aids awareness grows

By JOHN SPIRA

CONTING BUSINESS EDITOR

Condom sales in South Africa have soared, rising from R7 million in 1987 to an estimated R25 million

Greater awareness of Aids is one of the main factors contributing to condoms' rise to the big league

Another reason, claims Ian Stern, the managing director of

Mates Healthcare SA (a member of the IS Distributors group which distributes Ansell condoms), is the imaginative and "more open" marketing campaign which his group has brought to the industry

Stern maintains that Ansell condoms (among them Rough Rider, Bareback and Midnight Desire) have captured 60 percent of the market from a zero base eight years ago



SAFETY FIRST Ian Stern, the managing director of Mates Healthcare SA, displays his wares

(92)
CT(BR) 7/9/95
"We took condoms to outlets which had never carried them before — food chains, petrol station shops and airport stores. We achieved marketing and merchandising coups via the country's first gondola ends for condoms in supermarkets and condom displays in pharmacies. And we spotted the potential of using 24-hour shops and kiosks in various locations."

Stern's group also distributes several other health products, including vitamins and baby-care products

While still at university, Stern began importing Ansell condoms from America on a small scale. After qualifying as a lawyer, he joined a law firm but resigned after less than a year to become involved full-time in the condom business. He is adamant that the market has considerable additional potential.

Huge

"South Africa doesn't take the Aids crisis seriously enough," he said. "The government doesn't appreciate the huge down-the-line cost to society and to the economy. There simply isn't enough spent on Aids education."

For comparative purposes he cites the condom market in Australia, where, with a population one-third the size of South Africa's, condom sales are four times higher than they are here.

"Tesco Stores in Britain conducted a research exercise which showed that with the current incidence of Aids in Britain, it would lose 10 percent of its existing turnover 10 years down the line. It immediately embarked on a massive campaign aimed at promoting the sale of condoms."

"I am not in business to encourage promiscuity. I am conducting a crusade against the scourge of one of the most horrendous diseases the world has ever witnessed."

Study shows spread of Aids can be slowed

(92) WMS-14/9/95

Tim Radford

IN the first experiment of its kind, European and African scientists have shown the spread of HIV infection in Africa can be slowed.

They have confirmed — in an article in the *Lancet* — that other sexually transmitted diseases increase the spread of Aids

The two-year, £2-million study, shows that transmission of the virus could be cut by almost 50 percent by intensive treatment of other sexually transmitted diseases. This in a continent where 90 percent of all HIV infection is heterosexual and infection rates in the cities have reached 20 percent.

The research has involved the Tanzanian government, medical charities, the London School of Hygiene and Tropical Medicine and thousands of villagers in Mwanza, Tanzania.

According to David Mabey and Richard Hayes, of the London School, Aids scientists have long suspected the spread of HIV infection would be helped by other venereal diseases

With the help of the African medical services, and money from Europe, the researchers selected 12 village health

centres near Lake Victoria, where HIV was spreading at roughly one percent per year, and divided them into two groups, matching them as closely as possible for site and population. In one of each matched pair, they invested new training for health workers, an education programme, and a proper supply of drugs of the kind permitted by the Tanzanian economy. In the other village, things were left to proceed as normal.

The results were dramatic. More people with symptoms came to clinics and, at little cost, the village health centres cured about 99 percent of all sexually transmitted diseases brought to them.

Two years later, doctors began to test the difference in rates of HIV infection in groups of 1 000 people in all 12 villages. The result was stark: the extra training, and regular supply of drugs, had cut HIV transmission by 42 percent.

Professor Mabey says: "We have a study that has shown a relatively simple intervention in one of the world's poorest countries has managed to have a substantial impact. Now there is no excuse for donors to withhold their resources." — *The Guardian*

Plight of children with HIV

Kids stand a 30 percent chance of getting HIV if mother is positive

By Betsy Spratt

WITH A bright smile and quick embrace for anyone attracted to his playful innocence, two-year-old Sifiso is pretty much like any other toddler, except in one way



ESKOM

He is HIV positive. Sifiso is one of 20 children at the Bethesda Home in Soweto, one of the few facilities specialising in the care of abandoned children with HIV-Aids the lives of whom *Sowetan*/ Eskom's Woman of the Year nominee Mrs Nomonde Mathabathe (31) has committed herself to making a bit easier. Like Bethesda, she herself is a rarity in that she is one of a handful of black speech pathologists and audiologists in the country.

"When I finished matric I wanted to do medicine," says Mathabathe, the daughter of a physician.

"But then I went to England for six months where I met a friend who worked in speech and hearing."

The visit sparked Mathabathe's curiosity about the field. It led her to visit the speech and hearing clinic at Bargwanath Hospital, the place where she would work after completing degrees in Speech Disorders, Hearing Disorders and Clinical Psychology at the University of the Witwatersrand. Mathabathe first became interested in promoting Aids awareness in 1989 shortly after joining the staff of Baragwanath.

"I learned that blood samples were being taken from patients without their knowledge," she says "and if the patient tested positive for HIV their files were stamped HIV POSITIVE, in big letters.

"Most of the patients didn't know what the stamp meant and would walk around the hospital carrying that file" Mathabathe would see the file when the patients came to the speech and hearing centre for testing prior to

ear operations. She protested against the practice.

"Now blood cannot be taken from a patient without the patient's knowledge," she says.

In 1994, she began organising toy drives for the children at Bethesda.

"But I wanted to do more," says Mathabathe, from her current office at Lesedi Clinic in Soweto.

Mathabathe increased her duties at Bethesda. She joined the Soweto Advisory Committee, part of the Salvation Army, which governs the operation of Bethesda Home. The committee focused on finding foster or adoptive parents for the children. Many of the children had been left in hospital after their delivery.

Abandonment

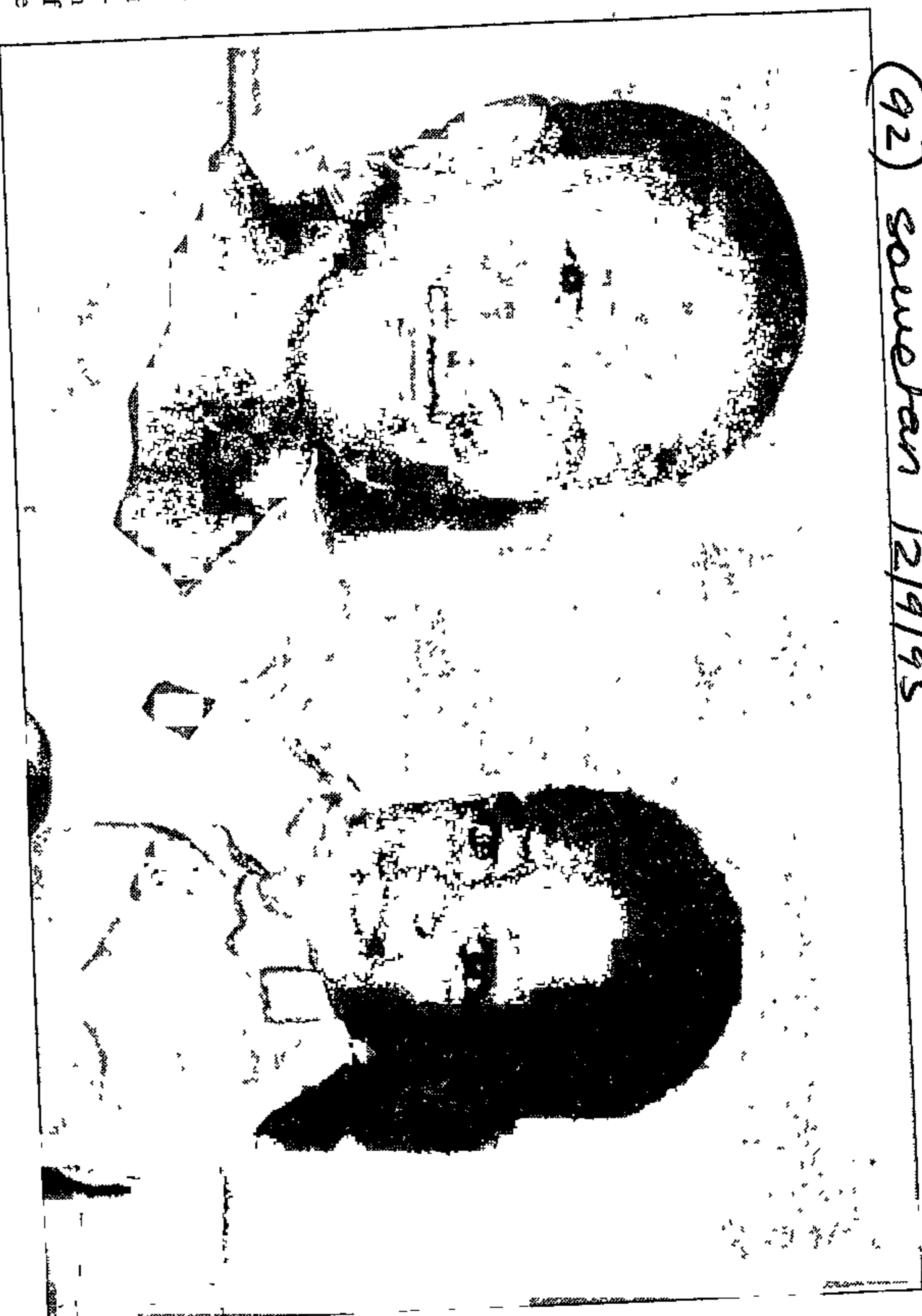
"Many of the mothers had already planned on leaving the children in the hospital after delivering them," Mathabathe says. "These mothers often have no idea how they're going to feed themselves. They feel the baby would be much better off being left there than taken on to the streets with them."

Yet abandonment is not the only risk faced by a child of an HIV positive mother.

"The baby stands a 30 percent chance of contracting the disease," Mathabathe says.

"That's because the child has much of the mother's antibodies at birth. As the child grows older it begins manufacturing its own antibodies and has a chance of outgrowing the disease."

But chances are not on the side of the children at Bethesda Home. They



(92) *sowethan* 12/9/95

Mrs Nomonde Mathabathe and Sifiso

arrived at the home HIV positive and in some cases with full blown Aids.

"We give them names and estimate their date of birth which is difficult."

Mathabathe says.

"Many times the mother gives false information because she knows she's HIV positive."

The staff at Bethesda, made up of nursing sister Theresa Mokheisi and four child minders, work to make the children's few years of life as pleasant as possible.

Their task is made more difficult by the high cost of treatment drugs, says Mokheisi.

"This is a non-governmental organisation," says Mokheisi.

"We cannot afford special treatments. But the children do receive Vitamin A, which doctors at Bargwanath Hospital say retards the disease."

Except for occasional bouts of diarrhoea, the children are asymptomatic

and are checked regularly by physicians at Bargwanath Hospital. Many of the children have outlived their life expectancy.

"It has confounded the statistics," Mokheisi says. However, since the opening of Bethesda in 1993, eight children have died from Aids.

"But most of the children who died arrived here with full blown Aids," Mokheisi says.

Education

Believing education is the best weapon in the battle against Aids, Mathabathe also volunteers at Alexandra Aids Action to teach the community about the importance of safe sex.

"Many black men are against using condoms," Mathabathe says. And the dearth of knowledge about how Aids is contracted, even among the intelligentsia, compounds the problem.

"Then you have people who are so

angry about being HIV-positive they want to spread it around deliberately," says Mathabathe.

Mathabathe is determined to overcome these obstacles for the sake of the youngest sufferers of HIV-Aids. "We want to place them in foster homes but the stigma of HIV-Aids is so strong it scares potential parents away," Mathabathe says.

"People still have negative, preconceived notions about individuals with HIV, be they adult or child. When it started in the 1980s, people thought it was a gay, white disease."

It is this stereotype that must be shattered in order to secure the best life possible for the children, Mathabathe says. "Placing them in nurturing families is important."

"These children need to have their physical and emotional needs met. They should be given love for their few years of life."

Ex-convict in a landmark

AIDS case

(92) BD 13/9/95
Susan Russell

A FORMER convict is suing the prison authorities for R30 000 damages after they allegedly gave him an AIDS test without his proper consent while he was in jail, in what lawyers say is the first case of its kind to be heard in SA.

The man, who has since been released, tested HIV positive and is claiming damages from Correctional Services Minister Sipo Mzimela for severe psychological trauma he allegedly suffered after he was told the results.

Lawyers acting for the man said they had strict instructions from their client not to reveal his identity.

The case, set down for hearing in the Transvaal Provincial Division of the Supreme Court in Pretoria today, will be argued on grounds that the manner of testing constituted an invasion of privacy, both in terms of common law and under the constitution.

The man's lawyers contend testing has to be done with the informed consent of the patient, which would include pre-test counselling.

The State claims the former prisoner verbally agreed to having a blood sample taken and agreed to various tests, including one for HIV.

This will be denied, but the lawyers said that even if the man had done so, they will submit the authorities failed to obtain his proper consent because he was not given pre-test counselling.

We call upon the Angolan government to ensure that those relatives know what happened to their offspring

It goes on further

shall transmit all relevant information concerning such person in order to facilitate such searches

However, I would like to bring two further protocols of this convention, which are possibly relevant in this regard, to the attention of the House. It should again serve as a warning to young South Africans who are of adventurous spirit. It states

Spies and mercenaries have no right whatsoever to the status of prisoner of war when captured. They benefit, however, from a minimum guarantee of humane treatment. This same safeguard protects, in time of war, any individual falling in the power of an adverse party.

[Time expired.]

Senator H J P LEBONA: Mr President, the ANC wants to warn all parties that are within the Government of National Unity to refrain from the practice of destabilising neighbouring countries in the form of so-called private armies that are sent under other names. We want to say to them that we should be honest to our neighbours and keep the peace in Southern Africa. We further want to commend the Ministry and the Department of Foreign Affairs for the work that they have done in regard to these people within such a short space of time.

Senator J SELFE: Mr President, I would like to thank all the hon senators who participated in this interpellation. I think the point has been made during this interpellation that these persons are mercenaries, and that what is now happening to them, was in fact coming to them. That may be the case, and we also deprecate in the strongest terms any mercenary incursions into our neighbouring states and any destabilisation that may occur as a result.

We are a constitutional state, however, and we now have a bill of Rights. The Bill of Rights guarantees to all South African citizens certain fundamental human rights, and it behoves us as a country, as a Parliament and as a Government to

do anything in our power to act in a humanitarian way. Senator Wiley also made the point about the various Protocols of the Geneva Convention, which do afford a certain amount of protection to mercenaries.

I would like once more to thank the hon the Deputy Minister for his reply, and his department for the actions that they have taken thus far. I also want to make an earnest appeal to him and his department to make every effort to secure these people's early release.

THE DEPUTY MINISTER OF FOREIGN AFFAIRS Mr President, on behalf of the department I wish to join others in expressing our concern about the missing people.

Let me say that at the moment our records indicate that there are 10 missing South Africans in Angola. The problem with this is that they were captured by Unita troops in a situation of war, and neither the Government nor any other institution has had access to the area in which they were captured. Therefore we do not know where they are held and we do not know of anybody who has seen them. We have exerted sufficient pressure on all institutions in Angola, including the United Nations, to see what can be done about this.

We hope that, with the Peace Accord now having been signed and with access to the areas formerly controlled by Unita becoming available to people outside Unita, we might get a response. In the Angolan context, however, you cannot go higher than Savimbi, and once we have approached him at a meeting and through a letter from the President, we hope that we will get some response.

For the sake of the families, we want to clear this matter up as soon as possible. We will not leave any stone unturned to deal with this matter. Therefore the hon senators have our undertaking that we will continue to deal with this matter.

The problem of South African citizens, however, going abroad to get involved, consciously or unconsciously, in war situations, in whatever capacity, is a very serious matter for us, and we have to try to deal with it in a holistic way.

Debate concluded.

QUESTIONS

Indicates translated version

For oral reply

(92)

Questions standing over from Thursday, 7 September 1995

Percentage of beds at State hospitals occupied by Aids patients

*3 Sen W F MNISI asked the Minister for Health

(1) What percentage of beds at State Hospitals are currently being occupied by Aids patients,

(2) whether any estimates have been made in respect of the number of Aids patients who will be cared for in State hospitals in the year 2000, if not, why not, if so, what are the relevant details,

(3) whether any alternatives to hospital-based care for Aids patients are being (a) considered and/or (b) implemented, if not, why not, if so, what alternatives?

S423E

THE MINISTER FOR HEALTH

(1) Patients in State Hospitals are not routinely tested for the presence of antibodies to HIV

Presenting features are common opportunistic infections such as Tuberculosis. Therefore it is difficult to estimate what percentage of State hospital beds are being occupied by AIDS patients.

(2) If current rates of spread continue ie 3/1000 new cases per year and in the absence of treatment or a cure then by the year 2000 approximately 10% of hospital beds will be occupied by AIDS patients. This group is usually healthy and productive members of society that would not otherwise utilise these facilities.

(3) Appropriate, cost-effective and rational provision of care has to occur along a continuum from within the household, first second and tertiary level health facilities and hospices. Appropriate discharge and referral patterns are essential for this. The HIV/AIDS and STD Directorate is currently developing guidelines for the provision of care along a continuum as well as developing management protocols for

men, women and children towards this end. Several pilot projects are underway examining innovative approaches to care. However, these cannot be viewed as alternatives to hospital care, rather as appropriate utilisation of Health Services along a continuum from home to hospital.

Number of pharmaceutical items used in State hospitals

*4 Sen W F MNISI asked the Minister for Health

(1) (a) How many individual pharmaceutical items are (i) being procured by the public health service for use in State hospitals and (ii) regarded as being essential by the World Health Organisation and (b) in respect of what date is this information furnished,

(2) whether she or her Department intends reducing the number of pharmaceutical items used in State hospitals, if not why not, if so, (a) why and (b) what steps are being envisaged in this regard?

S424E

THE MINISTER FOR HEALTH

(1) (a) (i) There are currently 2 341 pharmaceutical items on State contracts. This includes all the different pharmaceutical formulations (tablets, capsules, syrups, injections, ointments, etc.) and all the different pack sizes (including patient ready packs or "prepacks"). This excludes however items not on State contracts which are purchased directly from suppliers under delegation. The Department of Health has insufficient information regarding these purchases and does not control this type of purchases.

(ii) The seventh list published by the World Health Organisation (WHO) includes 432 generic items. All these items are currently on State Contracts.

(b) The number of 2 341 items quoted under (1)(a)(i) is the figure on 25

Doctor was cold-blooded — ex-convict

Stephane Bothma

BD 14/9/95

(259) (92)

PRETORIA — A young ex-convict who claimed his blood was tested for HIV by correctional services without his permission told the Transvaal Supreme Court yesterday that a prison doctor had told him in a "cold-blooded" manner that he tested positive.

The court ordered the identity of the man could not be revealed.

He is claiming R30 000 damages from correctional services for severe

psychological trauma allegedly resulting from being told the results.

He served two years for theft at the Johannesburg and Pretoria prisons.

While working in the kitchen in Johannesburg prison, he was ordered to report to the prison hospital for blood tests. "I was just told to hold out my arm so that blood could be drawn. Nothing else was said," he testified.

The case would be argued on the grounds that the tests invaded the prisoner's privacy.

Guideline on Aids in the workplace

(92) CT(BR)14/9/95

Sacob issues information brochures on a wide range of subjects. One of its latest is on Aids.

Entitled, Aids and Employment: A guideline for employers, it sets out to help management handle with sensitivity what can be a difficult situation.

After examining the causes and effects of the disease, Sacob tells managers that Aids is like cancer — a life-threatening disease. It should be recognised that these employees may wish to engage in as many of their normal pursuits as their condition allows.

They are frequently able to meet acceptable performance standards,

and medical evidence indicates that their condition is not a threat, either to themselves or to others. Management therefore needs to be sensitive to their condition and treat them as they would other employees.

It points out that an employee's health condition is personal and confidential and should be protected, and recommends that the employer contact specialist agencies if there are any concerns about the possible contagious nature of an employee's illness.

Employers should be sensitive and responsible to employee concerns and inform Aids sufferers that they can receive factual information about Aids

through any of these specialist agencies.

It says employers must acknowledge that continued employment for a person with a life-threatening illness may be therapeutically important in the remission or recovery process, or may help prolong that person's life.

Sacob recommends that companies should not dismiss an employee solely on the basis of HIV infection or condition as an Aids sufferer.

Where the employee has become incapacitated through Aids, the normal rules of termination of services for incapacity to perform the job should apply.

So-called dream cure for AIDS distresses Malawi government

Star 16/9/95

(92)

Blantyre - A verbal war between anti-AIDS campaigners and a local healer who claims he has a "dream" cure for AIDS threatens to undo much of the results of seven years' work to prevent its spread

AIDS co-ordinator in the south of Malawi, Rose Kambewa, says, "We took a sample of sex workers who have taken a herb, mehape. Most say that as a result they no longer use condoms and others say they have increased their number of sexual partners because they feel safe."

In Chitewwa, Malawi's main dialect, mehape means "cleanser", the name of the herb 79-year-old Goodson Chisupe says was "revealed" to him in a dream last year. Since then, say health authorities, more than 2-million of Malawi's 10-million people

and thousands of foreigners from southern African states, Europe and Asia have already taken the tasteless, light-brown liquid, hoping they will be cured of, or protected from, the HIV virus

"We feel devastated by the turn in behaviour. If this survey is representative of the mass surveys we plan to carry out soon, then it's total disaster. It means all that we have done in the past seven years to promote condom use and prevent the spread of AIDS will amount to zero," says Kambewa

"We have no law to stop people from taking mehape. We cannot force people to stop believing it's a cure for AIDS"

"So all we can do is tell the public there is no cure or vaccine for AIDS and hope people will make positive decisions about

mehape," says Dr George Liomba, chairman of the Malawi Medical Practitioners' Association

Believers say the government is to blame for the mess "We want the government to prove whether it's useless or not through laboratory tests, but they seem to be dilly-dallying," says one

Chisupe accuses the government of failing to test the effectiveness of the herb. But the health ministry denies Chisupe's charges.

Meanwhile, Newton Sibanda of the Independent Foreign Service reports there is a similar dilemma in Zambia, where a medicine man claims to have a dream cure for a variety of ailments including the AIDS virus - ALA



DREAM MERCHANT: Zambia's medicine man, "Dr" Chayenkuba Bwalya Musondo

Prison test of shame

By BENISON MAKELE

AN HIV-positive prisoner - who told the Pretoria Supreme Court this week he was infected with the virus that causes Aids when he was gang-raped in prison - has brought a landmark test case against the minister of correctional services.

The prisoner - who may not be identified - is suing minister Siphon Mzimela for R30 000 for failing to obtain proper consent before conducting an HIV test on a prisoner.

Testifying before Judge Kirk-Cohen in an unprecedented case, the slim but healthy-looking man said other prisoners had taken advantage of his soft-heartedness and raped him.

The blood tests taken by prison authorities

Inmate sues minister

had both proved him to be HIV-positive, he said.

"I was traumatised by the experience," he said.

■ According to Ian Dutton of the Aids Law Project at the University of the Witwatersrand, the case is "the tip of the iceberg" as they have many cases involving the testing of prisoners for Aids without their consent.

Abuse

"The reason we are suing is that they took our client's blood and tested him without his consent," Dutton said

Consent meant one had to know what the test involved - and its effects, he

said.

Dutton said the Aids Law Project's view was that the treatment of HIV-positive prisoners - who are segregated from other prisoners - bordered on an abuse of human rights.

The project's position is that condoms should be issued to prisoners and that comprehensive sexual education on the dangers of Aids should be undertaken by Correctional Services.

Mzimela has said he sees no need for condoms in prisons - and that he may issue a directive on condoms once he has proof that homosexual practices exist in jail.

■ Dutton slammed this position - because, according to him, the minister issued the directive that HIV-positive prisoners be segregated.

CP 17/9/95

(92)

R1 000 for HIV shock

92) CT 21/9/95

PRETORIA: A former prisoner has won a R1,000 and legal costs in the Supreme Court here because of the cold-blooded way prison officials told him he had tested HIV-positive.

The former inmate of Johannesburg prison — whose identity the court ordered should remain secret — initially sued the Department of Correctional Services for R30 000 because he claimed they had failed to inform him what sort of tests would be conducted on his blood sample.

He said if he had known the tests — for which he had not given his consent — could reveal that a person was HIV-positive, he could have prepared for the possibility.

Mr Justice F C Kirk-Cohen awarded R1 000 for emotional shock and ordered the Department of Correctional Services to pay his legal costs — Own Correspondent

AIDS rampant in Asia

Chiang Mai (Thailand) — Life expectancy in Thailand will plummet by 30 years by 2010 if AIDS infection rates are not curbed, former Thai prime minister Anand Panyarachun warned at the closing session of the Third International Conference on AIDS. He criticised Asian leaders for "not taking AIDS seriously enough".

Three million people in Asia and the Pacific have the human immune-deficiency virus (HIV) that leads to AIDS, and experts at the conference said that figure could reach 18-million by 2003.

Thais can now expect to live to age 74, but high HIV infection rates could cause average life expectancy at birth to drop to 44 by 2010. The UN is uniting six of its agencies to

fight the disease.

Burma, visited by less than 100 000 tourists a year — six-million flock to Thailand annually — already has between 100 000 and 350 000 HIV-positive cases.

Experts predict that Burma and its poorer neighbours — Laos, Cambodia and Vietnam — will pay the highest price for AIDS because poverty increases the incidence of AIDS and the disease, in turn, exacerbates poverty.

They estimate that the annual number of new AIDS infections in Asia — home to 55% of the world's population — will surpass sub-Saharan Africa before 2000.

The cost of fighting the AIDS epidemic will force a backwards step in the progress of these countries — AFP

(92) star 22/9/95

Council helps families of terminally ill

■ BY HOPEWELL RADEBE
CITY REPORTER

The Brakpan Town Council has started a R100 000 feeding scheme for families whose breadwinner suffers from a terminal disease like AIDS

Acting Town Clerk Andre Ludick said the feeding scheme started operating at the beginning of August after the council made provision for R100 000 in its 1995/96 budget

~~90~~ (90) ~~22/7~~
Ludick said the council was presently the only financial contributor to the scheme, although volunteers were assisting with food distribution

"However, the scheme's duration would depend on the decisions made by the new council after the local government elections," he said

"Since the need is so big, beneficiaries are very grateful and don't really complain," he added

Star 25/9/95
Ludick said it was easy for the council to compile a register with the names of family members suffering from these diseases because its health department was running various programmes aimed at educating sufferers of diseases such as AIDS and tuberculosis

Before any person qualifies to benefit from the scheme, social workers conduct a thorough investigation of their specific situation

Breakthrough in treatment for Aids patients

(92) CT 26/9/95

OWN CORRESPONDENT

LONDON: Scientists are claiming a breakthrough in the treatment of Aids based on the latest results of one of the world's largest clinical trials of anti-HIV drugs, involving thousands of patients.

A combination of two drugs taken over a period of more than two years led to a fall in death rates of nearly 40%. It is the first Aids drug trial to show a significant, long-term benefit in extending a patient's life expectancy.

The study involved 3 000 patients in eight European countries. Dr Brian Gazzard, principal investigator on the so-called Delta trial, claimed yesterday that the results were the most important to emerge in nearly a decade of research into Aids treatment.

Welcomed

Britain's Medical Research Council will announce the results today at a scientific conference in Copenhagen. It has already recommended that Aids patients should begin taking a combination of at least two anti-HIV drugs.

The drugs in question are compounds known to interfere with the ability of HIV to replicate. One of them, AZT, has been used since 1986 but was partially discredited as a single-drug therapy.

The Delta trial used AZT together with one of two other antiviral drugs — ddi and ddC.

Aids charity worker Mr Nick Partridge said the Delta results were "good news".

● See Page 7

Costs to spiral as AIDS timebomb explodes

THE spread of AIDS is the single biggest threat to the viability of the employee benefits industry.

Authoritative projections conclude that there will be about 250 000 South Africans sick, dead or dying from AIDS within four years, with large sections of industry severely affected.

Southern Life's senior manager employee benefits Adrian Pinnington says the payment of AIDS-related disability and death benefits will continue to increase the cost of risk benefits.

"With many provident funds designed to have a fixed employer plus employee contribution rate, something has to give. At this stage, the full cost of the extra claims is almost invariably being borne by those who will survive to retirement," says Pinnington.

He says that upwards of 20% of the employed population is expected to be infected with the HIV virus by the year 2005. This will increase the cost of risk benefits to levels "never before seen in the history of group benefit provision".

Pinnington says: "Even if an organisation anticipates only 10% of their staff being HIV infected, the cost of risk benefits can be expected to escalate.

"Ironically, there has been a strong move towards provident funds in recent years. To what extent do those who have elected to transfer to such funds appreciate the additional risks that they will now be facing?" Pinnington asks.

Fedlife's Group Benefits marketing actuary Evan Waks says it is common knowledge that HIV infection is increasing at an almost exponential rate.

"A model by Peter Doyle, an acknowledged SA expert in the field, implies that this could give rise to an annual compounding of pure risk benefit costs in the region of 10% to 15%, and an increase in the employer's contribution rate of up to 60% by the year 2005 — and 100% by 2010."

Waks argues in favour of a



ADRIAN PINNINGTON

more intensive education campaign spearheaded by an alliance of government, corporations, employers, trade unions and fund administrators.

According to the 1995 health benefits survey carried out by Old Mutual, attitudes towards AIDS have changed dramatically in the past 12 months. About 78% (57% in 1994) of respondents now have some form of AIDS policy in place. The most common response is still AIDS education and awareness.

MetHealth actuary Andrew Birrell says his company is advising medical aid schemes to take the cost of AIDS into account in the pricing of medical cover by ensuring adequate fund reserves.

Birrell says: "Whether they realise it or not, most medical schemes are in effect paying for AIDS. Frequently AIDS is diagnosed only at the end of a battery of tests and many doctors identify its symptoms on their reports rather than the disease itself."

"So instead of ignoring the realities by limiting benefits, we are recommending to schemes

that they project the effects of the disease on the cost of health benefits," says Birrell.

Typically, contributions to defined contribution funds are split between employer and employee and range from 7.5% to 15% and 5% to 10% of salary respectively, with the employer normally paying the cost of death, disability and funeral benefits.

Under defined retirement benefit funds, the employee contribution rate is about the same, with the employer paying the "balance of costs" to provide for final salary-linked retirement benefits as well as the risk benefit costs.

Fedlife's Waks says adapting to higher costs could occur in a number of ways. Firstly in the use of exclusions which, he argues, has been found to be ineffective when it comes to practical implementation, especially when applied to industry-wide schemes.

Secondly, the higher risk costs would be applied to pay lower lump sum or periodic benefits, which could well cause economic hardship to members or their dependants.

Finally, members' retirement benefits could be diminished to provide realistic death and disability cover. This, says Waks, could also lead to cases of hardship after retirement.

He believes that under both the money purchase and final salary retirement funds, this could well diminish retirement benefits by up to 50%.

Underlying these options, Waks says, free-cover limits could be removed or drastically reduced — or cover refused to prevent anti-selection in individual cases.

Waks believes the answer lies in a more professional approach by insurers and fund administrators in the provision of holistic employee benefit packages.

"Currently, under most retirement schemes, risk benefits are generically applied to members irrespective of their personal circumstances," he says.

Four drugs 'cocktail' excites Aids boffins

(92) Star 27/9/95

Scientists this week announced an advance in the treatment of HIV/Aids which could lead to an effective therapy for the worst infectious disease to emerge in modern times.

Experts at the Medical Research Council in London said that the Aids virus, which has proved one of the most challenging known to science, may be held in check by combinations of drugs that prevent it developing into the full-blown disease.

HIV could then become controllable in a similar way to diabetes, which cannot be cured but can be curbed.

Results of an international trial to be presented at a scientific meeting in Copenhagen on Friday show that a combination of two drugs given to patients with HIV or Aids reduced deaths by 38% over two years.

The effect was so significant that the trial, conducted in nine countries in Europe and Australia and involving more than 3 000 patients, was halted early to allow patients not receiving the combination therapy to be offered it. They were being informed of the results on Monday.

The cocktail consists of the anti-Aids drug AZT, made by the British company Glaxo-Wellcome, plus one of two newly-licensed variants of AZT called ddI, made by the US company Bristol Myers Squibb, and ddC, made by the Swiss company Roche.

The companies contributed jointly to the cost of the research but were not involved in collecting or analysing the data.

The drug combinations slowed progress to full-blown Aids for those without symptoms as well as delaying death in those with symptoms.

However, they were not effective in patients who had previously taken AZT. The trial, known as Delta, was co-ordinated by the Medical Research Council, which is the leading funder of Aids research in Britain, and the Agence Nationale de Recherches sur le Sida, in Paris.

It was started after scientists suspected that using drugs in combination could be more effective than using them singly.

The results will give a much needed boost to patients and scientists after years in which Aids research has been in the doldrums.

The disappointing outcome of the Anglo-French Concorde trial in 1993 dashed hopes that AZT used alone would slow progress to Aids in people with HIV. Dr Brian Gazzard, the principal UK investigator for Delta and head of genito-urinary medicine at the Chelsea and Westminster Hospital, London, said: "We are very excited."

"These are the first results to show a marked effect on survival in the long term. It strongly suggests that combi-

There appears to be a real advance in significantly slowing (not curing) the onslaught of this most deadly disease, writes Jeremy Laurence.

nation therapy is the right thing to give, and if we add more drugs we may do even better.

"We might well get to the stage where we can very significantly prolong survival from the disease.

"If you look at a disease like non-Hodgkin's lymphoma (a cancer), 20 years ago everyone died from it. Now lymphoma is largely controllable. That would be the hope with HIV."

Dr Janet Darbyshire, head of the Medical Research Council's HIV Clinical Trials Centre in London, said "It is really exciting news for patients as well as scientists. It is one of the most positive results in the therapy of HIV. It doesn't put us on the road to a cure, but it does put us on the road to long-term control."

Dr Tim Peto, scientific secretary to the Council's Aids Therapeutic Trials Committee, said "I have been one of the most cynical Aids trial commentators in the world, but this has quite changed my attitude.

"Suddenly, there is a real hope that these drugs may do something. It will give real impetus to the drug innovators because we now know we are on the right track.

"I don't think we have got a cure, but one can start imagining having three or four drugs and really seeing something happening."

The council is now launching a new trial, Quattro, in which patients will be given a cocktail of four drugs.

More than 24 000 people in Britain are known to be infected with HIV and more than 11 000 have Aids, of whom about 7 000 have died. The drugs used in the trial are available on prescription, but in combination cost of around R30 000 a year per patient.

The results do not indicate when patients should start treatment, but 80% of those involved in the trial had shown no symptoms.

The Terence Higgins Trust, the Aids charity, said the results from Delta were the "best yet".

Nick Partridge, the chief executive, said "This is very good news for people with HIV and Aids after two years of disappointments and setbacks.

"We are still a long way from a cure but these results renew hope. Most people in Britain who become infected do so in their late teens and early twenties.

"What we need are drugs that can be tolerated and are effective for 40 to 50 years." - The Times News Service

New HIV therapy 'for rich only' (92)

CT 27/9/95

LONDON: A new Aids therapy that uses a cocktail of drugs to attack the deadly HIV virus will benefit only rich Westerners and not the countries that suffer most from the epidemic, researchers and charity workers said yesterday

A team of researchers announced that using the common anti-HIV drug AZT with one of two related drugs cut death rates over two years by up to 38%

The news was greeted as a breakthrough and shares in Glaxo Wellcome, which makes the drug, rose sharply on London's stock exchange

But Aids charities and researchers studying the virus in Africa and Asia said such drugs would be available only to patients in rich industrialised countries

Savings

"Even if this were to turn out to be a very significant advance, the fact is that it would take a Ugandan doctor 10 years of saving his entire annual salary to pay for one patient," said Dr Patrick Dixon, founder of international charity Aids Care Education and Training

"In countries which have only two or three dollars per person per year to spend on everything including malaria, tuberculosis, childbirth and immunisations, these drugs are as near reality for them as jumping to the moon."

Last month researchers at the London School of Hygiene and Tropical Medicine said they had found that an inexpensive treatment for sexually transmitted diseases such as gonorrhoea helped stop the spread of HIV

But Professor David Mabey said even the £5 to £10 (about R28 to R56) cost per treatment was beyond the means of some countries. — Reuter

HIV tests without consent are illegal

(92) Star 28/9/95

■ MEDICAL REPORTER

The Pretoria Supreme Court has made legal history with a ruling that makes an HIV test conducted without informed consent an invasion of privacy.

The case was brought against the Department of Correctional Services by Wits University's Aids Law Project (ALP) and Campus Law Clinic.

According to a statement from the ALP, the court ruled that the department had failed to follow policy and had wrongfully conducted an HIV test on the plaintiff.

Two important principles emerged from this precedent-setting judgment, it said.

The first was that the court ordered the identity of the plaintiff could not be revealed by the media, so that the confidentiality of his HIV status would not be breached.

The second was the finding that the department had failed to provide the plaintiff with pre-test counselling, which is required in accordance with departmental policy, prior to a blood sample being taken.

This meant the plaintiff had not given informed consent to the HIV test, and it was therefore wrongful and violated the plaintiff's right to privacy.

"This is the first time a South African court has made such judgments," the ALP statement said.

Commission finds that SA needs an AIDS-specific Act

Kathryn Strachan (92) 00 28/9/93

AN EXTENSIVE investigation by the SA Law Commission into the complex legal and ethical issues around AIDS has found that an Act specifically for AIDS is needed

The commission's preliminary conclusion, stated in its working paper, is that although the existing law in most cases does provide solutions to the difficult issues and uncertainties around HIV and AIDS, these solutions are not followed because the law is not known, it is difficult to locate, or is unclear

There is still a great deal of ignorance regarding AIDS which leads to discrimination.

A draft Bill, in which the existing law is in the main confirmed, has been drawn up by the commission and released for comment together with the working paper

The draft Bill contains a general prohibition against unfair discrimination on the grounds of HIV infection, and could serve as an accessible source of legal principles regarding HIV infection and AIDS

The working paper is the result of investigations over nearly two years, in which many organisations and people, including people with HIV infection, were consulted, and legal developments elsewhere in the world were taken into account

The investigations included legal aspects of the testing for HIV, confidentiality, blood transfusions, discrimination in the healthcare setting and in the workplace, as well as discrimination in relation to sex workers, prisoners, children and insurance

The view was put forward that existing laws did not adequately protect people with HIV and they were vulnerable in relation to health care, employment and confidentiality. There was also a proposal that although AIDS was expected to have a major effect on the population, new legislation should be introduced with great circumspection.

As the existing law, together with the constitution and the Labour Relations Bill, does cover people with HIV infection, some believe that introducing legislation for people with HIV could reinforce negative attitudes people may have of infected people

It was feared it could also impede the task of educating people about AIDS, which would especially be the case where a wide prohibition against unfair discrimination was included in AIDS specific legislation. This could put people's backs up rather than sensitise them to the issues, and encroach too far on the mutual agreements individuals could make

The investigation centres on the conflict of interests which most legal questions and uncertainties around AIDS brings into play. These are the conflict of interests between employers and workers, doctors and patients, insurers and their clients

The working paper tries to take into account individual rights to privacy, freedom of movement, and equality. This is balanced with questions of national safety, public health and economic welfare

Protection for HIV victims

star 29/9/95

(92)

■ BY HELEN GRANGE

Sufferers of the AIDS virus will be afforded far greater protection in the workplace and elsewhere in society if recommendations by the SA Law Commission aimed at controlling discrimination against HIV victims is passed into legislation

The commission, which has published its recommendations in a Working Paper following an investigation into the law pertaining to AIDS, is seeking major overhauls of current practices affecting HIV sufferers

Several of these are likely to initiate heated debate. Among the commission's more important recommendations are that

■ Sex workers be influenced through a comprehensive, constructive and specific education programme to abandon high risk behaviour. The nation-

al health authority should launch such a programme

Confidentiality

■ The segregation of HIV-infected prisoners in South Africa's jails should be prohibited by legislation, together with any disclosure of information in respect of such prisoners

■ No employee should be obliged to inform his or her employer that he or she is HIV-positive and confidentiality of information should be confirmed

■ A court should be able to order the protection of privacy of any person involved in AIDS-related litigation

■ An employer is obliged, where there is a risk of HIV infection in a workplace, to take appropriate measures for preventing the spread of the infection

■ The recommended legis-

lating confidentiality should also regulate the position of children

■ Legislation should confirm that testing for HIV may not be a prerequisite for admission to schools or for continued school attendance. A pupil may not be barred from continued school attendance solely on the ground of his or her HIV infection

■ Education authorities should be compelled by legislation to provide AIDS education as part of the compulsory curriculum to primary and secondary school children

■ Insurers may not unfairly discriminate against prospective clients on the grounds of HIV infection

■ Medical practitioners should be compelled to inform patients, where feasible, of the risks attached to blood transfusion

■ The admission of people with HIV and AIDS to medical services in the

public sector should be confirmed in legislation, and provision should be made for a general prohibition of unfair discrimination against a person on the grounds of his or her HIV status

Invited

■ Legislation should confirm that HIV testing may take place only with fully informed consent, unless otherwise specified

■ An AIDS-specific Act should be promulgated to protect HIV sufferers from unfair discrimination

The commission is currently in the process of drafting such a Bill

The commission has invited comments on its recommendations to be forwarded to it before November 15

Copies of its Working Paper are obtainable from the commission, tel: (012) 322-6440 or Private Bag X668, Pretoria 0001

CALL TO OUTLAW DISCRIMINATION

'Aids sufferers should be protected by law'

(92)
CT 29/9/95

JOHANNESBURG: The South African Law Commission has published recommendations to protect the confidentiality and rights of people living with HIV and Aids.

SUFFERERS of the Aids virus will be afforded greater protection, particularly in the workplace, if recommendations by the SA Law Commission aimed at controlling discrimination against people with HIV become law

The commission, which has published its recommendations following an investigation into the law pertaining to Aids, is seeking to overhaul current practices affecting people with HIV

Several of these recommendations are likely to be controversial. They include

- An education programme to encourage sex workers to abandon high risk behaviour is to be launched.

- The segregation of HIV-positive prisoners should be prohibited by law, together with any disclosure of information about HIV-positive prisoners

- Employees should not be obliged to inform their employers of their HIV status, and confidentiality of information should be confirmed.

- Courts should be able to order the protection of privacy of any person involved in Aids-related cases

- An employer is obliged, where there is a risk of HIV-infection in a workplace, to take appropriate measures to prevent the spread of the virus

- Legislation should confirm

that testing for HIV may not be a prerequisite for admission to schools. A pupil may not be barred from school attendance solely on the grounds of HIV infection

- Education authorities should be compelled by legislation to provide Aids education as part of the curriculum

- Insurers may not discriminate against prospective clients on the grounds of HIV infection

- The admission of people with HIV to medical services in the public sector should be confirmed in legislation

- HIV testing may only take place with informed consent

Comments on the recommendations should be forwarded to the commission before November 15. The paper can be ordered by telephoning (012) 322-6440 or writing to Private Bag X668, Pretoria, 0001 — Special Correspondent

More progress

on HIV drugs

ET 29/9/94 (92)

LONDON. Another pharmaceutical company has today said that its latest potent AIDS drug had been promising to all important with the life-threatening disease. The company put the word on the day of a study that found a cocktail of drugs helps improve survival rates. It prompted several other companies to release the results of preliminary research.

Merck and Co Inc has developed the drug indinavir to be marketed in Britain.

Preliminary results show that patients treated with a combination of these drugs in a cocktail are more likely to die within 12 months.

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'Misunderstanding' about HIV

(92) CT 4/10/95

NEARLY all South Africans had heard about Aids but there was widespread misunderstanding about the transmission of HIV with over half thinking the virus could be spread by mosquitos, a new survey has found

Although 90% of those surveyed knew that sex without a condom could lead to HIV being transmitted, only two-thirds of the respondents said they would use a

condom when having sex with a new partner

This was revealed yesterday when the 200-page report, National Household Survey of Health Inequalities in South Africa, was released yesterday

It found that the use of contraception among blacks remained low and overwhelmingly the responsibility of women — Political Staff

Alarming escalation of HIV cases cited in report

By TROYE LUND

Star 7/10/95

(92)

Between 1,2-million and 1,8-million South Africans are infected with the human immunodeficiency virus (HIV), a figure which is doubling every 11 to 13 months, according to an SA Health Review report published this week.

The report, which was compiled by 20 authors and 30 reviewers, was published jointly by the Durban-based Health Systems Trust and the Henry J Kaiser Family Foundation, a private US philanthropic trust

"Of those who are already HIV positive, between 12 000 and 15 000 are already suffering from AIDS," reads the report, which also declares that more than 250 000 people infected with HIV will develop AIDS symptoms in the next five years

The report says HIV was found to be most prevalent in KwaZulu-Natal, where surveys indicated 5,7% of people between the ages of 15 and 30 were infected in 1992 - up from the 1990 figure of 1,9%

The incidence of infection is about three times higher among migrant workers than the rest of the population

The report calls for guidelines to be developed for the provision of appropriate care in homes and hospitals

It also calls for law reform to decriminalise same-sex relationships and commercial sex work, and for the abolition of pre-employment HIV testing

The report argues for single-sex hostels to be transformed into family units, and for a support system for AIDS orphans to be developed

According to the National Household Survey of Health Inequalities in SA, also released this week, 98% of South Africans have heard of AIDS. However, there is widespread misinformation about the disease. Nearly half the respondents asked whether AIDS could be spread by mosquitoes

Although 90% of respondents said they knew that sex without condoms put them at high risk of getting HIV, only two-thirds said that they would use a condom

Aids-related life claims rising

Star 9/10/95

(92)

■ BY AUDREY D'ANGELO

Aids-related claims made to life insurance companies are rising — but the industry has been protected by measures taken to screen out high-risk individuals

A report issued by Mercantile and General Reinsurance, which keeps records on Aids statistics for the entire industry, shows that the number of claims has risen at a lower rate than the number of reported cases in the population as a whole

But Mercantile and General

actuary David Gott said the protection given by HIV-testing and other measures would become less effective as a result of rising claims under group insurance schemes and funeral policies

It was difficult to screen out individuals covered by these policies

The report said there was a 27 percent rise in claims in the six months to June, to 1 051, with almost a quarter of claimants in the 30 to 34 age group

Claims by men accounted for 88,7 percent compared with 11,3 percent by women. The number of claims by men was

rising at a faster rate than those for women

"The proportion of married claimants continues to increase and is now almost equal to the proportion of single claimants

"There is a continuous slowing down in the rate of increase of new Aids-related insurance claims. The trend is not following the exponential rise in the Aids-diagnosed cases reported in the population"

Because of this, the number of Aids and Aids-related claims since 1987 totalled only 1 447. Total claims were R51,5 million for life policies, R7,9 million for disability and R169 000 for monthly health insurance pay-

ments. "The average policy duration at claim remains at just over five years

"However, a slight increasing trend is emerging," the report said

"The proportion of Aids-related claims not settled immediately has risen to 14 percent, the vast majority of the increase being derived from policies with Aids exclusions"

Gott said that HIV tests were an extension of precautions taken to avoid insuring individuals at risk. If attempts to stop the tests were successful it could lead to individual life insurance no longer being available

Aids-related life claims rising

(92) CT(BR) 9/10/95

By AUDREY D'ANGELO

CAPE BUSINESS EDITOR

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E Cape HIV (92%) figures soar

ET 10/10/95
PORT ELIZABETH: The HIV infection rate in the Eastern Cape during the first nine months of this year was more than double that of the same period last year, news reports said yesterday. Statistics show that 1 681 people have been infected with the virus this year compared to 772 last year.

600 Swazi Aids cases 'tip of iceberg'

CT 20/10/95

MBABANE About 600 cases of Aids had been officially reported in Swaziland since the disease was first diagnosed in the kingdom in 1987, but the actual figure was much higher, health officials warned yesterday

They warned that the figures published in the Aids programme's latest quarterly report, released yes-

terday, should not be regarded as the actual figures, but rather the tip of the iceberg

Health workers fear that large numbers of people carrying HIV, which causes Aids, do not report to clinics and are therefore not recorded. It is widely believed they are spreading the disease rapidly

The report said the large num-

ber of condoms issued by the Aids programme, 78 000 in just two weeks recently, was no guarantee the condoms were being used for their intended purpose.

Many condoms found their way into the hands of children and were being used as balloons. Many adults had found unconventional uses for them — Sapa

BD 23/10/95
AIDS kills 300 a week
AT LEAST 100 000 Zimbabweans would die of AIDS-related diseases within the next 18 months, Zimbabwean Health Minister Timothy Stamps said at the weekend.
"I am not trying to be alarmist, but this is the reality we are facing. We are burying them (AIDS victims) at a rate of 300 every week," he said.

(362) (92)

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SA's AIDS epidemic seen as gargantuan

Star 24/10/95 (92)

Cape Town - More than 1.8-million South Africans are likely to be infected with HIV by the end of this year, boosting the need for new options in the treatment of patients to be urgently considered, a leading virologist said yesterday.

Barry Schoub, National Institute of Virology chief, told the first meeting of the British Medical Association in South Africa he was concerned that South Africans reacted to the AIDS epidemic with resignation and disinterest.

"In truth, the dimensions of the AIDS epidemic in the developing world and in a country like South Africa are gargan-

tuan in their magnitude and are awesome in their implications," he said.

He said it had been estimated that 1.2-million people had been infected with HIV at the end of 1994 and that by the end of 1995 this figure could be "1.8-million, if not higher."

The latest Department of Health AIDS survey found the national level of HIV infection - the virus which causes AIDS - to be much higher at 7.6%, and doubling every 13 to 15 months.

But Schoub said that while South Africa should be alarmed about such figures, "at all costs we must resist regressing to simplistic, coercive and

discriminatory solutions".

He said he was against the practice in some hospitals of testing patients for AIDS without their consent and then discriminating against them if they tested positive.

Instead, an urgent examination of practical options in the treatment of patients was needed, such as the administering of short courses of the drug AZT to pregnant mothers to prevent them passing the virus to their children.

An important research priority should be in the "field of mass behavioural modification" to ensure safe sex and reduce the number of people likely to be at risk, Schoub added.

- Reuter

demands on staff

Judge says state, other employers may be making unconstitutional

HIV tests

ARG. 24/10/95 (92)

warning

ARG 24/10/95 (92)

ROGER FRIEDMAN
Staff Reporter

GOVERNMENT agencies are among employers who could be acting unconstitutionally by forcing job-seekers to have human immuno-deficiency virus (HIV) tests, and turning away those who test positive.

The constitution emphasised various rights, including the protection from unfair discrimination on the grounds of disability, the right to dignity and the right to privacy, the Institute of Personnel Management's annual convention in Gauteng heard today.

Supreme Court judge Mr Justice Edwin Cameron and labour and human rights law specialist Barbara Adair named the police, defence force and SABC as employers which could be flouting the constitution

They were presenting a joint paper entitled "Legal and Ethical Aspects of HIV in the Workplace"

Turning to the private sector, the authors concluded that companies requiring employees to be tested for HIV before admission to pension or provident funds and medical aid, could be committing unfair labour practices

And those companies depriving HIV or Aids positive people of employment, did so in spite of wide consensus having been reached between management-aligned and union-oriented legal and industrial experts on several broad principles.

These principles included.

- Condemning discrimination against employees with HIV or Aids
- Advising against pre-employment testing.
- Affirming the confidentiality rights of those affected by the epidemic.

"But, while the areas mentioned above may in principle be the subject of consensus, there are significant problem areas," said Judge Cameron and Ms Adair.

"Many employees suggest or enforce HIV testing and there are many instances where employers have acted detrimentally to the job security of an employee with an HIV-positive diagnosis

"Cases of dismissal and transfer, as well as flagrant breaches of confidentiality, have occurred," they said

Two of the historic rationales for enforcing testing — the risk of occupational transmission and the projected length of service — had been "discredited", and the "real debate" about pre-employment testing was shifting to the question of employee benefits, they said.

Further legislation was probably required to ensure fair treatment for those in the workforce who would be affected by Aids and HIV during the next 10 to 15 years.

Such a legislative package should include

- A prohibition on all forms of pre-employment HIV testing
- The enactment of appropriate evidentiary presumptions for those alleging discrimination in recruitment or in employment on impermissible grounds, expressly covering HIV and Aids
- In substantive terms, the unfair labour practice should be amended to expressly outlaw discriminatory treatment on the grounds of HIV or Aids

HIV and Aids demanded "exceptional treatment" due to the scale of the epidemic.

Outlook bleak for 1,2-m Aids patients

ARC 24/10/95 (92)

Health Reporter

EVEN if an effective Aids vaccine becomes available now, almost all the 1,2 million people infected with the human immuno-deficiency virus (HIV) in South Africa will eventually become ill, and all have the potential to spread the virus.

This was said by Barry Shoub, head of the National Institute of Virology and director of the Medical Research Council's Aids Research Unit, who was speaking yesterday at the British Medical Association's Overseas Clinical Congress in Cape Town.

Professor Shoub said Aids was scarcely newsworthy to the person in the street, yet the dimensions of the Aids epidemic in the developing world were

"gargantuan" and "awesome".

At the end of 1994 an estimated 1,2 million South Africans were infected with HIV and figures at the end of this year were expected to be about 1,8 million.

One man was infected for every 1,4 women, and the most affected segment of the population was the black male and female urban population.

"Almost all these million or so (infected) people will eventually become ill and become a burden on an already overburdened health-care system," Professor Shoub told delegates.

The Aids epidemic had to be viewed as an emergency. "At all costs we must resist regressing to simplistic, coercive and discriminatory solutions.

We need to very urgently, but equally very carefully, appraise what practical and executable solutions are available in the South African context."

Professor Shoub said populations coming to terms with Aids were similar to those of infected people coming to terms with their predicament. First there was anger, then blame, and then acceptance. South Africa had probably reached the third stage, that of acceptance, but coupled with this was a tendency for resignation and disinterest, he said.

One of the dominant features of the Aids epidemic in South Africa was the interaction between HIV and tuberculosis. Tuberculosis patients were a particularly vulnerable risk group for HIV infection.

'CONSIDER NEW AIDS TREATMENTS'

1996 will see 1,8m HIV-positive in SA (92)

A LEADING virologist has called for alternative methods of treatment to be considered in the face of the "awesome" increase in the number of people infected with HIV.

MORE than 1,8 million South Africans are likely to be infected with HIV by the end of this year, a leading virologist said yesterday

So it is urgently necessary to consider new treatment options, National Institute of Virology head Dr Barry Schoub told the first meeting of the British Medical Association in South Africa in Cape Town.

He was concerned that South Africans reacted to the Aids epidemic with resignation and apathy

"The dimensions of the Aids epidemic in the developing world and in a country like South Africa are gargantuan in their magnitude

and awesome in their implications," Dr Schoub said

He said it was estimated that 1,2m people had been infected with HIV (the virus that causes Aids) at the end of 1994 and by the end of 1995 the figure could be "1,8 million, if not higher"

Alarmed

The latest Aids survey published by the Department of Health found the national level of HIV to be much higher, at 7,6%, and doubling every 13 to 15 months

But Dr Schoub said that although South Africa should be alarmed about such figures, "at all

CT 24/10/95
costs we must resist regressing to simplistic, coercive and discriminatory solutions"

He said he was against the practice in some hospitals of testing patients for Aids without their consent and then discriminating against them if they tested positive

What was needed was an urgent examination of practical options in treating patients

One such option was administering of short courses of the drug AZT to pregnant mothers to prevent them passing the virus to their children.

An important research priority should be in "mass behavioural modification" to encourage safe sex, and to reduce the number of people who were likely to be at risk, Dr Schoub added —
Reuter

Lawyers call for laws to protect HIV workers

(92) / raw 25/10/95

■ STAFF REPORTER

A package of legislation will be needed to ensure fair treatment for workers affected by AIDS or HIV in the next 15 years, according to Edwin Cameron and Barbara Adair of the AIDS Law Project at Wits University's Centre for Applied Legal Studies.

In a paper presented at the Institute of Personnel Management's annual convention, Adair said certain local authorities, insurance companies, medical schemes, state organs and statutory bodies regularly transgressed the widely agreed principles of managing AIDS and HIV in the workplace.

Most of the problems arose around dealing with resources

Many employers enforced pre-employment HIV testing - and these included certain local authorities and insurance companies belonging to the Life Offices Association.

Applicants to the SABC, the South African Police Services and National Defence Force also had to undergo a compulsory HIV test, and were refused employment if testing positive

Medical schemes and employ-

er-operated schemes had arbitrarily limited claims in respect of AIDS, while pension and provident funds had been curtailed to exclude those affected by AIDS and HIV, she added

Many hospital authorities also unfairly allocated disproportionately small amounts of money to AIDS care and treatment, saying the epidemic could bankrupt the health care system

For dismissed employees, proving discrimination was on the grounds of HIV or AIDS was often impossible.

Adair said the constitutional promise of equality before the law should be supported by a legislative package which

- prohibited all forms of pre-employment testing;
- enacted appropriate "evidentiary presumptions", whereby an employee or job applicant known by the employer to have HIV, and who was adversely affected by an employment-related decision, could presume the HIV to be the reason for the discrimination;
- provided procedural safeguards to enable employees to maintain anonymity in the pleadings and courtroom; and
- outlawed discrimination on the ground of HIV or AIDS

Finding sheds ⁽⁹²⁾ light on HIV

LONDON — Researchers studying the HIV virus, which causes Aids, have reported that it could remain infectious even when surrounded by neutralising antibodies

ARG 26/10/95
They said this could help explain the difficulty in halting the disease.

Sonya Heath and colleagues at the Division of Immunobiology at Virginia Commonwealth University in Richmond, Virginia, examined follicular dendritic cells (FDCs) in the lymph nodes where large amounts of HIV, the human immunodeficiency virus, congregate

They showed that the FDC-bound virus is infectious even when surrounded by antibodies that would normally neutralise it

"The finding that FDC can convert neutralised HIV immune complexes into an infectious form may have important implications for the design of therapeutic and vaccine strategies," Ms Heath wrote in the science journal *Nature*.

It could also help to explain why some individuals with a high level of neutralising antibody had ongoing infection, she said

HIV is considered unique among viruses because it continues to replicate for years. Its origins are unknown

Lewis Schragar and Antony Fauci of the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland, said the findings added another piece to the puzzle of how HIV evolved

"It might be possible either to prevent the virus from becoming trapped in the first place or to remove the entangled virus from the FDC in an attempt to interrupt this vicious cycle," they wrote in an accompanying article in *Nature* — Reuter.

Nurses delay strike pending court ruling

JOHANNESBURG. — Nurses will refrain from strike action pending the result of court action against the Eastern Cape government on November 9, said National Nurses' Forum chairman Gordon Moncho today (92) (10/1)

The forum would "give negotiations a chance", he said, noting that strike action by nurses would contravene a decision by the forum's national leadership. ARG 26/10/95

Mr Moncho denied reports that nurses country-wide had given the government until today to respond to their demands or face strike action.

The court hearing in Umtata concerns the dismissal of about 6 000 striking nurses in Transkei. The forum has demanded their unconditional reinstatement, but the Eastern Cape government is adamant that they must re-apply for their jobs.

Department of Health director-general Dr Olive Shisana told the forum in a meeting on Tuesday that the matter had to be resolved at provincial level. — Sapa.

HIV discovery may aid drug research

ET 26/10/95 (92)

LONDON: Researchers studying the Aids virus reported yesterday that it could remain infectious even when surrounded by neutralising antibodies.

They said this could help explain the difficulty in halting the deadly disease

Dr Sonya Heath and colleagues at the Virginia Commonwealth University examined follicular dendritic cells (FDCs) in the lymph nodes where large amounts of the human immuno-deficiency virus congregate

"The finding that FDC can convert neutralised HIV immune complexes into an infectious form may have important implications for the design of therapeutic and vaccine strategies," Dr Heath reported. — Reuter



SA studies find no doctor-to-patient HIV transmission

HIV-medics 'no risk'

Star 27/10/95

(92)

MEDICAL CORRESPONDENT

The risk of contracting the HIV virus from an infected doctor is "infinitesimal", and there are clear guidelines for doctors on how to prevent transmission, according to local Aids authorities

They were reacting to reports of 8 000 frantic patients in Paris, France, learning they had been operated on by a surgeon who had Aids

Dr Patrick Cohen cut a finger during an operation in 1983. His patient had Aids, but at that time Aids tests were not mandatory in French hospitals

There is no known case in medical history where a patient has been infected with HIV during surgery

The only documented case of a health care worker infecting patients - and it is one which is unnerving the French - is of five people infected by an HIV-positive Florida, US, dentist "That dentist used equipment on himself and then on his patients without sterilising it," Dr James McIntyre, co-chair of the Aids Consortium said yesterday

In its guidelines on obligations of doctors who are HIV-positive, the Medical Association of South

Africa (Masa) says there have since been a number of "look back" studies to trace patients treated by doctors who have been found to be HIV-positive

All had so far "failed to uncover a single patient who has derived infection from an infected health care worker although at least 7 000 health care workers in USA are HIV-positive"

Masa recommends an HIV-positive doctor seek counselling from an appropriate professional source on how to limit or adjust his or her professional practice to protect patients. After implementing these they may contin-

ue to practise

The most important precautions were to apply universal rules to prevent penetration of skin by contaminated sharp objects, and contamination of non-intact skin and mucous membranes

Never handing sharp instruments from one person to another, was one example

In addition, HIV-positive doctors should also not perform "exposure prone" procedures, for example, where fingers and sharp objects were simultaneously placed in a small, hard-to-see place of a patient's body, Masa recommends

Risk of HIV-infection from doctor 'infinitesimal'

SPECIAL CORRESPONDENT

JOHANNESBURG: The risk of contracting the HIV virus from an infected doctor is "infinitesimal" and there are clear guidelines for doctors on how to prevent transmission, according to local HIV/Aids authorities

They were reacting to reports of 8 000 frantic patients in Paris, who recently learnt they had been operated on by a surgeon who had Aids. Dr Patrick Cohen cut his finger during an operation on an HIV-positive woman in 1983

There is no known case in medical history where a patient has been infected with Aids during surgery. The only documented case of a health worker infecting patients — and this is unnerving the French — is of five people infected by an HIV-positive dentist.

"That dentist apparently used

(92) CT 27/10/95
equipment on himself and then on his patients without sterilising it," Dr James McIntyre of the Aids Consortium said yesterday

In its guidelines on obligations and duties of doctors who are HIV-positive, the Medical Association of South Africa (Masa) says there has since been a number of large "look back" studies to trace patients treated by doctors who have been found to be HIV-positive

Counselling

All had so far "failed to uncover a single patient who has derived infection from an infected health care worker, even though at least 7 000 health care workers in the US are HIV-positive"

Masa recommends HIV-positive doctors seek counselling on how to limit or adjust their professional practices to protect patients.

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HIV victims in KwaZulu nearing 1m

DURBAN. — Almost a million people in KwaZulu-Natal could be infected with the human immuno-deficiency virus (HIV) by next year, according to a study by the University of Natal.

Researchers said the HIV/Aids epidemic was at a more advanced stage in KwaZulu-Natal than in the rest of South Africa. (92)

Project leader Alan Whiteside said the study projected 920 000 HIV cases among the province's 8,7 million people by 1996. ARG 28/10/95

The latest Aids survey by the Department of Health found that about three million of the 40 million population were infected.

KwaZulu-Natal's high infection rate is attributed to socio-economic and political factors, including conflict and poverty. — Reuter

Judge denies address

Staff Reporter

(92) ARG 30/10/95

GAUTENG judge, Mr Justice Edwin Cameron has pointed out he did not address the Institute of Personnel Management's annual convention this week on the constitutionality of pre-employment human immuno-deficiency virus (HIV) testing.

A report on the front page of an edition of The Argus on Tuesday listed him as one of the authors of a paper delivered at the convention

"This most regrettable error seems to have arisen because Ms (Barbara) Adair recycled an old paper, prepared before my appointment on January 1, 1995 to the Supreme Court Bench, and offered it to the Institute of Personnel Management," Judge Cameron said

Ms Adair, of the Aids Law Project at the University of the Witwatersrand, delivered the paper.

The Institute of Personnel Management circulated copies of the paper to the media prior to the convention, listing Judge Cameron as the first author.

Judge Cameron said he did not prepare any paper for delivery at the convention and did not attend it.

"I am in no way responsible for the views expressed by Ms (Barbara) Adair at the conference.

Soldiers bring new HIV strains to America

(92) CT 3/11/95

LONDON: New strains of the HIV-1 virus that causes Aids have been introduced into the US and Uruguay by soldiers returning home after being infected in Asia and Africa, researchers have found.

In a report in the medical journal *The Lancet* they warned that, with international travel now so frequent and easy, no corner of the world would be safe from the multiple subtypes of the deadly virus.

Most international efforts to find a cure for Aids are focused on developing a vaccine for subtype B of the HIV-1 virus, the most common strain in Europe and the US.

First cases

But US researchers reported that US troops had returned from Thailand and Kenya with other HIV strains. "These are the first documented cases of US residents acquiring infection with HIV subtypes other than B and the first reported introduction of subtypes A and E into the US," a researcher said.

Meanwhile, Uruguayan troops serving with the UN in Cambodia have returned infected with virus subtypes B and E.

The researchers warned that a vaccine developed to counter infection against subtype B might not protect against other subtypes — *Reuter*

HIV: Who has the

right to know? ⁽⁹²⁾

ARL 4/11/95

DAVID BREIER
Political Staff

WHAT does a doctor do when a male patient refuses to tell his wife he has HIV — and the wife is also the doctor's patient? Does the doctor himself tell the wife or does he respect the husband's right to privacy?

The answer, says a top Cape Town lawyer, is that the doctor should tell the wife. Her constitutional right to know something that could save her life is greater than the man's constitutional right to privacy.

And the same applies to rugby players or boxers with HIV who could transmit it to other sportsmen — as well as to those in workplaces who could put others at risk.

City advocate Edwin Kellaway, who has written a new book on legal principles, argues that the rights of the community at large are greater than the rights of individuals.

Mr Kellaway's views follow a growing chorus of demands to protect the rights of people with HIV.

The Congress of SA Trade Unions (Cosatu) is among those who have made the protection of workers with HIV a big issue, including opposing any testing of job-seekers, or disclosure that they have HIV.

Those opposing testing and disclosure of HIV infection argue that it interferes with a person's constitutional right to privacy.

But Mr Kellaway says it is an international legal principle that the rights of the community are stronger than the rights of an individual. This includes South Africa with its Roman Dutch legal system, as well as English and French law.

He said there was ample authority that private rights may have to give way to the advancement of the public good, depending on the facts of the case.

The constitution should not be construed as protecting an individual right to privacy in a case where it could be detrimental to the rights of the community at large, he said.

"The facts can become most complicated in applying the principle," he said, describing a number of hypothetical cases, beginning with the doctor and the HIV-positive man.

"For example, a doctor knows his male patient has Aids. The doctor insists the man tells his wife, but the patient persistently refuses. The doctor, who habitually attends the family, himself tells the wife.

"The question then is whether the doctor is contravening the patient's right to privacy. I would say in that case, one would think that in spite of the male patient's right to privacy,

■ The public has a greater right to be protected from people with the human immuno-deficiency virus, which causes Aids, than the right of HIV sufferers to privacy, a prominent lawyer argues.

cy, his wife's right as a member of the community at large would outweigh that of her husband's right to privacy.

"Similarly one may argue the same principle in the case of a doctor resident in a small community, who knows his male patient with HIV to be a womaniser, after seeing him always with a different woman on his arm.

"The doctor may have a duty to inform any of those women who is his patient of the risk she is taking," Mr Kellaway said.

This did not mean the doctor standing on the street corner and announcing it to the world at large — it applied to protecting those who were his patients.

"While the male patient has the right to privacy, the woman patient has a corresponding right as a member of that community, to know of the hazardous nature of her association with the affected man," he said.

In the case of the HIV-positive man being a rugby player or boxer, the doctor should inform the team manager or the relevant authority to protect other sportsmen from being infected, he said.

"A question may arise in regard to the position of nurses in maternity wards of a hospital. They may be faced with a situation where a baby is in the process of being born as a mother is brought in on a trolley from the ambulance.

"If the nurses in attendance fail to deal with the situation immediately because they first protected themselves against a possible infectious disease (for example, by fetching gloves to prevent HIV contamination), and the failure leads to the death of the child or the mother, any legal claim against the nurses or hospital may well be defended on the grounds that nurses have a human right to protect themselves," he said.

Mr Kellaway said that even though Aids was not a notifiable disease, "the state recognises the safety of the public under the Infectious Diseases Control and Disclosure Act".

■ Mr Kellaway recently retired as a city advocate after practising for 56 years. He has also lectured part-time at the University of Cape Town and was an Attorney-General of Lesotho. He has just written a book *Principles of Legal Interpretation*, published by Butterworth.

'People should have AIDS tests for jobs'

Trevor Bisseker

A STRONG majority of South Africans feel that an HIV/AIDS test should be compulsory before a person is given a permanent job. This emerged from an opinion survey on the disease conducted for Business Day by Market Research Africa.

In response to the question: do you think people should be made to take an HIV/AIDS test before they can get a permanent job? 62% of respondents answered yes and 30,2% said no. In the Northern Province and Mpumalanga, 74% felt a test should be compulsory. The survey showed an almost 100% awareness of AIDS throughout the population, but considerable prejudice against AIDS sufferers.

Young people were more tolerant of AIDS sufferers than old people and there was more fear of the disease among the lower income groups than among more affluent people.

The poll, conducted as part of MRA's regular Multibus surveys, using a scientific sample of 2 500, was representative of about 92% of the urban adult population, and about 53% of the total adult population.

The first question on the survey asked whether respondents were aware of tuberculosis, HIV, hepatitis and AIDS. Overall, there was a better than 97% awareness of AIDS and TB, but this fell away to about 80% for HIV and only 38% for hepatitis.

The household income section of the survey showed that in the R5 000-plus

category, 47% felt people should be tested before being given a permanent job. This rose to 68% among people earning R500-R1 999 a month.

By race, 65% of blacks among the respondents were in favour of tests, as were 59% of coloureds, 64% of Indians and 55% of whites.

In the age grouping, the highest yes response came from the 35-49 group at 65%. There was greater compassion among women (50% yes) than men (64% yes).

When it came to the question of whether people should disclose their HIV-positive status to their employers, there was a change in the pattern of responses to the survey. The level of yes votes was generally much higher, reaching 82% among Indians, com-

(92) BD 9/11/95

pared with only 64% of blacks.

A question on respondents' willingness to socialise with an AIDS sufferer showed the extent of ignorance of the disease. Nearly a third of respondents would not invite an AIDS sufferer home for a meal and 24% would not sit next to one in a restaurant. There was also a strong reluctance to share work equipment (35%) or work space (24%) with an HIV carrier or AIDS sufferer.

There was a difference in attitudes between the 16-24 and over 50 age groups, with younger people being more willing to socialise with sufferers. The most extreme case concerned willingness to sit next to an AIDS sufferer in a restaurant, where 77% of the young group responded positively, compared with 59% of the older people

Strife-weary

Mistletoe may stem Aids flow

(92)

An old plant remedy could become the new treatment for HIV-positive patients, according to scientific studies presented to South African medical experts

By JANINE SIMON
Medical Correspondent

Preliminary studies on a decades-old plant preparation could have important implications for an estimated 1.6 million HIV-positive South Africans.

Clinical observation and the early stages of controlled drug trials show that Iscador Qu – a medication made from the stems, leaves and berries of the European mistletoe plant – appears to modulate the immune system and improve and prolong the lives of HIV-positive patients.

IsCADOR has the added advantage of being relatively cheap – R63 for a

twice weekly dose – self-injectable, non-toxic and able to be taken without long-term medical follow-up

Current “gold standard” treatment for patients with HIV is a combination of anti-retroviral drugs, such as AZT, which alone costs around R390 a week for an average dose of 500mg a day

IsCADOR, marketed by homeopathic medicine manufacturer Weleda, is already registered and available for the treatment of cancer in South Africa.

This is a marginally different form from the IsCADOR now being tested for efficacy in USA Food and Drug Administration-approved trials on 240 HIV-positive patients in

Berlin, Cologne and Amsterdam.

Prof Robert Gorter, who is heading the European study, last night presented the details of scientific research into IsCADOR to South African Aids and other medical experts.

Gorter, a former director of Aids Epidemiology in San Francisco, now heads the year-old Institute for Oncology and Immunological Research at Berlin's Free University.

He began using IsCADOR on HIV-positive patients in 1983, while working in the San Francisco General Hospital, which opened the world's first clinic for Aids patients, and published the first papers on Aids.

It is hoped that using IsCADOR as a mono-therapy will have effects simi-

lar to those it has on patients with cancer: they feel better, experience less pain, are better able to tolerate conventional treatment and it stabilises the immune system and clinical condition, Gorter said.

Local doctors are interested, but cautious.

“It does seem to have some effect on the immune system, but the data so far is soft,” says Dr David Spencer, Director of Infectious Diseases at the Johannesburg Hospital.

Prof Barry Schoub, executive director of the National Institute for Virology, said: “Stimulating the immune system is not necessarily the whole answer. We need to evaluate the whole study.”

R2,6-m thief

■ OUT IN THE STREET – AND BACK AGAIN

Long-distance trucks are carrying a deadly cargo through Africa

(92) Star 11/11/95

Truck drivers are ferrying more than goods through Africa. The 'little HIV factories' which they establish at roadside stopovers have been targeted by experts who are trying to stamp out the spread of Aids.

JOE KHAMISI reports

Nairobi - As the killer disease Aids continues to ravage east Africa, studies indicate that long-distance truck drivers may be responsible for as much as 68% of the HIV prevalent in some highway stopovers

Kenya, Uganda and Tanzania have an estimated 1 million cases of full-blown Aids and more than 2 million cases afflicted with the HIV virus

These figures are considered to be conservative, given the fact that large numbers of Aids deaths in remote villages are not reported.

The three countries are listed by the World Health Organisation at the top of the list of sub-Saharan countries with the

highest number of reported Aids cases

An estimated 11 million people suffer from Aids in sub-Saharan Africa

The contribution of truck drivers to the spread of Aids has been known for years. But two recent studies in Kenya and Tanzania give startling revelations of the extent of this phenomenon

A survey by the Kenya Medical Research Institute says that up to a quarter of all long-distance truck drivers passing through Kenya are infected with HIV

The study, entitled "The epidemiology of HIV infection among long-distance truck drivers in Kenya", was carried out in conjunction with scientists from the University of California's Centre for Aids Prevention Studies in San Francisco

Experts tested 283 multinational truck drivers and their assistants travelling from Mombasa to western Kenya, Uganda, Rwanda, Burundi and Zaire

Ugandan and Rwandan nationals were found to have the highest infection rate of 42 and 48% respectively, while Kenyan and Tanzanians had the lowest rate at 15%

Given the volume of cargo traffic between Kenya and the landlocked central African nations, the extent of the pandemic in the region was devastating, experts said

On one route, from Dar es Salaam to the southern town of Songea, near the border with Mozambique, 50.1% of the 200 truck drivers tested were found

to be HIV positive, according to the African Medical Research Foundation

Officials say the high prevalence of HIV was due

to the many days truck drivers spend on the road

Bars and prostitutes flourish at stopovers and the temptation for casual sexual activity is high.

Frank Plummer, a Canadian who has been conducting Aids research in Kenya for the past

10 years, calls the roadside bars and truck stops "little HIV factories"

"There is a lot of HIV along the truck routes," he says.

Together with a Kenyan researcher, J J Bwayo, Plummer once set up a roadside clinic on the main highway from Mombasa into the interior where workers were offered HIV tests, condoms and counselling.

Experts have found that most drivers are ignorant of the dangers of unprotected sex. The use of condoms is, therefore, marginal

But Plummer says that through roadside efforts, the transmission of the disease may be slowing down among truck drivers

"We have helped a lot of people along the way and we've prevented countless HIV infections," he says

Plummer's team comprises 70 experts from Africa, Canada and Europe

It has a reputation as one of the most prominent Aids research groups in the world and is certainly the best-known research team in Africa - Independent Foreign Service

More than a quarter of all long-distance truck drivers passing through Kenya are infected with HIV

Row brewing over Aids figures

Anglo American's Godsell says widely focused research would be more useful than information gathered only from mining communities

Nov 13/11/95

By DAVID ROBBINS

The South African mining industry's most powerful company, Anglo American Corporation (AAC), has agreed to consider supporting a new HIV/Aids research initiative aimed at tracking the spread of the disease - but with certain reservations.

The new research proposal emanates from the Epidemiological Research Unit (ERU).

Latest estimates indicate that HIV-positivity among some sectors of South Africa's 500 000 miners could be as high as 30%. With a national doubling time for the disease of between 12 and 13 months, the situation in the mining industry is certain to deteriorate.

But much of the industry's response to the epidemic has been characterised by tension and mistrust, making it difficult for scientists to get access to vital historical and current data from the industry which would help them establish exactly what stage the spread of the disease had reached.

The ERU's proposals would mean the introduction in selected mines of additional interventions whose effectiveness can be scientifically measured against sets of baseline data.

Deputy chairman of AAC's gold and uranium division, Bobby Godsell, says "We welcome the ERU's interest, and in principle we are ready to co-operate. We are certainly enthusiastic about the opportunity of increasing our understanding of the epidemic, especially the pattern of how the virus spreads."

"I have reservations about concentrating exclusively on the mining industry, however. The dearth of re-

search data is not restricted to the mining industry, baseline knowledge of the HIV/Aids epidemic in South Africa generally is pathetic. To look only at the mines would be to make too many assumptions about causation.

"We would therefore like to see some control tests done in other industries and other settings as well as on the mines.

There is also the important question of the interplay of mining populations with communities beyond the perimeter fence. The results of more widely focused research would be much more useful to everyone concerned.

"One other note of warning: it must be clearly stated that we cannot co-operate with the ERU unilaterally. The unions must be fully involved, as must the Department of Health."

Dr Brian Williams, director of the ERU, who estimates that HIV prevalence could be running as high as 30% in some parts of the industry, stressed that access to data was crucial.

"Without this data, mapping out the epidemic will be made much more difficult and time consuming and certainly without an accurate picture, the planning of appropriate interventions and the assessment of these interventions, will not be possible."

Last month the ERU convened a meeting of parties within the mining industry together with Aids scientists, many from overseas. A recurring theme was the availability of existing data.

Fleur Plummer, health and safety co-ordinator for the National Union of Mineworkers (NUM), said "We suspect that there are prevalence figures. In fact, we're quite sure that the

industry knows more than it's saying. But perhaps the data is not being published because of the way it was collected. The unions weren't consulted. So it could become a political issue if the figures were released."

Plummer said NUM already suspected a prevalence of 20%. The release of the figures could confirm this. "It would also probably confirm a lot of our suspicions regarding the current approach to the epidemic."

"I think it's fair to say that this approach, from both sides, is very *ad hoc*. There's no concerted campaign, no planned and controlled interventions. Arncoval was negotiating with us regarding conducting an HIV-prevalence study, but we had to withdraw from negotiations because we had tabled a national sero-

prevalence study with the Chamber of Mines."

A delegate to the ERU conference, Dr Kevin De Cock, a senior lecturer at the London School of Hygiene and Tropical Medicine, said he found it remarkable that at this stage in the epidemic the various parties within the mining industry appeared to know so little about it.

Voices within the industry are quick to point out, however, that current estimates, which vary between 10% and 30%, tally with the national picture where average positivity is probably in the region of 15% of the sexually active population.

Dr Izak Fourie, health adviser to the Chamber of Mines, expressed surprise when approached about the possibility of their being accurate HIV/Aids data in the chamber's possession.

"Of course there is data. That's how we can estimate that HIV prevalence in the industry is running between 10% and 16%." The figures come from a large mine hospital on the West Rand, and also from STD (sexually transmitted diseases) clinics and other sources across the industry."

Fourie said that the data was available to the unions "on request", and that at least one scientific body, the South African Institute of Medical Research, had access to it.

"It should be remembered that the data belong to individual companies within the chamber," Fourie said. "Nevertheless requests will be considered on their merits."

Asked specifically about the proposed ERU search to establish a baseline describing the state of the epidemic against which to measure and improve interventions, Fourie said he had not seen the proposal.

There's no concerted campaign, no planned intervention

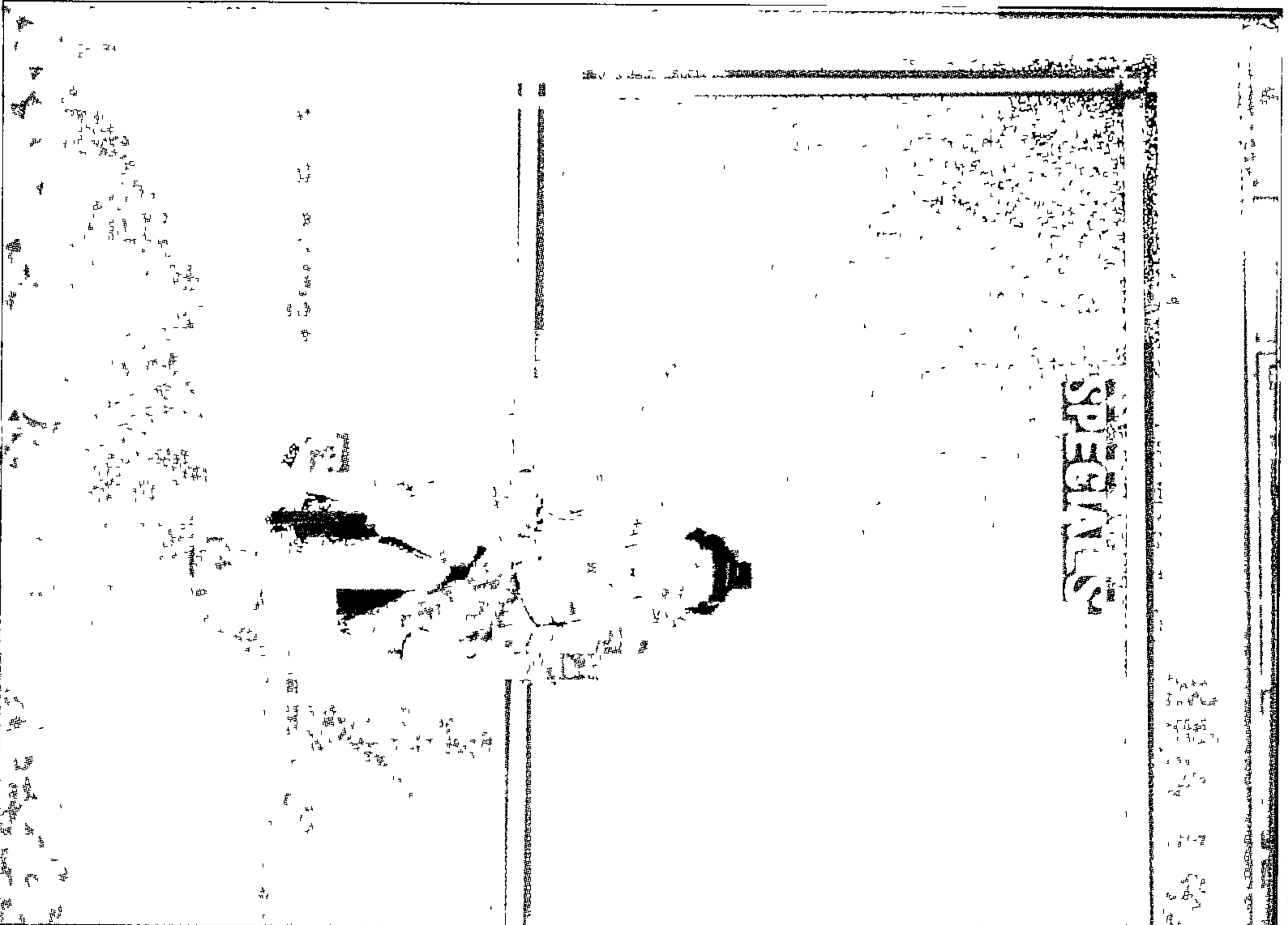
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FRUITFUL VENDOR

THYS DULLAART



Denel link ends US show for firm

By PETER FABRICIUS

Washington - Mechern, the South African company which manufactures mine-clearing equipment, has pulled out of a major exhibition of peacekeeping equipment in Washington because of an unresolved US court case against Armscor and Denel.

Mechern, a division of Denel, intended to exhibit its battle-proven landmine-clearing equipment at the International Peacekeeping 95 seminar and exhibition this week.

Mechern executives received visas to travel to the US to participate in the exhibition. But because of the US government's indictment of Armscor and Denel for alleged arms smuggling in the '70s and '80s, Mechern believed its officials should also get indemnity orders from the US guaranteeing they would not serve court orders on them.

US authorities said the indemnity would have to be given by the prosecutors dealing with the Armscor case. It is understood that Armscor's lawyers in the US were hesitant to do this because they are involved in delicate negotiations with the prosecutors.

So Mechern decided to pull out of the exhibition to avoid complicating the Armscor legal negotiations, sources said.

However, the Chubby mine-destruction vehicle system made by RSD/Dorbyl, and the Caspurr mine-proof personnel carrier made by TFM (Pty) Ltd will be marketed at the exhibition. Neither of these companies is connected to Armscor or Denel.

The Chubby system is being tested by the US Army for possible use by US peacekeeping forces.

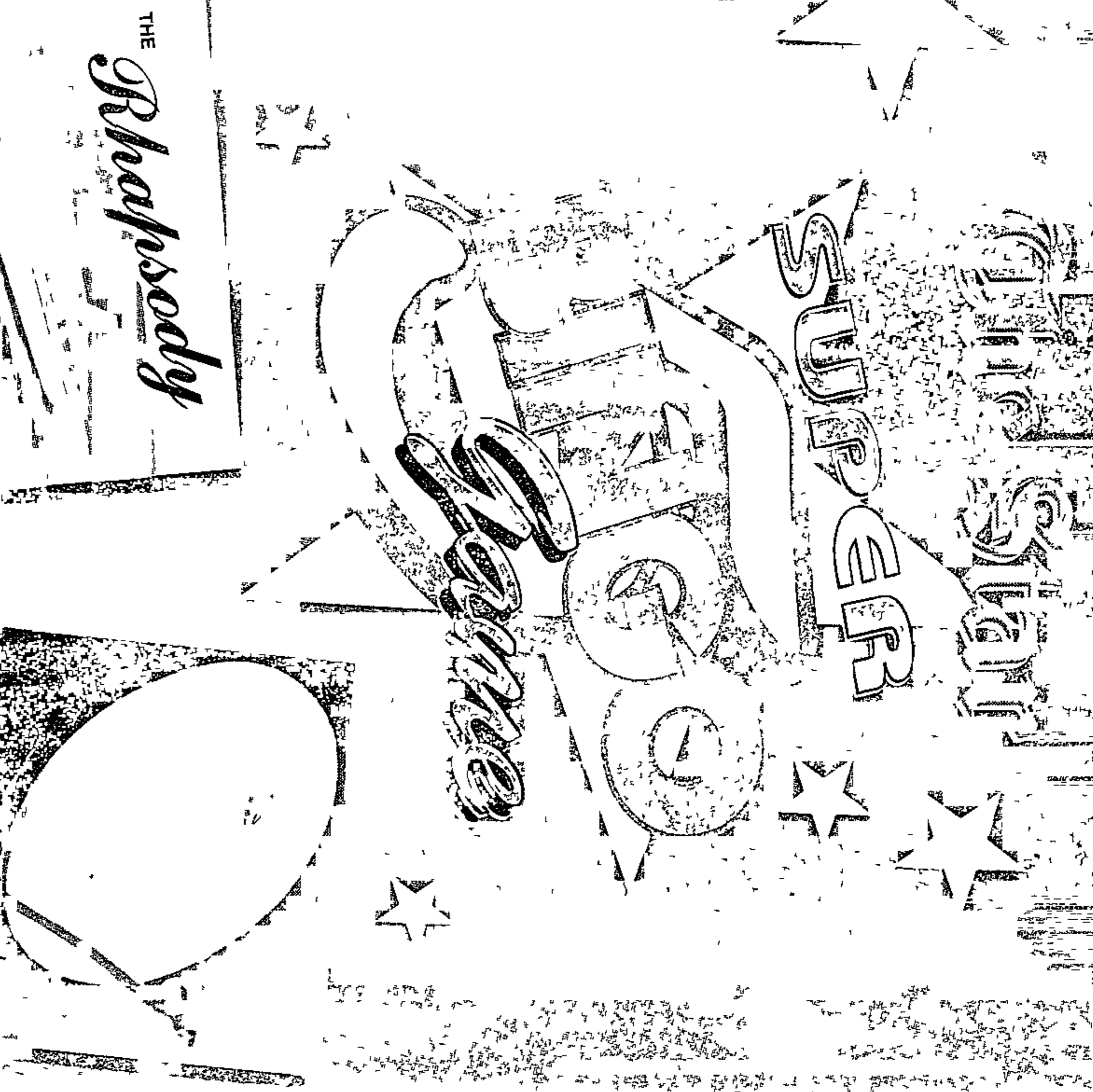
Streets ahead - there are ordinary vendors and there are real entrepreneurs. This may not be a downtown superstore, but this pavement seller's "special" brand of enterprise is sure to bear fruit

STOEP TALK

My wet-rag Maltese can fix 'em all

WET RAG MALTESE GREAT

THE SPOON



THE
Rhapsody

LOCATION:
WORKING PLACE:
MINE OVERSEER:
SHIFTBOSS:
GANGER:



EBBIE YAZBEK

INSIDE

Page 13 1995

ENTERTAINMENT WEEKLY
MAKING A DIFFERENCE

A suburban dweller, jittery about the number of burglaries lately, I tried it myself some time ago.

The SPCA doesn't make it easy. When nobody was looking I persuaded our small Maltese - White Fang - to come into the car and then I drove off to the SPCA.

White Fang is a noisy, some ball of matted hair and a total failure as a watchdog. Like all Maltese it looks the same no matter from which end you view it - both being soiled and unattractive.

Visitors often mistake it for what it is and wipe their feet on it. Several times I have caught the gardener polishing the car with it and the maid using it to mop the kitchen floor.

White Fang was respected by no one except the inmates in my family who call it Ragabones and drool over it.

I said to the young lady at the SPCA "I'll give you White Fang here, if you give me that Kottweiler over there with all those teeth." But why do you want to abandon such a

end to revealed a pair of crossed eyes.

She said "I think you are being very unfair to your little dog. It might not be able to bite but it can at least trip an intruder and cause him to stumble. Then, when he is down, it could do all sorts of unspeakable things to him."

"Forget it," I said "I want a dog that will carry burglars outside and heap them up on the pavement with the rubbish bags. How about that Great Dane?"

"Great Danes," she said, "are a lot less fierce than Maltese. All they are good for is as a car wash."

"How about a doberman whatsis?"

"Dobermann punschers are impossible to control. People who own them say it's like trying to manage a packed school bus on the last day of term."

that of the missionary. "He asked the waiter 'Why so expensive?'"

"Have you ever tried cleaning one of them?" said the waiter.

STOEP TALK

By James Clarke

crunchemashunen
Telenison - gobbled-
gookundsquinterboosch
Newspaper - papertur-
steepenrubuscr
Computer number-

Fossil Food

Palaeo-anthropologists spend weeks and even months camped out in remote areas, spending their time on hands and knees painstakingly exposing fossils from the dirt.

This prompted Professor Alan Kuper of London - he was at Wits not long ago to deliver the annual Raymond Dart Memorial Lecture - to tell of a cannibal restaurant.

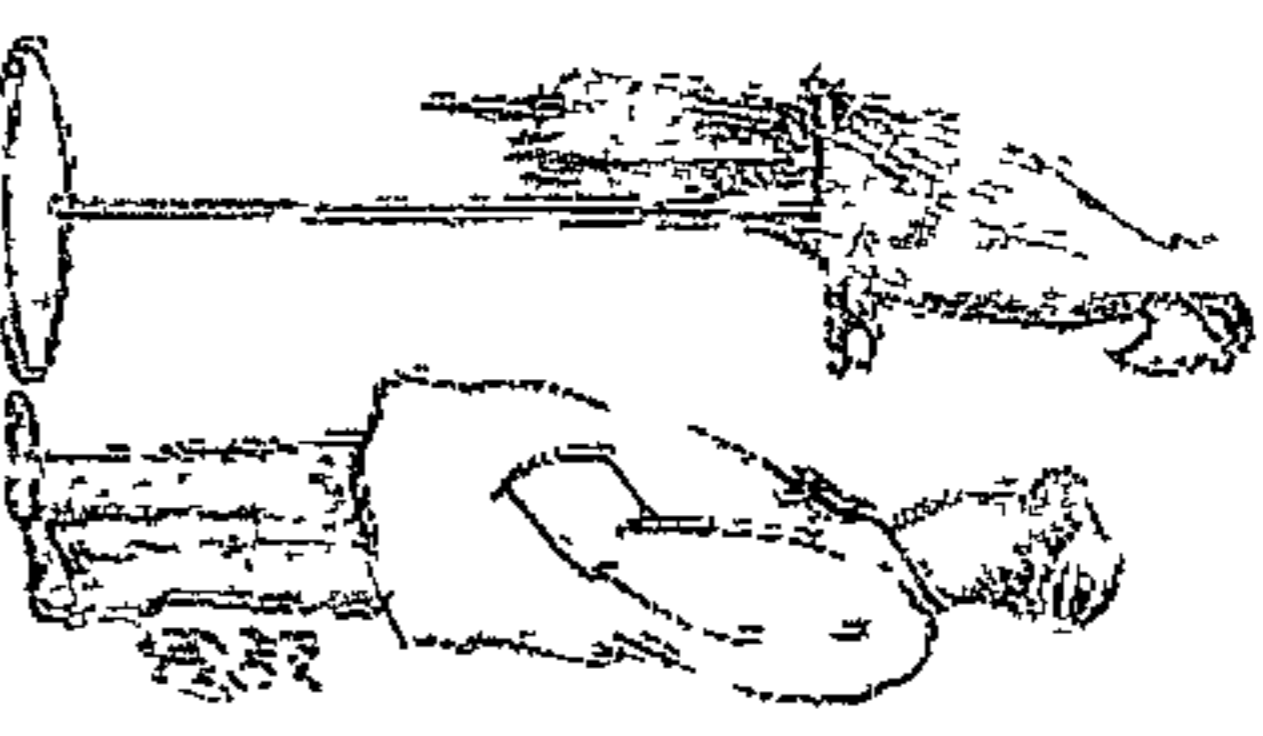
A diner ran his eye through the menu. Boiled missionary, as usual, was the main course. Then he spotted "anthropologist"

URBAN REALITY

This is not an urban legend. It happened in northern Johannesburg a few days ago.

A junior advocate went to the house of a senior advocate to consult him and left his Porsche in the drive when he went to drive off. He found the advocate's schnauzers had chewed away the rubber along the bumper causing R20 000 damage.

The insurance company paid out only after some rending of garments and loud wailing. Some weeks later the young man goes back but as you know, it's difficult to catch a lawyer out twice. He asked the serving vocate "Where can I



"Officially I do 'Georgie Potgy', but if you'd care to step round the back..."

is at the other end, just under its mouth. Anyway its mouth has the same amount of teeth as the end you are tucking." Slightly flustered, she

26

Row brewing over Aids figures

Anglo American's Godsell says widely focused research would be more useful than information gathered only from mining communities

Star 13/11/95

By DAVID ROBBINS

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liable data is not restricted to the mining industry; baseline knowledge of the HIV/Aids epidemic in South Africa generally is pathetic. To look only at the mines would be to make too many assumptions about causation.

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ties beyond the perimeter fence. The results of more widely focused research would be much more useful to everyone concerned.

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Asked specifically about the proposed ERU research to establish a baseline describing the state of the epidemic against which to measure and improve interventions, Fourie said he had not seen the proposal.

"As in the past," Fourie said, "the mining industry will co-operate with research organisations to en-

hance the effectiveness of existing and proposed interventions." "Once the ERU proposal has been received and discussed with ERU staff, the various mining companies will have to decide whether they want to participate and incorporate the proposed research into their programmes"

He said he would oppose any attempts by an outside organisation to take control of HIV/Aids because some of the AIDS programmes in the various mining region are world class.

SPECTRUM
MAKING A DIFFERENCE

“There's no concerted campaign, no planned intervention”



a, left, plays at the ceremony at which Gauteng MEC for health Amos Masondo, top, opened a home for abandoned HIV infected babies. A room, bottom, that will house some of the 60 babies, at the new centre.

ce Families afraid to adopt babies from AIDS homes

(92) BD 17/11/95

Kathryn Strachan

MORE than 3% of children born in Gauteng were infected with the HIV virus, MEC for health Amos Masondo said at the opening of a home yesterday for HIV-infected babies who had been abandoned.

Most of these children will become ill before they are a year old and will die within three years.

At the opening of Ethembem (Place of Hope) in Doornfontein, Johannesburg's second home for HIV-positive babies, he said current estimates were that 10% of SA's population between 15 and 35 were infected with HIV.

This figure reached 14,35% in KwaZulu-Natal, and Mpumalanga followed with 12,16%.

Masondo said HIV would lead to a dramatic increase in the number of orphans and, because of ignorance, many people were too scared to adopt HIV-infected babies.

Government would not be able to provide for all those affected by HIV. It needed to encourage the private sector to set up homes and encourage families to adopt children.

The home in Doornfontein, which will be run by the Salvation Army and has been sponsored by Adcock Ingram, will care for 60 babies.

A home in Soweto, which opened

two years ago, quickly reached its capacity of caring for 20 children.

The new home will also be able to accommodate 30 mothers and their babies who have been cast out by their families.

During the past two years, nine babies have died at the Soweto home.

The children in both the homes come from across the country.

Some were simply left at a hospital, and others were found in public toilets. One baby was found in a dustbin and another in a plastic packet in the veld.

An 18-month-old baby who was brought in from the shebeen where her mother worked was addicted to alcohol.

While all the babies tested HIV-positive when they came in, some of them no longer tested positive after a few months.

This was because the HIV test tested for the antibody, rather than the virus and some babies still carried their mothers' antibodies without having the underlying virus.

If the HIV virus was not present, the antibody would disappear within a few months.

However, the babies still remained at the "AIDS" home, and this meant families were reluctant to adopt these babies. Uninfected children will then be passed on to child welfare homes.

Salvation Army's House of Hope opens for HIV-positive children (92)

SAW 17/11/95

By **BOBBY BROWN**

About 3% of Gauteng's babies are born HIV-positive and will probably suffer from full-blown Aids within a year and die by the time they are three years old, a study has shown.

This and other statistics, such as the fact that 10% of the population aged between 15 and 35 is infected with HIV, was released by Gauteng Health MEC Amos Masondo at the opening ceremony of the Ethembeni House of Hope in Doornfontein, Johannesburg, yesterday.

He said "Gauteng at present faces a major Aids epidemic. Rapidly rising HIV infections in neighbouring countries suggest a southern African epidemic as serious as

that experienced in central Africa."

He warned that HIV infections could have a major social and economic impact on SA.

KwaZulu Natal's infection rate for October/November last year is at the top of the list at 14,35%, Gauteng is in the middle at 6,44% and the Western Cape is at the bottom at 1,16%.

Masondo said a clinical guideline for the care of HIV-infected children was being finalised.

Ethembeni, a Salvation Army project which is sponsored by Adcock Ingram Pharmaceuticals, is Johannesburg's second home for HIV-positive infants and will be able to provide a home for about 64 children.

SABC turns down advert for condoms

Kathryn Strachan

(92)
BD 20/11/95

THE SABC has turned down as unsuitable a condom advertisement for the Planned Parenthood Association

The association's national director Sam Mphuthi said it would fight the decision as the advertisement "used humour to make condoms fashionable — the advertisement is funny as well as educative"

In the form of a cartoon, the lead character is a condom called Johnny who "has several friends and he takes us through the ordinary experiences of relationships and raises the issue of safer sex, how to introduce a condom and how to overcome embarrassment about it," said Mphuthi

The SABC's public service announcement committee chairman Eben Brummer said the committee felt the advertisement was not suitable for SABC viewers. The way the message was portrayed was not up to the standard of SABC advertisements. Asked why the advertisement had failed the test, he said "it is very difficult to say"

This unspecific approach is what has angered the association. "When we asked them for an explanation they would not give one," said Mphuthi. "It seems as if the committee has absolute latitude, they do not have to be transparent and they do not have to disclose their criteria for what is suitable for the public or up to their standards. They are using an arbitrary value system to decide what the public should see. We cannot understand why we are being obstructed."

The association is looking at ways of challenging the decision, including going through the Constitutional Court

New waste system prevents infection

Staff Reporter

(92)

A HUMAN waste disposal system which is specially relevant in the care of HIV-positive people, is to be distributed in South Africa.

The Vernacure waste disposal system is designed to prevent cross-infection in hospitals and is used for the hygienic and convenient toilet requirements of bed-ridden patients.

It is used for about 70 percent of hospital beds in the United Kingdom and involves a comprehensive range of single-use pulp products which are disposed of in the disposal unit.

Up to four products can be disposed of in a two-minute cycle, using 30 litres of cold water and a low-energy electric motor which keeps costs down.

ARG 21/11/95



Gauteng health MEC Amos Masondo, top left, AIDS campaigner Peter Busse, lower left, and Gauteng AIDS programme director Dr Liz Floyd at the World Aids Day launch in Johannesburg yesterday Picture CATHY PINNOCK

Media to assist in AIDS⁽⁹²⁾ campaign

AD 22/11/95

Nomavenda Mathiane

THE Gauteng health department would draw the media into an AIDS awareness education drive to check the spread of the disease, Gauteng health MEC Amos Masondo said yesterday.

At a press conference in Johannesburg concerning World AIDS Day on December 2, Masondo said Gauteng faced unique challenges on the AIDS front.

The most densely populated of SA's nine provinces, Gauteng also had the second highest incidence of HIV.

Educating and building a strong provincial programme were among the provincial health department's priorities in combating the spread of AIDS.

The government planned to train 500 nurses to deal with the epidemic and increase the supply of condoms to 2-million a month.

Masondo said about 500 people a day were diagnosed as HIV-positive in SA.

In Gauteng it was estimated that 10% of pregnant women were HIV-positive.

Fuelling the spread of the disease were the large number of people who lived in informal settlements or were homeless, and the thousands of migrant workers who lived in single-sex hostels away from their families.

To mark AIDS day, non-government organisations and health

departments have a range of activities lined up.

A huge rally is planned for Carletonville on Saturday December 2, which will be addressed by Masondo.

A Carletonville representative said as there were seven mines in the area, AIDS had become a serious problem.

A local patient with full-blown AIDS has volunteered to address the rally.

Activities planned for Soweto include a rotating photo exhibition on AIDS.

The activities will be staged at Ipelegeng Community Centre in White City Jabavu, in Diepkloof and Meadowlands as well as at the Chiawelo Community Centre. The exhibition is currently at the Johannesburg Gallery.

A youth fun run planned in Braamfontein will feature radio and television disc jockey, Bob Mabena and singer Yvonne Chaka-Chaka.

The Crystal Palace Night Club will have a benefit show featuring Sue Lake and the Safer Sexy Sluts in cabaret.

Proceeds from the show — depicting safe sex and involving drag artists — will go to the St Christopher Home for HIV-positive patients in Malvern.

In Pretoria the programme includes drama, stalls and media presentations. Ripple Radio will cover the events.

(92)
**SA has 500 new
HIV cases a day**

JOHANNESBURG: About 500 new HIV cases were being diagnosed each day in the country, Gauteng Minister of Health Mr Amos Masondo said yesterday.

He said estimates showed about two million people would be HIV-positive by the end of this year and that this figure could double by the year 2000.

Criticising the media for "instilling fear" of Aids in the public mind, he said it was often guilty of highlighting the number of deaths from Aids and of failing to emphasise the number of people who lived with HIV and Aids.

CT 22/11/95

Experts to ponder grim news of spread of Aids in Africa

(92)

Prospects of discovering vaccine 'have almost faded' *Star 23/11/95*

By JOE KHAMISI
Nairobi

African Aids experts scheduled to meet in the Ugandan capital, Kampala next month, will face grim statistics regarding the frightening spread of the killer disease on the continent

Out of 18 million people infected with HIV globally, 11 million are found in sub-Saharan Africa where there is a population of 560 million people

The five-day meeting of the international conference on Aids and Sexually Transmitted Diseases in Africa (Acasa), will bring together 2 000 experts from Africa and beyond

Experts from UN agen-

cies will also attend

It will be the ninth conference on Aids specifically geared to Africa

Early last month an international steering committee met in Kampala to select several key papers - out of the 1 000 submitted documents - to be presented to the conference

Conference president, Dr Sam Okware of Uganda, said the experts were meeting at a time when prospects for a vaccine had almost faded away.

"Five years ago, there was a lot of talk about a vaccine against HIV, but today nobody is expressing hopes about vaccine development," he said

The medic said it was equally sad that by the turn

of the century, almost 90% of people infected with the HIV virus will be in the developing world, with sub-Saharan Africa taking the lion's share

Latest World Health Organisation figures show that while some countries like Uganda are recording declining Aids figures, others like Kenya and Zimbabwe are seeing an upsurge in reported cases

The least affected nations are the island nations of Comores with only five cases and Seychelles with six. Fewer than 30 cases have been reported each in Somalia, Sao Tome and Principe, Madagascar and Mauritius

Dr Okware noted, however, that the disease was spreading much faster in

South-East Asia - four million people now carry the virus

The theme of the meeting will be "challenges and hopes for the future"

A report released last month by the Pan African Association of Anthropologists noted that fully 80% of Aids cases in Africa were now through heterosexual contact

Experts are blaming the fast spread on the continent on traditional social taboos

These include myths about the use of condoms and objections to sex education. Aids-related diseases such as TB and pneumonia were often not treated in time due to lack of facilities and drugs - Independent Foreign Service

A new home of hope

(92) Sowetan 24/11/95

'Our vision is to create a real home, a place of kindness for terminally ill patients'

By Mokgadi Pela

WORK TO UPGRADE the Boksburg-based Aids centre begins in earnest in January. The property, which has three large houses and several outbuildings, may become the biggest Aids centre in Gauteng, according to founder Father Stan Brennan.

The extensions follow pressure put on the previous facility at St Francis House which housed up to 18 patients at a time. The new property will house about 50 Aids patients and other terminally ill people.

"Our vision is to create a real home for terminally-ill patients. The new centre will enable families to stay over with their relatives in their last days. It will offer patients counselling and comfort," Brennan said.

He said the idea for an Aids centre followed

his work in ministering to terminally ill patients.

"I saw dying people suffering from loneliness because they had been rejected by their families and society. I wanted to create a home for them, a place of kindness where they could die at peace with God, themselves and their families," Brennan said.

He described the new five-acre property as a wonderful resting place. "It's like a big park. The patients will definitely enjoy sitting in the shade of the trees and looking out over the big gardens," he said. Brennan can be reached at 910-4946.

Brennan's announcement comes a few days

before December 1, a day set aside by the World Health Organisation (WHO) as World Aids Day. WHO has urged communities around the world to learn facts about Aids. It says with understanding of the disease will come compassion and empathy for the ill.

● *Sowetan* urges organisations commemorating World Aids Day countrywide to contact either Glenn McKenzie or Mokgadi Pela before November 29 for publication of activities. You can also fax them on (011) 474-8834.

This year's activities coincide with the announcement by health authorities that South Africa was losing the battle against the HIV-virus.

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Condom ad 'too raunchy'

One in 33 young black Americans with HIV - report

GLYNNIS UNDERHILL
Staff Reporter

THE SABC has been accused of "irresponsible censorship" in refusing to flight a condom advert in its free airtime (q2)

Andrey Elster, national development manager at the Planned Parenthood Association of South Africa (PPASA), said she still had no idea why its "Johnny the Condom" advert had been turned down by the SABC

The advert was based on a Johnny cartoon character after research discussion groups were held with young people about safe sex, she said.

"Johnny is a cartoon condom and a stand-up comedian who tells jokes. He is just a very cute personality," she said

While the organisation was "very grateful" to M-Net for agreeing to flight the advert, it was not reaching its target market of mainly urban black youth.

"I think the SABC has not changed and it has just gone back to censorship. It is irresponsible," she said.

Ms Elster said the organisation was planning to have the advert dubbed into other languages for world-wide

■ Censorship has reared its ugly head again at the SABC with its rejection of a "suggestive" condom advert, claim critics.

AKA 25/11/95

With HIV and Aids on the increase in this country, there was no logic behind the decision, she said.

Eben Brummer, chairman of the National Public Service Announcements Committee, said the contents of the advert were not considered acceptable for flight on the SABC.

"It was just felt this was not the type of material we want to send out on our channels," he said.

Mr Brummer stressed the SABC was not against condom advertising and had carried several others.

When quizzed, Mr Brummer conceded the advert had been "too raunchy" to flight on the SABC.

"It was the way it was presented. The language was suggestive and not suitable for viewers," he said.

While the organisation had "status" with the SABC and therefore qualifies for free airtime, this was to be one exception, he insisted



□ INCREASING AWARENESS: With HIV and Aids on the increase in this country, there's no logic behind decisions to ban condom adverts, say critics

WASHINGTON — One in every 92 young American men — those aged 27 to 39 — may be battling the Aids virus, according to the most precise estimates yet of the epidemic's toll.

The sobering numbers show minorities are especially hard hit, with one in every 33 young black men estimated to be infected in 1993, according to the report in the Journal Science. The 1993 data is the latest available.

If the trend continues "the threat of Aids may become a rite of passage" for young people, said study author Philip Rosenberg of the National Cancer Institute. "That's a very disturbing future."

The government has already warned that Aids is threatening more and more young adults. In January the Centers for Disease Control and Prevention announced that Aids in 1993 became the No 1 killer of people aged 25 to 44.

If Aids was killing that many, how many others were alive with the HIV virus, posing the potential for the continued spread? And because HIV typically causes no symptoms for 10 years, just how young were these people when they caught it?

Mr Rosenberg's study is the most precise look at HIV prevalence to date, in an attempt to answer those questions.

People ages 18 to 25 experienced a rapid rise in HIV infections between 1986 and 1992, during the same time when older Americans' risk of HIV infection levelled off, Mr Rosenberg found.

Those youthful infections meant people aged 27 to 39 were the most likely to be alive with HIV in January 1993, he reported. — Sapa-AP

Ribbons of hope: Cape Town will see red as the world remembers people battling Aids (92)

AA4 25/11/95

NEXT Friday — International Aids Day — Capetonians will "paint the town red" in the city's largest ever Aids event

A prominent city building will be draped in red and St-bongle Khumalo will be holding a benefit concert at the Nico Malan, to raise funds and awareness for schemes which help people affected by the pandemic. There will also be an art exhibition during International Aids Week, December 1 to 7, featuring work by artist Guy Walter

A Good Hope FM Red Ribbon Radiothon will be run live from an outside broadcasting unit in St George's Street Mall from 6 am-6 pm. Volunteers and celebrities will be manning phones throughout the day and the entire mall area will be decorated in red ribbons

You can pledge your support for the Red Ribbons Radiothon before the event by phoning Wola Nani on 23 7385

80 000 red ribbons — the global symbol of the fight against Aids — will be on sale at major shopping centres throughout Cape Town as well as on city streets. For just R2, you can buy a red ribbon and support the drive to help people infected with the human immuno-deficiency virus, which causes Aids

Events on International Aids Day are being organised

by Wola Nani/Embrace, a non-sectarian, community based organisation which works in conjunction with the St George's Cathedral Foundation Trust. This organisation has started a job creation programme for unemployed people who live with Aids and have also founded a practical support system for children who are HIV-positive.

The V & A Waterfront will also be getting into the swing of things with a yacht draped in red. Clubs and pubs in Cape Town have been encouraged to get involved with International Aids Day by doing their own special promotions

Gary Lamont, programme director for Wola Nani, said. "We really hope Capetonians are going to give their support to the project. With 1.6 million South Africans currently infected with HIV, it is something that is going to touch everyone's lives in some way sooner or later."

The money raised will go to help Wola Nani's Paediatric Aids care and ongoing job creating programmes for people living with Aids. Presently, the organisation is setting up a work centre and infant day care unit in Khayelitsha for HIV-positive women and their children

If you require further information about the happenings during International Aids Week, call Wola Nani during office hours on 23 7385



■ DEEP COMMITMENT: Paul Lötter, a diver at the Two Oceans Aquarium kelp tank, wears a red ribbon — the international symbol of compassion, protest and solidarity for all those with HIV/Aids. Show your care by wearing a red ribbon on International Aids Day (December 1)

2-million of us with HIV

92

CP 26/11/95

By CP REPORTER

SOUTH AFRICA and the world once more commemorate World Aids Day on December 1 - with no cure in sight for the dreaded disease that threatens to wipe humankind off the earth's surface.

It is estimated that by the end of this year two million South Africans will be infected with HIV, according to a statement released by the Department of Health to mark global awareness of the scourge of AIDS.

The World Health Organisation (WHO) has chosen the theme of "Shared Rights, Shared Responsibilities" in an effort to highlight the importance of equality and solidarity in the global response to HIV/AIDS.

"People share the same rights whether or not they are infected with HIV - and responsibilities involved in HIV prevention and caring for those infected must be shared too," says WHO director-general Dr Hiroshi Nakajima.

Those infected with HIV don't always have the support of their friends and relatives.

"It is a challenge to learn the facts, take steps to prevent infection, educate others and to show care and respect for those who are infected," according to Abdool Karim, director of the HIV/AIDS and STD Programme in the Department of Health.

People attending the

AIDS Day solidarity meetings will be expected to wear a red ribbon - a symbol of hope - as a form of solidarity with those infected by HIV and also as a symbol of remembrance and caring for those who have died and those who have been bereaved.

World AIDS Day will feature cultural events geared towards increasing community awareness about the ravages of the disease.

Exhibition

The Transvaal Museum in Pretoria will be hosting an exhibition consisting of life-like models, panels and text displays aimed at reaching more than five million people in the Gauteng area before the end of June next year.

It will cover all aspects of the disease - including economic, religious and legal considerations - and will be the largest exhibition of its kind ever staged in the world.

Karim will open the exhibition on November 29.

Nearly 20 million people, including 1,5 million children, had been infected with the virus by the end of last year, according to the WHO's estimates published in January this year.

The number of infected people estimated to have developed AIDS since the start of the pandemic rose to around 4,5 million at the end of 1994.

The 1995 theme focuses on fighting discrimination and promoting the rights of people

with AIDS and of those most vulnerable to infection.

"People living with AIDS should have equal access to education, travel, employment, housing, health care and social benefits," the Paris Declaration stipulates.

In fact the protection of human rights promotes public health because discriminatory and coercive measures discourage people from coming forward for information and treatment, the Declaration further emphasises.

By October 17 this year 8 802 people in South Africa were infected with the virus.

Women becoming infected with the virus outnumber men by 6 to 5 and it is estimated that by the end of the year more than a million women will be infected. By the turn of the century, over 13 million women will have been infected - and about 4 million will have died.

The tragedy is that as more women are infected, so will more babies be born with the virus.

On average, worldwide, about one third of babies born to HIV-infected women are infected too.

A national HIV survey of women attending antenatal clinics of the public health services found that the incidence of infection is highest in KwaZulu/Natal and lowest in the Cape provinces, while the Free State and the former Transvaal provinces fall somewhere in between.

Rape suspects must undergo

AIDS tests'

(92) CT 27/11/95

ALL suspected rapists should be forced to undergo AIDS tests on arrest, delegates to the National Conference on Violence Against Women resolved at the weekend.

The resolution, taken at the end of a three-day meeting in the city, said rape suspects should undergo a second HIV test after three months.

The delegates also said all district surgeons should be trained to offer rape victims adequate counselling before and after HIV tests.

The National Interim Committee Against Women Abuse is to ask national Police Commissioner George Fivaz to list gender violence as a priority crime in the community policing and national crime prevention strategy. The committee is also to demand that all police officers undergo "gender-sensitising" programmes.

The committee will meet organised business to discuss ways of educating employers and employees about sexual harassment in the workplace and about sexual violence in general.

It will encourage women suffering from harassment to join in class actions to avoid being victimised by employers.

The committee will also approach religious leaders to discuss the abuse of women.

The conference called on churches and religious institutions to re-examine their interpretations of scriptures in view of the high rate of domestic violence and to encourage, through marriage counselling, equality between marriage partners — Sapa

Fighting Aids with traditional weapons

JOSEPH ARANES
Staff Reporter

RAISING Aids awareness in the townships, where many still believe the illness won't affect them, is a tough job — but a group of women believe that success can be achieved by reviving their cultural heritage.

They recently launched an organisation, *Umanyano Lwezizukulwana* (link between generations), and are trying to get the youth and their parents to openly discuss issues like sex and sexually-transmitted diseases, which in recent times have become taboo.

Board member and founder of the group Lindiwe Mzo said a couple of years ago she visited a project in the United States where African-Americans were retracing their past and rediscovering their cultural values.

(92) ~~ARG~~ ARG 27/11/98
"I came back filled with guilt because we were not looking after our past. When people get older we feel they are useless and a burden, yet our history lies with them and they have such a lot of experience to offer.

"A group of us started talking and felt we could use the spread of Aids as a rallying point to bring women and girls in our society together, and to bridge the gap between the older women and the younger generations.

"Women and young girls, in particular, are the most vulnerable to the spread of sexually-transmitted diseases and we have made them the initial target of our campaign.

"But most believe that they will not contract the virus and that it is a ploy introduced by the whites to stop them having chil-

dren and sex."
Mrs Mzo said women were at a great risk of contracting these diseases and Aids, mainly due to their lack of assertiveness in interpersonal relationships, their social and sexual passivity and their lack of skills to negotiate safer sex with their partners.

"In the past, women depended on each other and the women in their extended families to help rear their daughters and solve any problems related to their upbringing.

"Today we have become very westernised and a number of these traditional values have been lost.

"Lack of communication forces these young girls and women to seek advice from their peers, and in most cases the advice they get is not what is needed."

Shock Aids orphans estimate

(92) ARG 28/11/96
MARITZBURG — An estimated 30 000 children living in the greater Edendale area will be orphaned by the year 2000 as a result of Aids, says a draft strategy document of the Maritzburg-Msunduze Transitional Local Council committee.

The health and amenities committee resolved that an action plan to raise HIV awareness should be implemented. — Sapa

Kids to die as Aids plunders

Some kids will die before they reach
the age of 18 months (92)

By Charity Bhengu

A GROUP OF BABIES are sprawled in their cots, gurgling happily, seemingly healthy, happy and full of life. But some will die before they reach the age of 18 months because of Aids.

"The average life expectancy of these babies who are born HIV-positive and develop fullblown Aids is 18 months," said Mrs Alta le Roux, director of Cotlands Baby Sanctuary for abandoned children in Turffontein.

"Three babies have already died of Aids this year," she said.

About 40 percent of the children cared for by Cotlands have been diagnosed HIV-positive. They were abandoned by their mothers at birth after they found out they were carrying the virus.

"Many people are unaware that, of these babies, only 25 percent actually develop Aids, with the other 75 percent testing negative after about 18 months."

Le Roux said that, without the help of Cotlands, the future of these children would be tragic.

"The situation is very traumatic, even for the staff, especially when they watch the child they have become attached to

withers like a leaf before them." However, with proper training and counselling they are able to cope."

Cotlands started the Aids centre three years ago after a baby in their care died of Aids.

"Knowing that we could not turn away an abandoned baby because of Aids, we started a centre to give unwanted babies the home and love they so desperately need," said Le Roux.

In its 60th year, Cotlands now has the proud record of giving 48 children from birth to the age of six years the chance of a future.

Cotlands is also building a new Aids hospice to accommodate another 20 babies. "This is the first hospice of its kind in South Africa, with full facilities to care for the babies until they die," Le Roux said.

Plans to train more people to do house calls and care for children born HIV-positive is under way.

Cotlands has also planned a "Children for Children" annual gala event at Gallagher Estate, Midrand, on December 2 to raise R100 000 for a new building for the Aids victims.

PPC Cement has given Cotlands a boost of R20 000 and precast material for roofing and flooring.

Healers join in the fight against Aids

Samet an 30/11/95 (92)

Up to one million people in South Africa visit *inyangas* every month

By Coletane Markham

NO ONE really knows how many people visit traditional healers (*inyangas*) in this country. An even bigger mystery is how many of these people would test positive for HIV or have full-blown Aids.

Some studies estimate that there are about 300 000 traditional healers in South Africa, and that 66 to 80 percent of the black population regularly visit them.

If this is true, a million or more people may visit these healers each month, putting traditional healers in the front-line of the fight against Aids.

"Traditional healers have been custodians of the health of black people for a long time," said the director of the National Aids Training and Outreach Programme, Professor Rubin Sher.

"People trust them, they have knowledge of the history, the culture and the psyche of people. Many healers are also women, some even ex-nurses, so they are ideally placed to help in education, prevention and treatment of Aids-related illnesses."

In April 1988, a ground-breaking conference was organised under the auspices of the South African Institute of Medical Research at which volunteers with full-blown Aids were shown to healers from all over the country.

"The conference had two main aims," Sher explained. "Firstly, to help healers recognise symptoms like swollen glands, night sweats, loss of weight, tuberculosis and kaposi's sarcoma, and secondly to possibly collaborate with the conventional medical fraternity to search for a cure."

At that conference, and in subsequent ones, some healers claimed they could cure Aids.

"Nothing concrete came of those claims," said Dr HP Zungu, a renowned healer and president of the Traditional Healers Association of South Africa.

"In the absence of records that someone had tested positive and then, after treatment by a healer, tested negative, we

can say nothing more about it."

Zungu said these days healers are more aware of how the Aids virus is spread. They meet regularly to keep up to date with new developments.

"We seldom practise scarification (cutting the skin with a razor to apply a powder), and when we do we ask patients to bring their personal razors."

This growing awareness shows that there is collaboration among the medical profession, primary care clinics and non-governmental Aids organisations.

"Some of the Aids Training and Information Centres in Durban have successfully worked with traditional healers," says Dr James McIntyre, a specialist in gynaecology at Baragwanath Hospital.

"Our experience at our clinic for HIV-positive mothers indicates that healers could play a role in cultural issues, and in changing behaviour patterns. We find that women have a difficult time persuading partners to use condoms, there is a lot of resistance."

"Our research also shows that there is little difference in the reported sexual behaviour of HIV-positive and negative women. A cause for concern was while women may have had relatively few sexual partners, a large number, who are married, says they know their husbands have other partners," says McIntyre.

Zungu added. "Aids is spreading despite the free availability of condoms. But, in African culture, there are 20 to 30 different ways for non-penetrative sex. These can be promoted in education about safer sexual behaviour."

Nyangaziswe Traditional Healers Aids Project has been training healers since 1991. "We train healers to go out and train others," says PRO Mr Innocent Brown. "Over the past three months alone, we've reached 400 healers in this way. We try to establish what healers know or think before discussing what Aids is, how it is spread, how to treat symptoms and community and individual care for those with Aids. We also look at ethical and confidentiality issues."



Gauteng Health MEC Amos Masondo ... "the private sector must help to fight Aids".

Health system unable to cope with Aids crisis

By Glenn McKenzie

STANDING FRAGILE BETWEEN two nurses who supported him, 33-year-old Mr Jack Mobeote last week made a heart-warming plea to the Government for an Aids home in the Far West-Rand community of Carletonville.

Moments after he sat down, Gauteng MEC for health Mr Amos Masondo shook his hand and embarked on a speech stressing that the health system would not be able to cope with the disease.

Mobeote, a former Spar employee and a full-blown Aids carrier, needed assistance as he walked to the stage at an official Aids rally at the Carletonville Sports Centre last Saturday. In an emotional speech, he said he was forced to quit his job last February and asked the Government to "build a centre to help people in my condition. I have to rely on my family all the time. As I was the breadwinner, the whole family is suffering".

*30/11/95
Kawesepa*

92

Mobeote added "All I can say is that this illness can attack anybody. All we need is love and support".
Masondo and Mobeote shook hands before Masondo delivered his speech, warning that "our health institutions will soon not be able to cope with (the Aids) problem".

According to the MEC, more than 500 people are diagnosed HIV positive in South Africa every day. By the year 2000, an estimated two million South Africans are likely to be infected. At present more than 1.2 million people are believed to be HIV positive.

"I urge the private sector, along with our communities, to help us fight this disease," said Masondo. "Aids is made all the worse by the overcrowded situation in our informal settlements. Migrant labour is also a problem."

He stressed that crowded conditions in informal settlements worsened the Aids problem, which he called a "disease of poverty". He ended his speech with the challenge that "wearing a condom is part of reconstruction and development".

Voluntary sterilisation: It's the safer option

(92) (92)
ARL 30/11/95

A PLANNED family is a strong family, with better options for a brighter future

In the Western Cape, population growth is threatening our natural resources, such as water, plants and living space. The loss of these resources will, in turn, threaten our way of life.

For many reasons, smaller families prosper, and it is therefore important that parents plan for the future and decide the correct number of children their family should have. Once the family is complete, the partners must decide on a form of contraception that suits their lifestyle while preventing unwanted pregnancy.

Many options exist and women can make use of a contraceptive pill or injection, a female condom, an IUD (intra-uterine device) or spermicide foam. Men have fewer options, but both partners can also undergo safe and simple contraceptive surgery, which is more reliable than regular contraceptive methods.

Tubal occlusion, or "having the tubes tied", is the term used to describe the permanent female contraceptive surgical operation.

The operation is simple and involves blocking the fallopian tubes, which carry the female eggs from the ovaries to the uterus. When the tubes are blocked the man's sperm cannot swim through to meet with and fertilise the woman's egg. In this way, pregnancy is prevented.

The operation can be performed under local or general anaesthetic and, as no organs are removed, female hormones are still produced by the ovaries, maintaining the woman's femininity and sexual desires.

Only a few days will be needed for rest and recuperation, although the operation is effective immediately.

As with the male vasectomy, the operation is considered non-reversible, and both partners should therefore be sure they will not wish to have more children.

The contraceptive procedures for men are more limited, but often more practical, and offer a welcome option for both

partners

Among the popular methods of contraception available to men, the condom is probably the most widely used. These simple latex sheaths comfortably surround the penis and prevent sperm entering the woman's uterus (womb) during sex.

The device must be used correctly to ensure success and to provide the most realistic feeling of physical contact. Condoms can, however, be used incorrectly, which may result in an unexpected pregnancy.

The surest form of male contraception available in South Africa is the male sterilisation operation, or vasectomy.

This operation, which is free of charge in many state hospitals, involves the cutting of a small segment of the sperm-carrying tubes - the vasa deferentia. The tubes are then tied to prevent any sperm escaping.

The operation takes about 15 minutes but is only effective some time later. A few days will be needed for rest.

The man's sperm count should be tested by a doctor after a few weeks before the sterilisation can be considered a success.

Vasectomy is the nearest thing to 100 percent effective contraception but nothing can be guaranteed and one should consider that the operation is irreversible.

The advantage of having a vasectomy is that while you can continue to enjoy sex, with no lost masculinity or vigour, you will never again have to worry about unforeseen pregnancies.



■ For more information about voluntary sterilisation contact the Association for Voluntary Sterilisation of South Africa at 18 MASA House in Central Square, Pinelands or on (021) 531 1665.

■ For information on reproduction or contraception don't hesitate to visit your local clinic or write to Family Planning, Private Bag X4, Carl Bremer, 7531 or 'phone (021) 418 2200.

AIDS — tie a red ribbon to join the fight

Alt 30/11/95

TOMORROW is International Aids Day

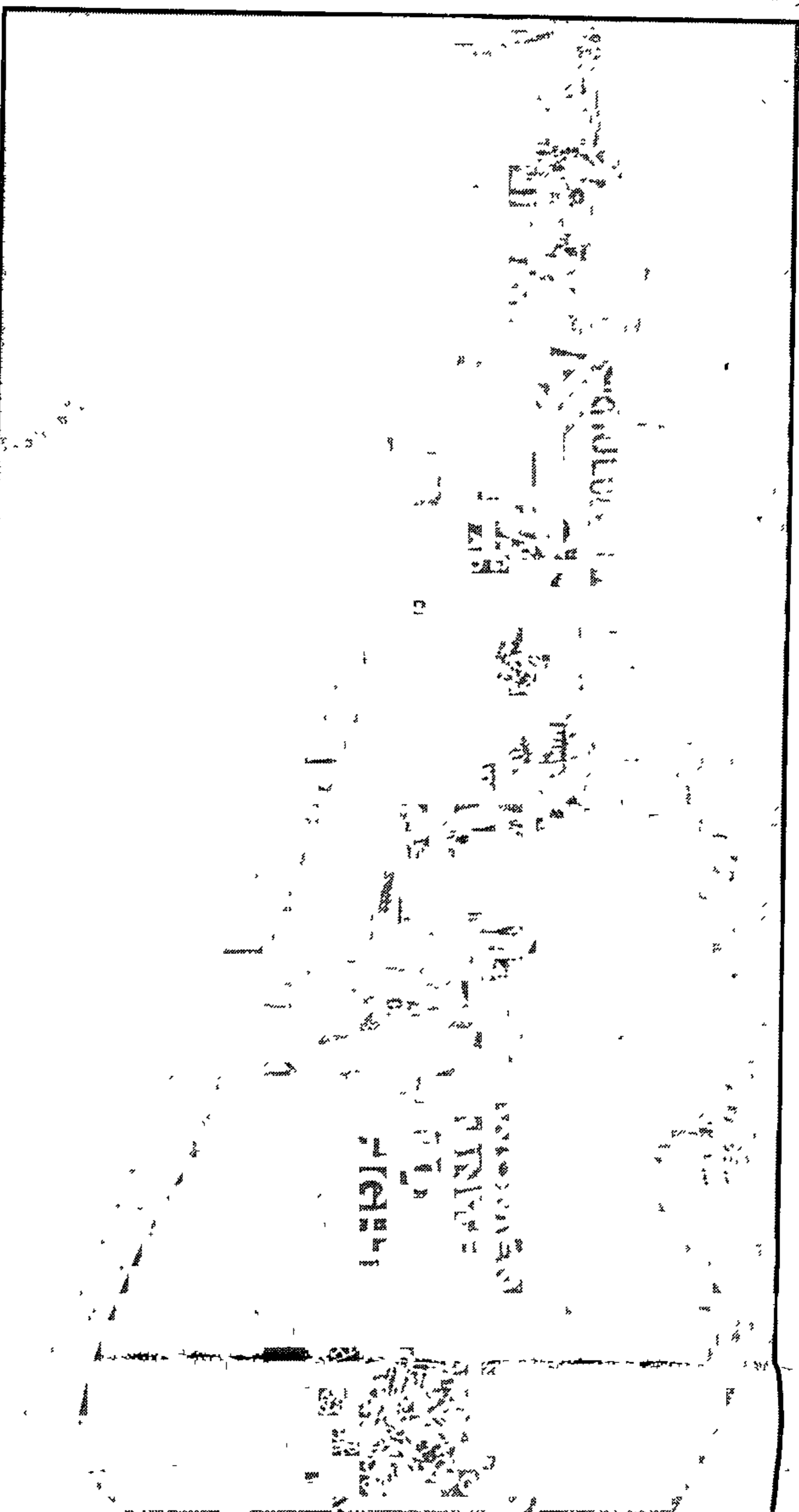
It is a time when people around the world will be turning their thoughts to one of the most devastating diseases ever to afflict mankind. It is also the time when people are asked to make a positive contribution to the fight against Aids — a condition that will touch everyone's life in one way or another in the future.

In Cape Town a massive awareness and fund-raising campaign has been mounted by Wola Nani/Embrace. This is a non-sectarian, community-based organisation that orchestrates practical projects in our city's disadvantaged areas to help HIV-positive children and adults cope with life.

"We appeal to people to spend a couple of rands on a red ribbon to show their support for their fellow humans. More than 80 000 ribbons will be on sale at key points throughout the Peninsula. Alternatively, you can phone in your pledge to the Good Hope FM Red Ribbon Radiothon," said Gary Lamont, programme director of Wola Nani.

The Radiothon will be happening live from the Good Hope FM outside broadcast unit in St George's Mall from 6 am to 6 pm. A team of volunteers and celebrities will man the phones to take pledges for Wola Nani's projects which help create jobs for unemployed people living with HIV, and for a practical support service for HIV-positive children.

To pledge your support, call 26 2631.



AIDS AWARENESS: Guguletu youths take to the streets as part of the Aids awareness campaign of Umanyano Lwezizukulwana, a local non-governmental organisation formed to help slow the spread of sexually-transmitted diseases.

Picture: B M MORHIBI

Life assurance deal for HIV sufferers

JOHN VILJOEN
Business Staff

FOR the first time, one of the major life insurers has announced plans to offer life cover to HIV-positive South Africans

Metropolitan Life managing-director Marius Smith said yesterday that the company planned to market a life assurance policy for HIV-positive people in the new financial year

Speaking after announcing

ARG 30/11/95
the company's annual results, Mr Smith said Metlife had to turn away about 500 potential new policyholders each month because they tested HIV-positive

"If it stays at this level, it means we lose 6 000 policies a year where the client is already signed up and we have to cancel the policy

"Therefore we are seriously considering bringing a product to the market offering life assurance to people who are al-

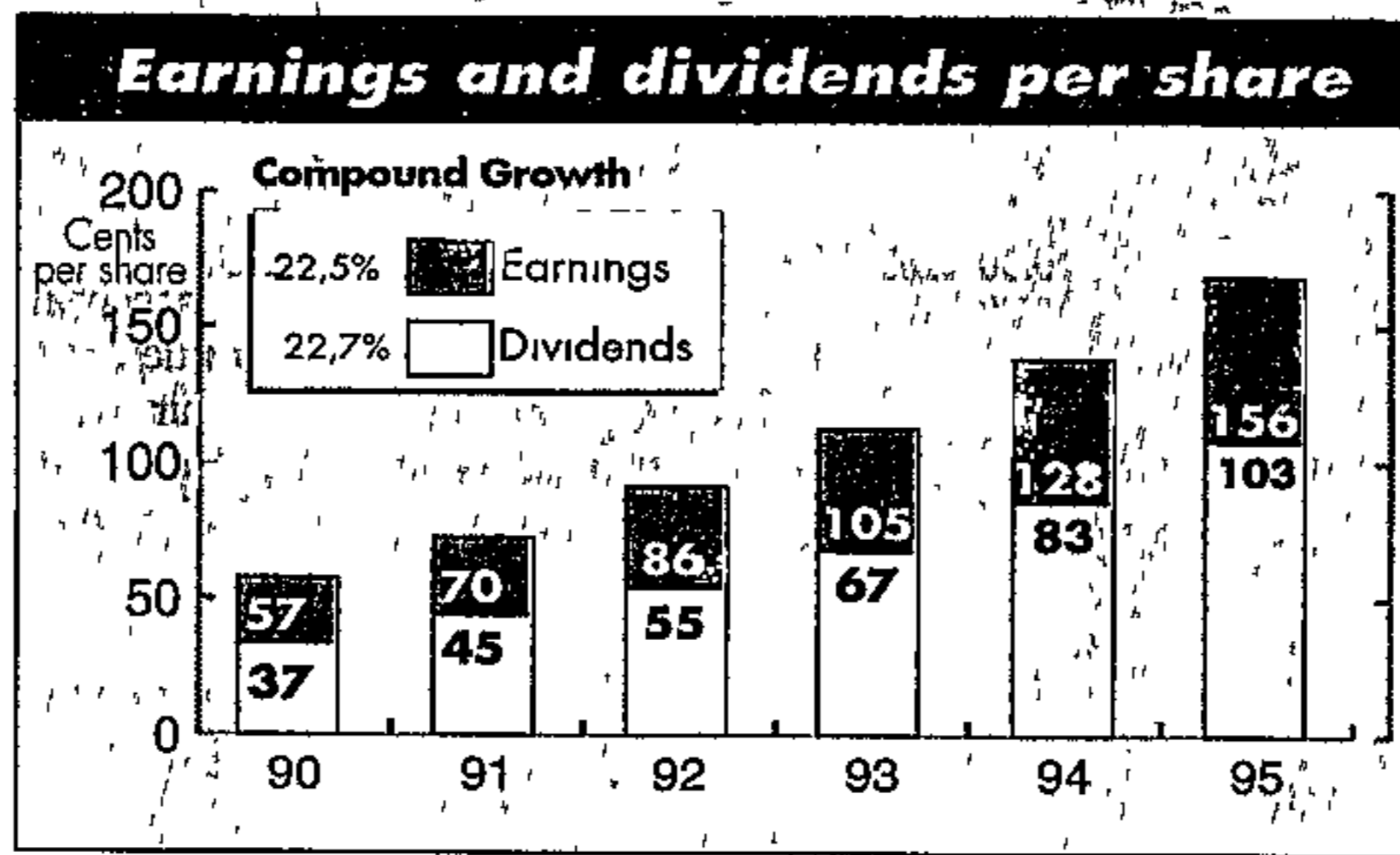
ready HIV-positive

Research on the impact of the virus was now advanced enough to allow the company to calculate the life expectancy of HIV-positive policyholders

"The course of the disease has become predictable.

HIV-positive policyholders would pay higher premiums

The company was consulting widely on how to deal with issues such as confidentiality before finalising the product, Mr Smith said



Metlife to insure HIV applicants

BY AUDREY D'ANGELO

Cape Town — Metropolitan Life (Metlife) is planning to offer life insurance to people who test HIV positive, the company announced yesterday.

Marius Smith, Metlife's managing director, said he believed it was the only life office in the world preparing to cater for this particular market. The product was expected to be launched in this financial year.

Smith said there were now sufficient statistics available to plot the life expectancies of policy applicants who tested HIV positive.

Smith said premiums would be higher for people in this category, but would still be "affordable".

He said that at present, Metlife

was turning away 500 life policy applicants a month because they tested HIV positive.

Metlife, which traditionally caters more for black consumers and is now controlled by black investors, announced impressive results for the year to September.

Its premium income rose 37 percent to R1,6 billion (R1,2 billion). Total income rose 32 percent to R2,2 billion (R1,6 billion). Income from recurring premiums rose 24 percent to R1,3 billion (R1,1 billion). Investment income rose 18 percent to R535 million (R453 million). The actuarial value of Metlife's assets was R7,7 billion on September 30, while the actuarial value of policy liabilities totalled R4,9 billion.

(92) (98) ET (BR) 30/11/95

Aids-free visa requirement incorrect

By Staff Reporter

The requirement that visa applicants must be free of AIDS is incorrect, according to a report by the U.S. State Department. The report states that the requirement is based on a misunderstanding of the disease and its transmission. It is not a requirement that applicants be free of AIDS, but rather that they be free of AIDS-related symptoms. The report also notes that the requirement is not based on any scientific evidence and is therefore unjustified. The State Department is currently reviewing the requirement and may make changes in the future.

U.S. State Department

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Now Govt takes sanitation out of the closet

BY ANITA ALLEN

Science Writer
Star 30/11/95

Sanitation came out of the closet yesterday with the launch of a draft white paper which will go down in the SA record books as the first white paper to be drafted by no fewer than six ministries working together.

The aim of the paper is to change sanitation from a taboo subject to "table talk", says Water Affairs and Forestry Minister Kader Asmal.

Departments involved are Water Affairs, Education, Environment Affairs, Health, Provincial Affairs and Constitutional development, and Housing. For the implementation phase - which is to begin immediately - Arts, Culture, Science and Technology plus the RDP office are also included.

"Half of SA has inadequate sanitation. The subject must be discussed as openly and frankly as possible and be rectified, otherwise there will be no health, no dignity under our new democracy," says Asmal.

15% are taking big risks in the bedroom

Many people are happy to take their clothes off, but are too embarrassed to suggest using a condom

BY JANINE SIMON

Medical Correspondent

Almost 15% of South Africans didn't use a condom when they had sex with a new or different partner this year, the first local usage and attitude study on condoms has shown just days before World Aids Day tomorrow.

Most respondents (52%) said they didn't use a condom because they didn't have one with them, and couldn't put off the moment, Peter Smith, MD of condom manufacturers LRC Industries, said in Johannesburg yesterday.

"A total of 35% of people were happy to take off their clothes, but too embarrassed to

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(92)

suggest using a condom" he added.

The respondents were all aged between 18 and 45, regular committed, or occasional users of condoms, and had all bought and used a condom in the previous two months.

Researchers endured abuse, and had to approach more than 5 000 respondents to generate sufficient statistical data for the study, which was commissioned by LRC, the manufacturers of Durex condoms.

The aim was to investigate why the commercial condom market had stopped growing, or more simply, why people didn't use condoms.

The market swelled 20% in 1993, when Aids awareness programmes took off, but

slowed in 1994, and flattened in 1995, Smith said.

The study showed that, despite the years of hype about Aids, more than 60% of South Africans still claimed to use condoms solely or primarily as a contraceptive.

A total of 16% used condoms as protection against sexually transmitted diseases and 22% were not concerned about Aids, disease and/or unwanted pregnancies. Indications were that South Africa remained a conservative society.

Six out of 10 people still bought condoms from pharmacies, and, unlike in Europe where women buy the condoms, in 76% of local cases, it was the men who did the buying, Smith said.

Opposition fears one-party domination

BY MONDLI MAKHANYA

Political Reporter

Star 30/11/95

South Africa's fledgling democracy was being jeopardised by the domination of one political party, opposition party leaders warned yesterday.

At a World Trade Centre conference on multiparty democracy, leaders of parties ranging from the Democratic Party to the Pan Africanist Congress and the Freedom Front warned that the monopoly of power by the ANC was unhealthy for democracy.

The conference is being held under the aegis of the Dutch Foundation for a Democratic South Africa (DFSA). Among other things the DFSA funds political parties in an attempt to ensure a vibrant democracy.

Arguing that his organisation's real support was not reflected by the minuscule percentages it scored in national, provincial and local elections, PAC deputy president Dr Motsoako Pheko said the domina-

tion of the political scene by one party did not bode well for the country.

"The monopoly of power destabilises," said Pheko. He said the country needed to curb poverty so as to put an end to the crime that was breeding political instability.

His views were echoed by DP leader Tony Leon, who said "one-party domination" was one of the "dangers" which could prevent South Africa's democracy from maturing. This domination negated the concept of democracy as "a competition of ideas".

"Race and ethnicity still tend to dominate the politics of South Africa. Voting still occurs along overwhelmingly racial lines," said Leon.

IFP leader and Home Affairs Minister Mangosuthu Buthelezi said the new constitution's working draft was a camouflage for the ANC's bid to centralise power. He said it would "put an end to constitutionality in SA for ever".

provide subsistence until they were integrated into the South African National Defence Force

Two institutions administered the resettlement programme, namely the National Coordinating Committee for Returnees (NCCR) and the United Nations High Commissioner for Refugees (UNHCR)

The NCCR was established by a group of organisations, namely the South African Council of Churches (SACC) together with the Catholic Bishops Conference, the World Religious and Peace Organisation and various liberation movements

The NCCR provided, not only to freedom fighters, but to all returnees an initial sum of R250 per adult, followed by payments of R800 per month per adult, plus R100 per month for each dependent child, over a period of five months. These payments were made over the period 1990 to 1991

The UNHCR took over the responsibility for all returnees from 1991 and provided people with R4 250 per adult and R700 for each dependent child. During 1993 the financial aid was decreased to R2 500 per adult and R250 per child

In 1993 President Mandela provided R10 million abroad to assist resettlement of MK members. These funds were distributed to approximately 5 000 unemployed members who received in the order of R2 000 each

These funds were not administered by the Department of Defence and therefore the Department has no record of the total amounts. To the best of my knowledge all funds have been expended

For further information the hon member is referred to Ms Brigalia Bam (SACC) and Philip Karame (UNHCR)

Subsidising of private schools

415 Mr M S GININDA asked the Minister of Education

- (1) Whether his Department intends subsidising private schools, if not, why not, if so, (a) by what amount, (b) what will the subsidisation amount per child and (c)(i) for what purposes will it be utilised and (ii) by what amount in each case,
- (2) whether his Department intends prescribing (a) policy, (b) standards, (c) procedures

Hansard

and (d) which religions are to be practised, to private schools, if not, what is the position in this regard; if so, what are the relevant details,

(3) whether he will make a statement on the matter?

THE MINISTER OF EDUCATION

- (1) (a) According to existing policy, a total amount of R318 042 000 was made available to the provincial education departments for the subsidisation of private schools for 1995/96
- (b) The per capita State subsidy for private schools in South Africa for 1995/96 is the following

Subsidy level	Per capita subsidy for 1995/96
grade 1-std 7	sid 8-sid 10
25%	R 916
50%	R1 833
	R1 374
	R2 749

- (c) Private schools may utilise state funds as they deem best
 - (i) Falls away
 - (ii) Falls away
- (2) (a) National policy in this regard will be determined in terms of the school curriculum within the provisions of the constitution. At present one of the registration requirements for private schools is that they should follow the national school curriculum. They must therefore at present also offer religious education or the subject "Right Living". A learner's parents can, however, request in writing that the child(ren) be exempted from attending such classes
- (b) Standards exist at present for the various subjects in terms of national core syllabuses and only those subjects for which core syllabuses exist, can be offered
- (c) The execution of national education policy implies implementation procedures, but as implementation is a

provincial matter, it is dealt with at that level

- (d) Any religion for which an approved core syllabus exists can be offered. If a core syllabus does not exist for a particular religion, the Minister could be requested by the religious community to develop such a syllabus

(3) Yes. In the White Paper on Education and Training the revision of the curriculum has been identified as one of the major initiatives to transform education. The process to prepare for this major task has been set in motion

SANDEF: aids/other medical testing of personnel

421 Mr J C N WAUGH asked the Minister of Defence

- (1) Whether the South African National Defence Force has decided that persons wishing to join the SANDEF should undergo Aids tests, if not, what is the position in this regard, if so, (a) by virtue of what medical evidence was such decision taken, (b) what persons should undergo such test and (c) how is it decided what persons should undergo this test,
- (2) whether any persons who are currently in and in the service of the Defence Force, will be obliged to undergo tests for (a) Aids, (b) Hepatitis B and/or (c) syphilis, if so, (i) which persons, (ii) over what period will these tests be conducted, (iii) how frequently will such tests be conducted and (iv) what steps will be taken against persons who refuse to undergo such tests,

psychological evaluation of fitness to become a soldier

- (a) Aids like many other diseases is debilitating and reduces normal life expectancy and vigorous physical activity. All persons who do not meet the physical standards for the SA National Defence Force are excluded from recruitment. This also includes persons suffering from acute or chronic heart disease, diabetes, tuberculosis and many more
- (b) All new recruits undergo such tests
- (c) The Surgeon General together with medical experts within the South African Medical Service of the SA National Defence Force and in conjunction with the Interdepartmental Committee on Aids established by the Department of Health at the time and with due reference to practices in other Armed Forces in the World, specifically the USA as a leading world democracy

- (2) No Routine tests for (a) Aids, (b) Hepatitis B and for (c) Syphilis are not mandatory
 - (i), (ii), (iii) and (iv) fall away
- (3) No Persons testing positive will not be dismissed
- (4) Falls away
- (5) The present policy as stated in (1) pre-dates the new constitution. At the time of the publication of the new constitution the policy was reviewed by the SA National Defence Force Medical Legal Department and found not to be in contradiction of section 13, given the fact that Aids testing did not constitute discriminatory pre-employment testing as an entity in isolation, but formed part of an elaborate selection process necessary for a rigorous and physically demanding career as a soldier, and that testing was done in the strictest confidence with the informed consent of the candidate. Non-uniform members of the SA National Defence Force are not subjected to any such evaluation

The National Defence Force is in the process to reformulate its policy on Aids. In this process consultation will take place

between the Minister of Health and the Minister of Defence

School study of one/more official language

434 Mr J A JORDAAN asked the Minister of Education

- (1) (a) How many scholars at secondary school level in each of the nine provinces are taking one or more official language over and above the language used as their medium of instruction and (b) in how many cases is each official language being taken as an additional subject,
- (2) whether he will make a statement on the matter?

N918E

The MINISTER OF EDUCATION

- (1) (a) In terms of section 21(d) of the National Policy for General Education Affairs Act, 1984 (No 76 of 1984), the following language requirements are far as secondary school education (Standards 5 to 10) is concerned, have been determined
- Two approved languages (English, Afrikaans, an African language or another approved language) are required on either the Higher Grade or Standards Grade, provided that one of the two is the language of instruction of the school. In schools with an approved language of instruction other than an official language, the language of instruction and one official language, may be offered. Each of the 2 877 983 (1994 figure) scholars at secondary level takes one or more official languages over and above the language used as language of instruction

In terms of section 3(1) of the Constitution of the Republic of South Africa, 1993 (No 200 of 1993), the following languages shall be regarded as official South African languages at national level Afrikaans, English, isiNdebele, Sesotho saLeboa, Sesotho, siSwati, Xitsonga, Setswana, Tshivenda, isiXhosa, and isiZulu. Approved languages of instruction are over and above the official languages, all the languages as contained in the official

policy document *A résumé of instructional programmes in public ordinary schools*, DATED 02-550 (89/03)

- (b) The number of learners taking an official language as an additional subject if not available

- (2) No

Voters registered for local government elections

447 Mr J W MAREE asked the Minister for Provincial Affairs and Constitutional Development

- (1) What percentage of the total number of voters in each of the provinces have registered for the coming local government elections,

- (2) whether it is still the intention to have these elections take place in all provinces on 1 November 1995, if so, what are the relevant details, if not, in which provinces will such elections not take place,

- (3) whether he or his Department intends taking any steps in respect of the elections in such provinces, if not, why not, if so, what steps in each case?

N937E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT

- (1) The following provincial percentages in respect of estimated potential voter numbers have been received from the provinces

Eastern Cape	75,65%
Mpumalanga	67,47%
Free State	74,83%
Gauteng	72,36%
KwaZulu-Natal	66,35%
Northern Cape	83,43%
Northern Province	84,29%
North West	79,88%
Western Cape	90,21%

- (2) and (3) In terms of a decision taken at a MINMEC meeting and thereafter by Cabinet on 26 July 1995, the election date for all the provinces will remain 1 November 1995. However, local authorities not able to meet the 1 November 1995 election date can be exempted and another date can be determined for each of them. It is possible

that exemption could in this regard be granted in respect of all local authorities in a province and that the same new date may be determined in respect of those authorities

Contact between Armscor/paramilitary groups

457 Dr I M PHILLIPS asked the Minister of Defence

- (1) Whether any contact was made at any time during the period 1 January 1985 up to the latest specified date for which information is available, between (a) Armscor and/or its employees and/or its agents and (b) members of any paramilitary groups, including a certain person, whose name has been furnished to the South African National Defence Force for the purpose of his reply, in Northern Ireland, if not, what is the position in this regard, if so,
- (i) which paramilitary groups were involved, (ii) on which occasions and (iii) what was the (aa) content of the discussions which took place and (bb) nature of the agreements reached,

- (2) whether any financial arrangements were entered into by the parties concerned, if so, what are the relevant details,

- (3) whether he will make a statement on the matter?

N980E

The MINISTER OF DEFENCE

- (1) I have been informed that Armscor has no record of any contract having been made between itself, its employees or its agents and paramilitary groups, including the person whose name was supplied, in Northern Ireland. It is a fact that there are people in this world who falsely present themselves as agents or as go-betweens with the hope that should a contract eventually be concluded they will be paid a commission. Armscor has been inundated with people claiming to have either represented them or acted on their behalf at some or other time. After these claims are proved to fraudulent nothing is ever heard of them again
- (2) No
- (3) No. I have nothing further to add at this point in time

Traditional authorities, amounts spent on remuneration/administrative costs

459 Mr A S BEYERS asked the Minister for Provincial Affairs and Constitutional Development

- (a) What amounts were spent by his Department in the past financial year on the (i) remuneration and (ii) administrative costs of traditional authorities in each of the provinces and (b) in respect of how many persons are these figures furnished in each case?

N982E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT

- (a) (i) R371 959,79
- (ii) None

It is not possible to provide the information in respect of each province as the expenditure was consolidated in the budget of the Department of Constitutional Development when State departments were rationalised in 1994

- (b) The information is unfortunately not readily available

Section 82(1)(k) of Constitution, persons released

464 Mr C G NIEHAUS asked the Minister of Correctional Services,

- (1) (a) How many persons were released in terms of the special remission of sentence granted by the President to persons over the age of 60 in accordance with section 82(1)(k) of the Constitution and (b) when were these prisoners released,

- (2) whether this number constituted the total number of persons to be so released, if not, why not, if so,

- (3) whether a certain person, whose name has been furnished to his Department for the purpose of his reply, was subsequently released, if so, why,

- (4) whether the said person was taken into consideration to be released as part of the group of persons released in terms of this remission of sentence, if not, why not, if so, why was he not released at the same time as the other persons so released or

Plan to teach kids safe sex

(92) Sowetan 1/12/95

By Rafiq Rohan
Political Correspondent

THE Department of Health will appoint HIV-positive people to spread the message about preventing Aids, while in another move pupils will be given a "passport" when they leave school.

In the passport they will be offered information on HIV and Aids and taught how to use condoms and practise safer sex.

These are some of the changes being introduced by the Department of Health to curb the spread of the deadly disease, the director-general in the Department of Health Dr Olive Shisana said in her report to the portfolio committee on the Public Service and Administration.

The committee is examining problems faced by ministries and departments in the rationalisation process. "To improve our communication strategy on HIV-Aids we have also commissioned a play on Aids," said Shisana.

Safety syringe plant (92) marks Aids day

MHC (Cam) 1-7/12/95



ANGLO AMERICAN INDUSTRIAL CORPORATION (AMIC) has invested R117-million in a South African safety syringe plant to be set up in Somerset West.

The project, due to be commissioned by the end of 1996, signals Anglo's entry into the medical consumables and equipment market. Safety syringes can only be used once and reduce the risk to health-care workers of needle stick injuries and the accidental transfer of Aids

Mike Sander: Cutting the cost of safety syringes will cut the risk of diseases such as Aids.

PHOTOGRAPH RUTH MOTAU

and hepatitis.

Although safety syringes are not taken duce worldwide, sales have not taken off because the safety syringe is more expensive than conventional syringes. Amic deputy chairman Mike Sander says the locally produced safety syringe will have a significant cost advantage over the imported safety syringe.

The local market is worth about R90-million and so most of the 220-million unit production of the local plant will be aimed at the international market, estimated to be worth about R13-billion in total sales. The US market is worth about R4,5-billion, of which about a third is spent on safety syringes.



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McG (Bm) 1-7/12/95

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Mike Sander: Cutting the cost of safety syringes will cut the risk of diseases such as Aids

PHOTOGRAPH RUTH MOTAU

mental grants to local authorities by syst
tric car designed to cost under



Quiet—but not silent. As it

... as it stealthily goes about its deadly work in the world

Medical carers vital as Aids spreads

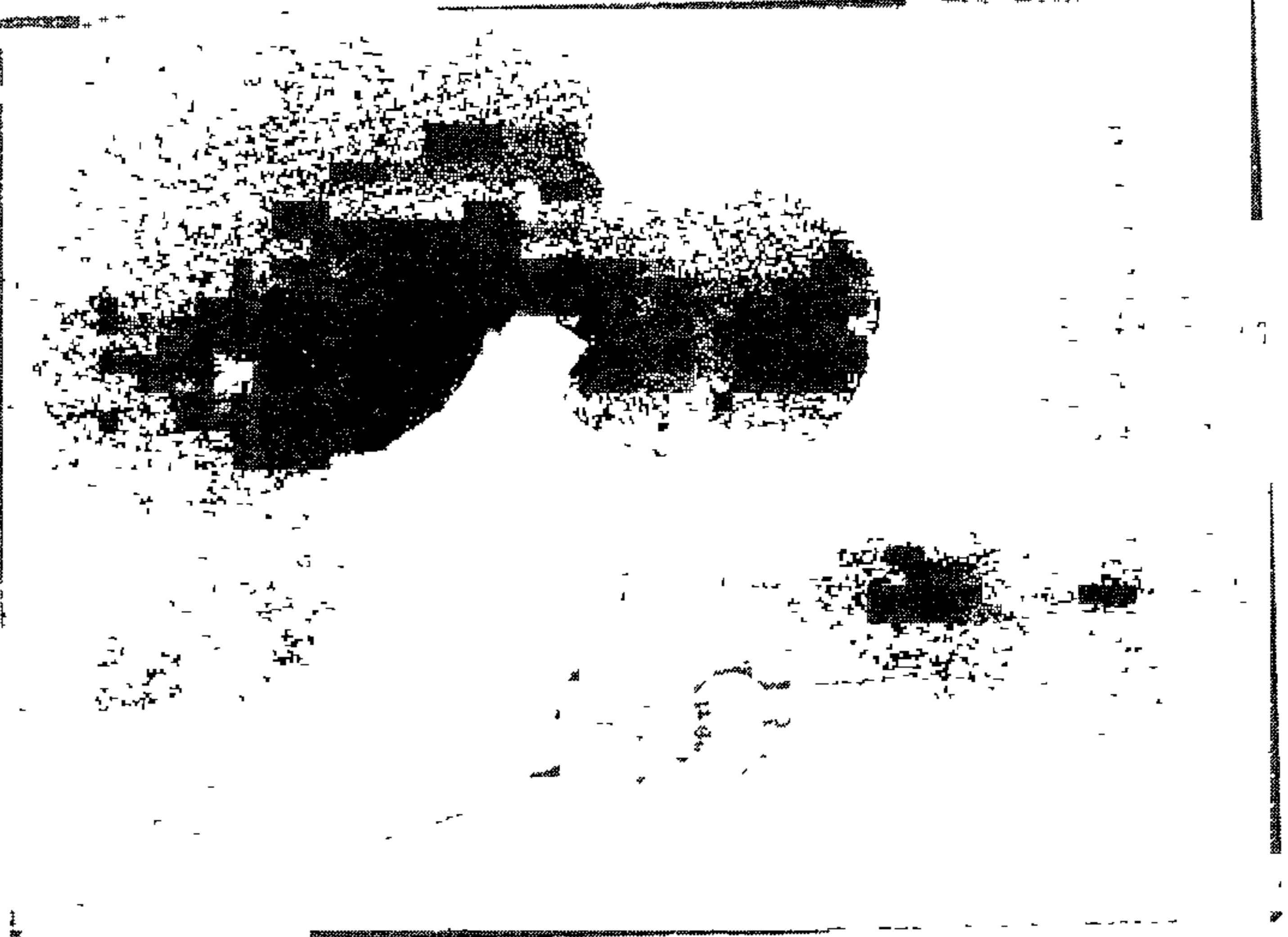
Because the epidemic is still young, former civil servant Peter Steyn (28) is one of only 1.5% of people in Gauteng who are HIV-positive and beginning to show symptoms of the illness

He's going to need access to a "medical carer" trained to cope with the medical, physical and psychological traumas experienced by someone facing a slow death. The Gauteng health department hopes to have trained all primary-level carers within the coming year.

Peter was diagnosed HIV-positive in 1991 but, besides the odd cold, he remained well. He began getting bouts of bronchitis and pneumonia in April this year and is now in the care of the Johannesburg Hospital.

Most people can't afford the anti-viral treatments available, others might want to get involved with drug trials. There's a choice here, to live by watching blood test results or to judge health by how you feel.

Although some people are able to continue working, especially if they move to a position which is less demanding, not every one



Meshak ... knows he's HIV positive.

Despite being tested positive, there is hope

Meshak (39), left, is from Vosloorus. He forms part of the 1-2% of HIV positive people in Gauteng who know their status and, like most, he wants anonymity.

He was diagnosed two years ago but still has had no physical side effects.

With HIV, you can live and work happily for years - eating well, avoiding tobacco, exercising and lowering stress.

can lengthen that time. And so will love and support from those around you.

But getting life

insurance, and so, too, a bond, is a big problem. So is the threat of dismissal from work, an issue Aids campaigners are working to counter.

Meshak's great love, and source of some income, is music. He has played drums for jazz and mbaqanga bands for 15 years. He recently worked as a clothes salesman, but is now jobless.

He is restless and distracted as he talks, wanting to be an ordinary citizen and carry on un-

naffected by the outside world.

"But life with HIV is a time-bomb - you never know what will happen tomorrow," he says.

Meshak is a solitary person who does not seem to need the

babble of people around him, his parents died while in his youth, and he seems to have built a protective wall against the unexpected and the negative.

He spends many hours in

Greatest wish is to be accepted

prayer, believing God will see him through difficult times.

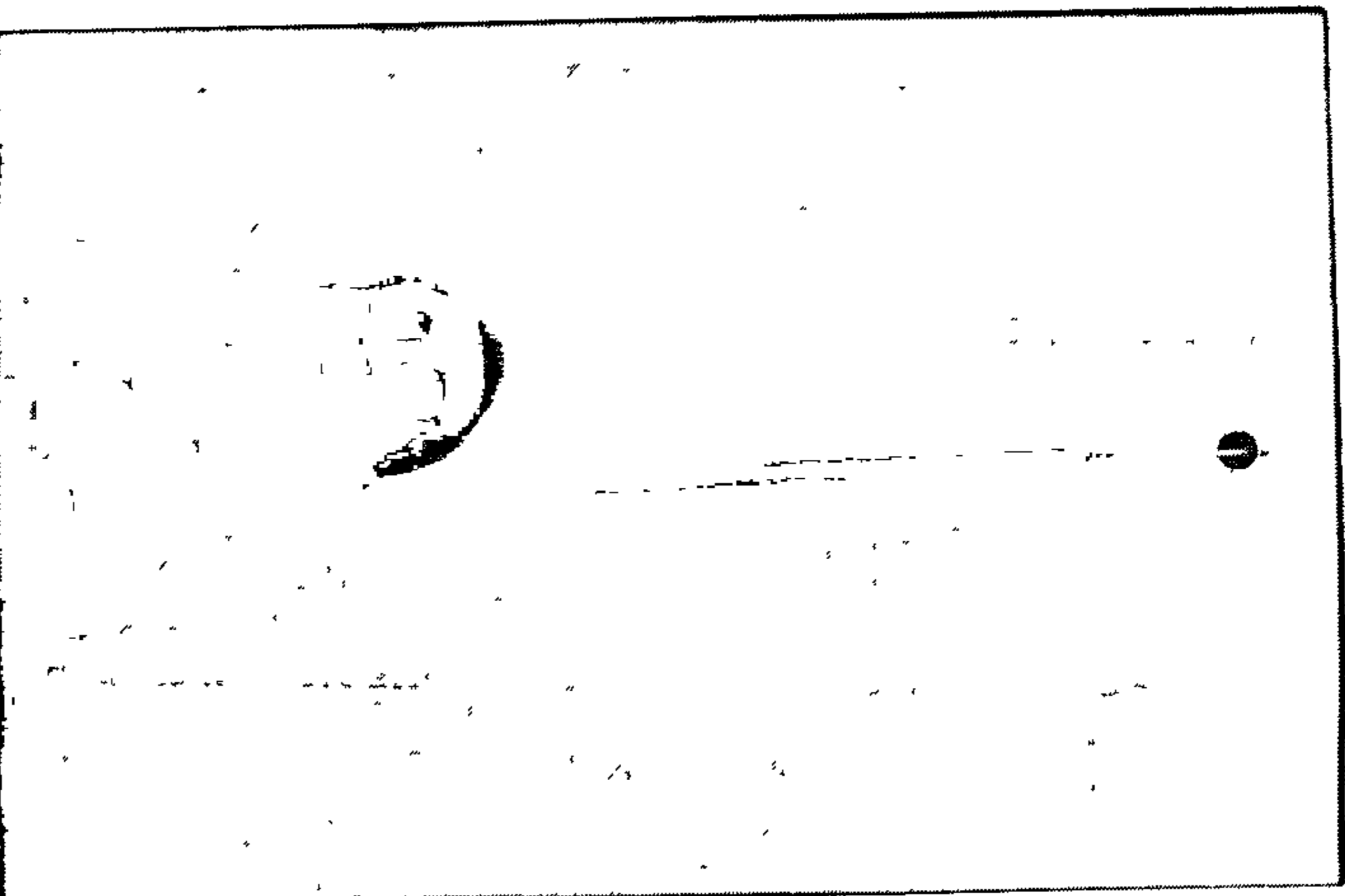
He reads avidly, anything from the Bible to Per-

sonality magazine.

And his greatest wish is that his peers accept him. "It is people with no heart who treat me as an untouchable, and hurt me."

"If I do not keep myself busy I get depressed. I cannot think too much about what is happening to me," he says.

The St Christopher's Home is supporting Meshak until his disability grant comes through. "Right now I am strong, I'm gonna live a long life I will



Ian ... feels the health system has ignored him.

His will to live fading away

Ian Lesley (43) left, was a Franciscan monk for nine years before studying social work and working as an AIDS educator. He was diagnosed with HIV 11 years ago.

Ian is in pain, and grinnaces in his Houghton Hospice bed, talking with the slowed confusion of someone on heavy medication. "I'm a person with needs just like others. I require little else than people to treat me as such - a normal person," he says, fidgeting with a cold cup of tea. "People see me as HIV, but I'm a person," he adds, admitting that it sounds corny.

People are a source of both pleasure and distraction to him, and his greatest difficulty is establishing relationships with people who are not infected.

After a long relationship with a lover who has had HIV for six years, he is filled with anguish as he sees his companion experiencing the trauma of another HIV death. Friends and family are a source of comfort, but his will to live is fading.

Ian seems unsure about the role of religion in his life. "In a basic, simplistic kind of way I suppose I do need God. I know the end is nigh, and I'm in the final existential phase - I am facing it in a very real way."

Medical aid stopped paying and he feels the health system has ignored him, leaving him to rely on others for support.

PICTURES: JODI BIEBER

What YOU can do about HIV ...

(92)

Star 1/12/95

One in ten 18-to-35-year-olds in Gauteng is HIV positive. If you're that age, and live here, you'll fit one of these five profiles. These will be your needs, and your responsibilities

By JANINE SIMON, ADAM COOKE AND SELBY BOKABA

Like 90% of people in his age bracket, Puso Loate (23) is HIV-negative. He knows because he was recently tested.

Puso Loate (left) is a determined and ambitious young man who, together with his brother, runs a public telephone bureau in Joubert Park, Johannesburg. His message to other youths is "Have one steady relationship and use condoms in all sexual encounters."

Puso was told to undergo an Aids test recently as part of his application for a scholarship to the

United States. He was hesitant, but because he had faith in his girlfriend, he went for it. "I was delighted to see the results that I was negative," said Puso.

Puso and his girlfriend are very supportive of the Aids movement.

"My family and friends are very supportive and I look forward to a bright future," he said. Puso needs to keep healthy by eating well, working, relaxing and exercise. He should avoid smoking and have his family, spiritual guide and a trained health worker to turn to should he experience problems.

He has the right to education, a job, health care, insurance and personal relationships, and he shares Gauteng's responsibility for doing something about Aids.

He should support those who are ill and their families by discussing Aids and try to stop discrimination against people with HIV. Puso also needs to love well and love safely by keeping condoms on hand to protect himself against STDs and HIV.

STDs and HIV are not carried by foreigners, whites, blacks, or prostitutes; they are viruses here, in Gauteng, among all communities. It is what you do that puts you at risk.

It's not who you are, but what you do

The person silhouetted at bottom right has HIV and doesn't know it.

The photograph could be you, your spouse, child, partner, friend, employee or colleague. It's not who you are, but what you do that determines infection.

Six percent of people in Gauteng, and 60% of those with HIV, fall into this category.

In most cases the person was infected in the last five years, so there are no symptoms. You need to lead a normal life, working, re-

laxing, spending time with friends and family. You'll need the time and place to do what you enjoy, a doctor or clinic nurse for the occasional illness, and perhaps professionals, religious leaders or spiritual healers for more specific concerns.

You'll also need to limit stress, take good food and exercise to keep healthy.

If you do have an HIV test, it should only be with pre- and post-test counselling. You're entitled to privacy about this, and to counselling on how to live with HIV.

You share the responsibility of using condoms to protect your partner from possible infection, and yourself from STD's, genital herpes has a particularly negative effect on people with HIV.

You also share the responsibility of doing something about Aids. Talk to those you know about Aids, help to care for those who



Above: Peter (28) HIV positive and ill - found out where his friends were.

Left: HIV positive and don't know? ... you share the responsibility to love safely, and do something about Aids.

PICTURES
THYS DULLAART



On World Aids Day, the Government promises formulation of a high-profile national

By **JAMINE SIMON**
Medical Correspondent

Shared rights, shared responsibilities, that is the international theme for World Aids Day (WAD) today

It was chosen to spell out that people with HIV and Aids have

the same rights as those who are not infected, and that all people are responsible for caring for the ill in the community and preventing the spread of HIV.

An estimated 500 South Africans a day are being diagnosed as HIV positive, but the health department has now for-

mulated and is in the process of implementing, a high-profile national Aids strategy

In Gauteng, where already one in ten people is infected with HIV, health officials have gradually made progress with building a co-ordinated provincial programme

WAD activities are one example of how co-ordination has improved, according to a department statement more than 60 events were organised in townships, informal settlements and towns over the last week, and more than three million condoms distributed.

Services for sexually transmitted diseases are also being extended into local authority, mobile and family planning clinics, and more than 500 nurses trained to staff them. Two million condoms are distributed monthly in Gauteng, and

What you can do

HIV strategy

Training in both medical care and counselling is planned to mushroom in 1996; the health department also plans to increase support to NGOs providing community care, and develop a strategy

plan for a schools programme
Activities planned by the Gauteng Health Department include a rally at the Elka Stadium in Soweto, a multi-media event at Sammy Marks Square in Pretoria, and a day of fun and indoor sports at the Crystal Palace nightclub in Johannesburg

(92) Star 1/12/95

Record number of Aids Day events

By Glenn McKenzie

A RECORD number of people are expected to take part in South Africa's World Aids Day celebrations today

Health Minister Dr Nkosazana Zuma will speak in Durban

In Johannesburg, Brenda Fassie and Bob Mabena as well as soccer stars from Kaizer Chiefs and Moroka Swallows are expected to participate in fundraising events at Excelsior High School, at 14 Noord street.

The school will hold a 9km fun run, an indoor sports competition, a lunch-time braai and an all-night fund-raising disco today

Money raised at these events will be donated to the Salvation Army Home for abandoned Aids babies in Doornfontein

Here is a list of other events to be held today

● The HIV-Aids Clinic at Level 4, Yellow Block, Johannesburg Hospital will hold a memorial and support service at 9am today for friends and family

members of people with HIV and Aids

● Aids patients, researchers and church leaders will speak at an interdenominational service at St Mary's Cathedral in Johannesburg at noon

● A lunch-time prayer service to highlight the needs of people living with HIV-Aids will be held at the Central Methodist Church in Johannesburg at 1 15pm

● In Soweto, several marches and parades will be held from the following venues Baragwanath Hospital at 9 30am, Tshiawelo Clinic at 10am, Jabulani Fire Department at 10 am, and Dube YMCA at 9 30am

The marches will proceed to Elkah Stadium in Rockville

● Other Aids Day activities will take place at the Actonville Community Centre at 9 30am, Daveyton Hall (9am), Mokoka Library, Daveyton Extension (9am), Vosloorus Civic Centre (8 30am), Reiger Park (4 30pm), Tsakane Clinic (10 30am), Springs Clinic (noon), Bakerton Clinic in Springs (10am), Ratanda Clinic (9am), Kempton Park Civic Centre (9am), Phomolong taxi rank, Kemp-ton Square, and Mehlareng Stadium in

Tembisa

● In the Vaal, there will be a parade in Sebokeng and marches in five informal settlements

Contact person Amanda Killian at (016) 33-3333

● In Pretoria, a multi-media event will take place today at the NuMetro Cinema at Sammy Marks Square in the city centre

● Mpumalanga will hold a Youth Affairs festival today at 9am at Kabokweni Stadium and Bethal Stadium

● An all-day "Youth Bash" will be held at 17 Esselen Street in Hillbrow, Johannesburg

● In Yeoville, Johannesburg, a special "Aids Day Mardi Gras" will be held on Saturday in Rockey Street

A variety of markets and presentations will be held between 10 pm and the early morning hours

● The National Youth Development Trust will be holding a youth Aids seminar on Saturday at the Youth Commission Office in Pietersburg in the Northern Province Contact Jerry Mabatamela (011) 402-1205 ext 2254 Or Kenneth Tlhake (0152) 291-1944 ext 205

(92)

Sowetan
1/12/95

Aids

Sowetan
1/12/95 (92)

Shock

By Mokgadl Pela
and Glenn McKenzie

MINISTER OF HEALTH Dr Nkosazana Zuma yesterday predicted that Aids would become South Africa's "number one problem" in the next decade.

Already the disease is rampant. A leading paediatrician said 10 HIV-positive mothers delivered babies daily at Baragwanath Hospital in Soweto.

In an interview with the *Sowetan* on the eve of World Aids Day, Dr Zuma called on communities, churches and the business sector to "help find creative ways to fight Aids".

Zuma predicted that the Government's human resource policies would "go up the creek" because of Aids deaths.

"We are likely to be in a situation where we have very old people and very young people with a severe shortage of breadwinners," she said

Meanwhile Dr Glenda Gray, a Baragwanath specialist paediatrician, said three of the 10 babies born daily at the hospital of HIV-positive mothers carried the virus. She said statistics at Bara and surrounding clinics were "a matter of grave concern" and urged the community to adopt safer sexual practices.

"At any one time, Bara treats more than 40 HIV-positive children in the paediatric wards. The figure could be much higher as this number excludes those in surgical wards," Gray said

She said transmission occurred either at birth or through breast-feeding. "Researchers are, however, not sure how serious the route through breast-feeding is."

She warned that the epidemic was on the increase and "unless we act quickly, the consequences could be too ghastly to contemplate." Gray said education still played a vital role in Aids prevention, especially with the absence of a vaccine

● See Page 3 and 19.

Human face of Aids

(92) Sowetan 1/12/95

Photographs give us glimpses of the lives of those with the disease

By Glenn McKenzie

A GIRL SMILES at her sleeping mother. A man smooths his hair before a public performance. A pregnant woman dances, with a silent laugh frozen on her mouth.

Each person has Aids. And each has been captured poignantly in a new exhibition of photographs entitled *Positive Lives - Responses to HIV*.

Gideon Mendel, a South African photographer who moved to London in the early 1990s, took the pictures which form the South African section of the exhibit. Other photographs were submitted by other photographers in Britain.

Personal and moving

"What we were trying to do was to show the human side of Aids. In many cases, it is very personal and very moving. Most people don't see people with Aids as having normal lives," said Mendel.

Mendel, who spent about six weeks documenting Aids in this country and another four weeks doing the same in Britain, said he encountered fear and hostility when taking his photos.

Many people with Aids were frightened of being persecuted if their disease became known to the communities in which they lived.

Other HIV positive people had not even told their families that they were carrying the virus. Each one had to be respected and treated sensitively by the photographer.

"I wanted to be able to break down prejudices but not at the expense of the

people whose lives are affected by HIV," said Mendel. "It was a constant battle."

Mendel, who has since decided to document Aids stories in other African countries, says he learned a lot about the disease through his photography. People told him the most intimate details of their lives and shared the reasons why they are able to cope.

In a written submission to the exhibit, Jabu, a female Aids educator from KwaZulu-Natal, tells how she would trick pregnant mothers who had never seen a person with Aids.

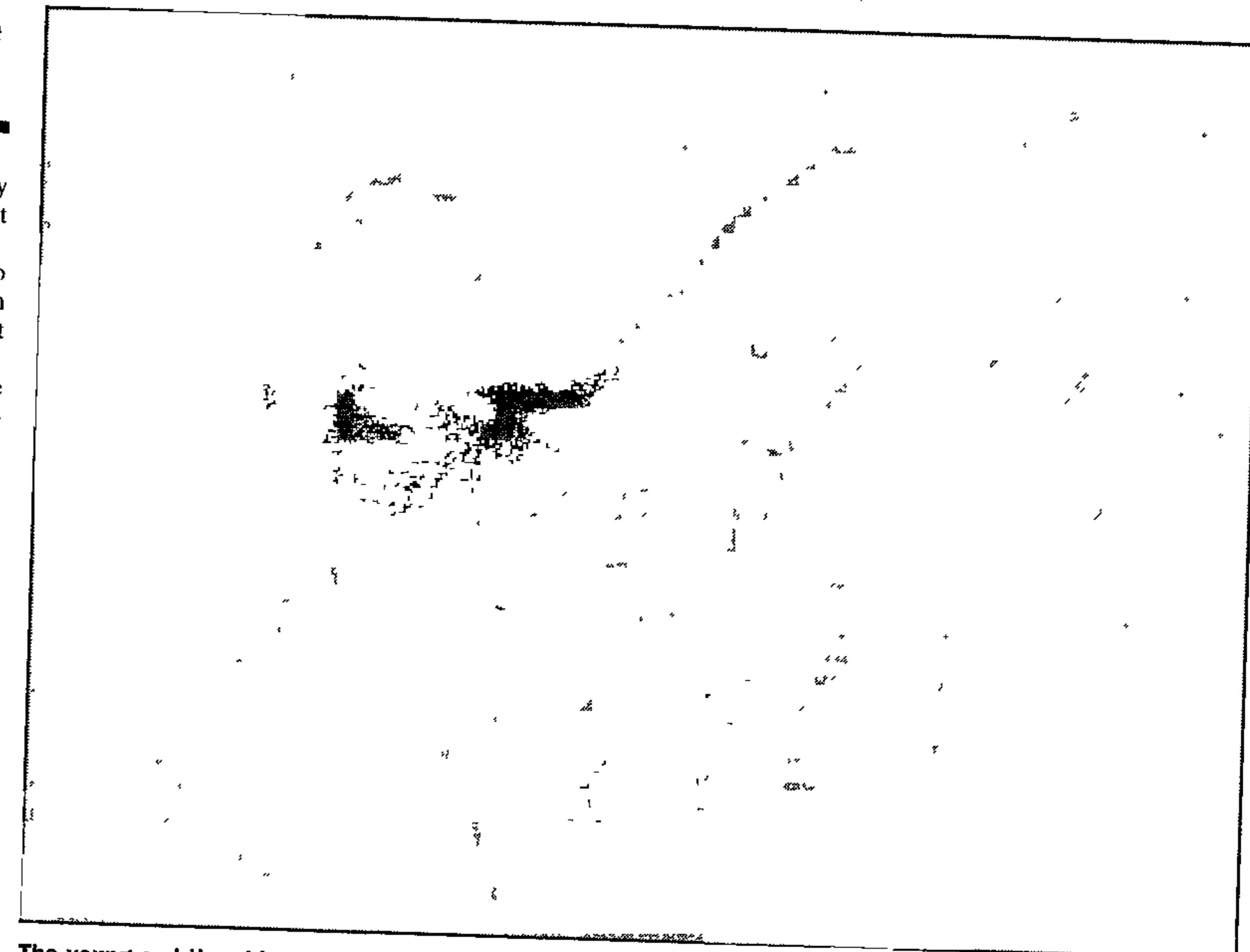
I ask them if they have ever seen a person who is HIV positive. They say no. Then I ask them what such a person looks like. They say they are smelly and covered in sores.

Then I ask them if they would like to see a person who is infected with HIV. I tell them that I have someone with me who is infected, but I have hidden her in the group and that I will show this person to them later.

At the end of her presentation, the counsellor would reveal that she herself was the infected person. Her audience would invariably howl with disbelief.

Mendel said "I couldn't be objective with these subjects. I had to personally meet them and learn about who they were before I was able to take pictures of them in a human way. The whole experience affected me in a profound way."

Sometimes good photographs had to be foregone for the sake of privacy or secrecy. On several occasions, Mendel was told by eager Aids workers to take pictures even when the sub-

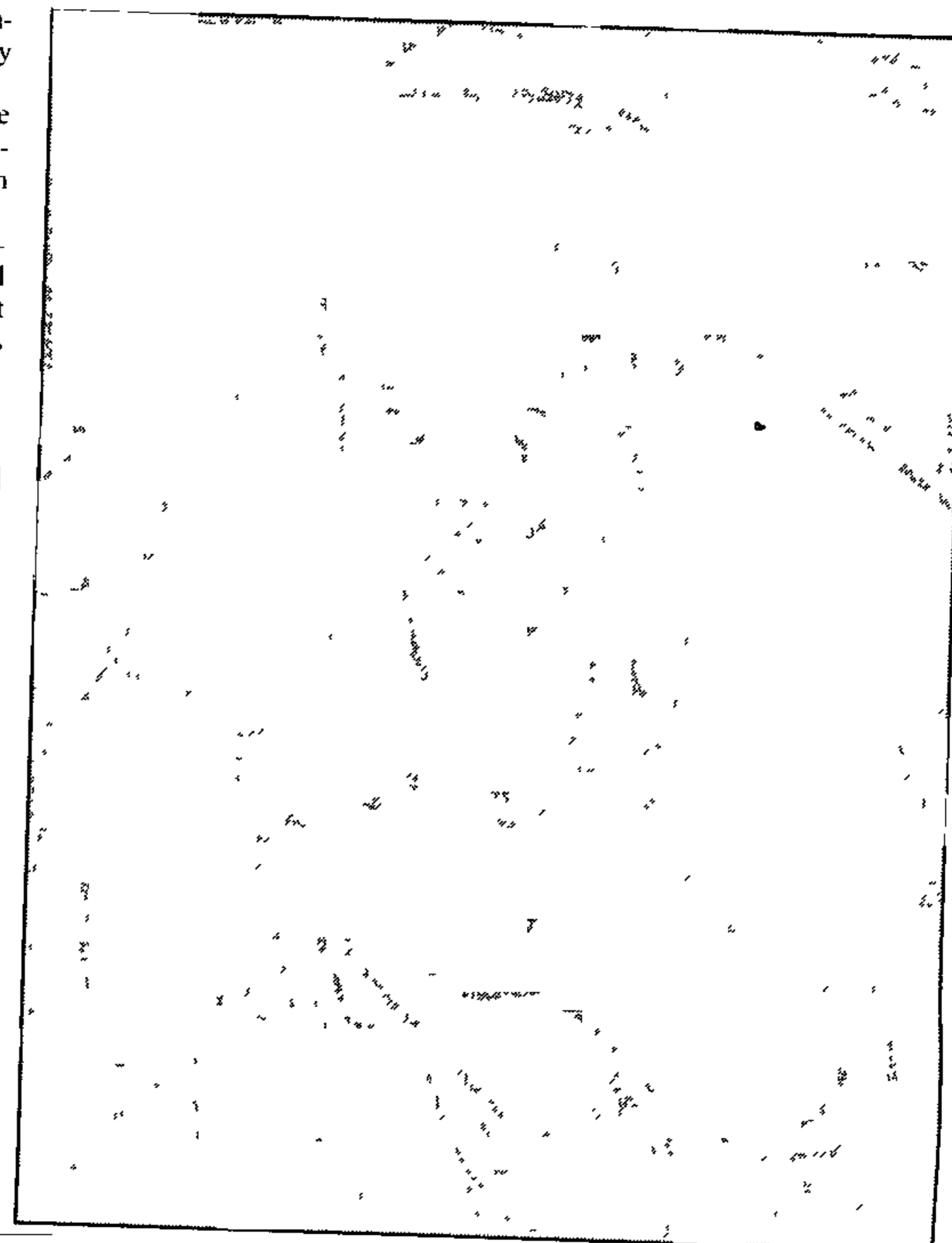


The young and the old ... As Gideon Mendel's photographs show at an Aids exhibition, HIV can infect people of any age. Most, however, carry on and strive to lead fairly normal lives

jects had not given their genuine consent, Mendel refused. As a result, many good pictures went uncaptured.

As one plain paper-wrapped picture in the exhibit states: "The price of visibility is high. Many faces must remain hidden."

Positive Lives is currently touring Cape Town and Soweto, and will be on display at the Johannesburg Art Gallery in the city's central business district until the middle of February.



In their own words

“When I tell people that I have this disease, they often can't believe it because I look so strong and well. I am worried that many of the youth in South Africa will catch this

“It was hard to tell my husband. I tried to tell him this way and that way with clues. But he couldn't see what I was telling

“When we Aids sufferers are together, we treat each other with respect and love. We can be a group

SA told: You are losing AIDS battle

BD 1/12/95

(92)

Kathryn Strachan

SA IS losing the battle against the social and economic devastation wrought by AIDS, National Assembly portfolio chairman Dr Manto Tshabalala said on the eve of World AIDS Day.

In a speech delivered to her Durban constituency yesterday, she called on government colleagues to take steps to combat the spread of the virus which has already infected 1,2-million South Africans.

She called for a new parliamentary AIDS committee — headed by President Nelson Mandela so as to ensure liaison across government departments.

AIDS had to be integrated into all levels of the RDP, she said. Other measures were to guarantee the rights of people living with HIV/AIDS, including a ban on pre-employment testing and free availability of condoms for prisoners.

Tshabalala said the economic effects of AIDS were profound and the threat of social destabilisation in a country already racked with violence spoke for itself.

"I welcome the efforts by the department of health, but the fight against AIDS goes well beyond matters of health policy," she said. "That is why the parliamentary health committee will be drawing up proposals for a national parliamentary AIDS committee and approaching the president to ask him to chair it."

"Specific issues must be tackled urgently. SA's policy on condom availability in prisons is outdated and dangerous. It is time for the minister of correctional services to stop dragging his feet — AIDS does not respect prudish sensitivities."

Prisons had been

identified as a weak link in the chain of curbing the spread of AIDS. Prisoners contracted the virus in prison, and then passed it on to their partners on their release.

The World AIDS Day message of Health Minister Nkosazana Zuma was that AIDS should not be seen as only a health issue — it was a social and economic issue which required the intervention of everyone.

In an interview yesterday, Zuma said she believed the business sector had still not grasped the full implication of the disruption that AIDS could cause in industry. Business was under the perception that AIDS would affect only unskilled workers. In fact all levels — skilled and unskilled — would be affected.

Business needed to do more than introduce stop-gap measures such as pre-employment testing. What was needed was to tackle the root cause with steps such as talking to workers about AIDS, distributing condoms and destigmatising AIDS in the workplace, she said.

ARC 1/12/95 (92)

Mandela calls for unity in the fight against Aids

PRETORIA. — President Mandela today called on South Africans to unite in the fight against Aids.

In a statement to mark World Aids Day, Mr Mandela said that according to estimates 10 000 people in South Africa had fully-blown Aids and two million had the HIV virus.

This represented a tenfold increase in the number of people who had tested HIV positive over the past five years.

Most of those infected were women, youth and migrant workers, he said.

Aids posed a major threat to the reconstruction process underway.

"Factors such as the status of women in society, child abuse, migrant labour, unemployment, lack of housing, illiteracy, sexual prejudice, discrimination in the workplace and other settings have contributed, and continue to contribute, to the rapid spread of the virus in South Africa.

"We need to ensure that we provide

the supportive environment to afford people the capacity to protect themselves through increasing access to condoms, drugs for sexually transmitted diseases, access to health care and testing and counselling facilities," Mr Mandela said

"At all times we must speak out against the stigma, blame, shame and denial that has thus far been associated with this epidemic

"Through our actions let us demonstrate that as a country we are in the forefront of protecting the rights of people with HIV and acting on our responsibilities to stem the epidemic and ensure a caring and supportive environment," said Mr Mandela.

He urged people to take part in the special events to mark Aids Day throughout the country and for all possible support to be given to those who had contracted the disease.

"Now is the time to work together to combat Aids," said Mr Mandela. — Sapa.

Being positive

ARCT 1/12/95

(92)

□ *'I can't afford to die. There's too much to do'*

JENNY VIALI
Health Reporter

HOOSAIN has the virus that causes Aids — but he doesn't want pity or to be treated any differently from anyone else

Hoosain (he'd rather not use his last name) is 33 years old and is infected with the human immunodeficiency virus (HIV). He's been HIV-positive for three and a half years now

He's a healthy, vital young man and his dark eyes sparkle with life. And life is what's important to him

"Just because you have the virus doesn't mean life stops. We're all born, we live, we die. The virus just brings mortality closer. But it doesn't mean you stop living, you just have a different focus. You realise you're here and you must live every moment."

Hoosain is fortunate in that he is employed and his employers know he's HIV-positive. But he won't stand for being treated differently

"I don't want people to make concessions for me. Don't pity me, I'm not interested," he says.

When he first heard he was HIV-positive, he felt numb. "I went on a shopping spree, went home to my lover and we just cried and held each other." During the next few months he pursued a "vociferous" sex life.

"I felt the need to belong. The media was telling me I was a pariah, a leper. I needed human contact, to be held and comforted. During that time I never had sex without a condom. And I don't now."

After about two years of not doing anything about his HIV-status, Hoosain decided it was time to learn more about the disease.

"You can't be apathetic. I joined a group, and it was the first step to taking control of my life. I met other HIV-positive people. I talked to people, compared notes and learnt about different medications and so on."

"I can't afford to die, there's

too much to do," he says with a smile.

What's important to Hoosain is taking care of himself, and that's physical, emotional and spiritual care. "If your mind isn't right, it doesn't matter what state your body is in, it will waste away. Love yourself and be positive."

Right now Hoosain is healthy and has no expectations of the future, other than that he will live for "at least 15 years." That's not to say he's denying the reality of Aids. Having nursed a lover with Aids, he knows what it's all about.

Hoosain's hope is that people will accept HIV-positive people for who they are. "Be real with them. Treat people for what they are and how they relate to each other. Feeling sorry for them aggravates the 'poor me' syndrome."

"To HIV-positive people I would say have a positive mindset about yourself. Don't waste time, don't live in unhappiness," he says.

Grim forecast on SA pandemic in '96

(92) ARG 1/12/95
JENNY VIAL, Health Reporter

AN estimated 1,8 million South Africans will be infected with the human immuno-deficiency virus (HIV) by the end of this year — a 33 percent increase over last year's estimate of 1,2 million infections

And each day about another 2 000 South Africans are infected with HIV

Although the Western Cape has the lowest incidence of HIV-infection in the country, there is no room for complacency, those working in the Aids arena have warned

Speaking on World Aids Day today, Peter Doyle of Metlife's Aids study team said South Africa, with a population of around 42 million, has a larger HIV-positive population than the United States with its overall population of 250 million

The Metlife team researches the effect of Aids on future mortality and morbidity rates

Ebrahim Rasool, Minister of Health in the Western Cape, said he was deeply troubled by the response to the Aids pandemic in the region

"We seem to be sitting back and saying 'Shame, a year ago 16 percent of women in KwaZulu-Natal had HIV — but we have an overall incidence of only 1,77 percent, so we can carry on as usual'

"No, we cannot

"There are pockets in the Western Cape where nearly one in 20 mothers was HIV positive a year ago

"This means that right now in these pockets probably one in 10 sexually active women are infected with HIV"

Mr Rasool committed his department to taking appropriate action to fight the spread of HIV and to supporting those living with Aids

The latest figures from the annual ante-natal survey for 1995, which reflect the trend in HIV infection in South Africa, are not yet available, but indications are that adults in KwaZulu-Natal, Mpumalanga and the Free State are worst hit

Mr Doyle says the Aids epidemic will seriously threaten productivity and delivery of healthcare by the turn of the century, with as many as 200 000 likely to develop Aids over the next five years

This will result in HIV-infected children being born to HIV-positive mothers and a significant increase in the incidence of tuberculosis — all

placing enormous pressures on government health care resources

"Education is the only possible means of reducing future incidence of HIV infection. Our research shows that once Aids becomes a tangible reality within communities, Aids awareness educational programmes definitely start having an effect"

Gary Adler, leader of the National Aids Council of South Africa (Nacosa) Western Cape, said the Aids epidemic happened in pockets on the Cape Flats, and resources needed to be refocused where they were most needed

"Not much is happening in terms of a co-ordinated effort

"There is no room for complacency. We need to take action now and we need all government departments to come on board. It's not just a health issue.

"Where is the reconstruction and development programme? This is a development issue

"We're calling on everyone to get involved — government, business, civil society. It's everybody's problem."

Mr Adler said indications from staff working at clinics and day hospitals are that estimated numbers of HIV and Aids cases did not reflect the true picture

Much was being done in terms of prevention, said Mr Adler, but there was nothing being done in terms of caring for Aids patients

"This is where the national aids plan falls down"

The council's focus next year will be on lobbying for a greater commitment to HIV prevention and care, mobilising resources and monitoring the implementation of the national Aids plan

Wilfred Jewel, community outreach officer for the Aids Training, Information and Counselling Centre (Attic), said the Western Cape had a long way to go in Aids and HIV awareness

Aids education had had little impact on behaviour change

There was a great need for life skills education to teach responsible sexuality in schools

"A lot can be done to keep the HIV incidence in the Western Cape low — but time is running out. We need the whole community to work together."

Aids — SA too complacent

CT112/95

TODAY is International Aids Day — and with more than 8,5 million people infected, sub-Saharan Africa is the most Aids-affected region on earth.

But the worst is yet to come, health authorities warn, and South Africa will not be excluded unless complacency is overcome.

In urban areas in Botswana adult infection rates of more than 20 to 30% were observed. In Nairobi, more than 30% of hospital beds are filled by Aids patients.

In Malawi, where 10% of the 10 million inhabitants are HIV-positive, authorities believe there will be some 800 000 people orphaned by Aids by the year 2000.

Yesterday, Minister of Health Dr Nkosazana Zuma warned that South Africa was almost at the same level of infection as the worst-infected countries in Africa.

The worst-hit area in the country was still kwaZulu/Natal followed by Mpumalanga, the Free State, Gauteng and the Free State.

Local Health Minister Mr Ebrahim Rasool said the Western Cape had "pockets" where he estimated one in 10 sexually active women was HIV positive. — Staff Reporter, Reuters

Government will lead in war against

Aids scourge says Zuma

ARG 2/12/95

92

DURBAN. — Health minister Nkosazana Zuma has pledged the government's support to lead the fight against Aids, but said all South Africans had a contribution to make.

Speaking at a World Aids Day gathering, Dr Zuma said: "We all have the right in South Africa to be protected against HIV (the virus that causes Aids) and we all have the right to know about HIV (human immunodeficiency virus).

"But ... we all have a responsibility.

"The government has to lead in that responsibility and we all have to participate ..." she told about 3 000 people, mainly scholars.

Dr Zuma said estimates showed that about two million people would be infected with the virus in South Africa by the end of this year.

She added that employers had a responsibility to inform workers about Aids and ensure they had access to condoms.

KwaZulu-Natal Health Minister Zweli Mkhize called on politicians and other leaders to educate society about Aids.

He said: "In this province we have a lot of problems that are making the prevalence of this disease the highest in the whole country.

"The message has to go to the leaders of this country, political leaders, union leaders, traditional leaders ... they have to include the message of Aids in their speeches."

A recent university study has shown that almost a million of the province's 8,7 million people could be infected with the HIV virus by 1996.

— Reuter.

ARG 2/12/95 (92)

Aids stigma switches from men to women

JENNY VIALL
Health Reporter

POVERTY and lack of status heighten women's vulnerability to HIV (Human Immunodeficiency Virus) infection, and in some parts of South Africa Aids is seen as a "woman's disease". Women are also seen as a reservoir of infection by certain groups, although transmission of HIV from men to women is seven times more efficient than from women to men.

These are some of the issues

highlighted in a paper to be discussed at a meeting of Commonwealth health ministers which starts tomorrow. The paper, *Women's Experience with Health - Coping with HIV and Aids*, has been prepared for discussion by South Africa's health department.

The paper notes that the original stigma and label of promiscuity has been transferred from homosexual men to women as the Aids epidemic takes hold in South Africa.

Aids affects not only the health of women but also their potential for advancement, and

the stigma of Aids frequently causes infected women to suffer discrimination, social rejection and other violations of their human rights and dignity, notes the paper. Recent statistics indicate that more young women than young men in developing countries are contracting HIV.

The theme of the five-day conference is "Women and Health". Research, the promotion of women's health and women's experience of health will be discussed and field trips to various health programmes have been arranged. The con-

ference will focus on women because they are responsible for most informal health education, training and care in the family and community and form the majority of health workers.

The Commonwealth health ministers are expected to draw up a three-year action programme at the conference to enhance health in member countries. Representatives from more than 30 countries are expected to attend.

It will be the first time South Africa has hosted a Commonwealth ministers' conference.

Shunned like a leper

■ An HIV-positive man says he is prepared to speak openly about his illness but people immediately turn their backs on him.

ANNELIES SMIT
Staff Reporter

BEING HIV positive in South Africa means encountering a lot of prejudice, according to Brian Brown's experience during the past few months.

Mr Brown, 50, is HIV-positive and recently became homeless when he lost his job and costs for medical treatment sky-rocketed.

Mr Brown says he is prepared to speak openly about his HIV, but people immediately turn their backs on him.

"I am very disappointed at the way South Africans deal with people who speak out about being HIV positive," he says.

"They think I will contaminate them by standing next to them or speaking to them. I am being treated as a leper."

Promised a job in the West-

ern Cape, Mr Brown travelled from Natal with his pregnant wife a few months ago. On their way to Cape Town his wife became seriously ill and was admitted to the Swellendam hospital, where doctors told him she might have Aids. Money ran out, so he took her out of the hospital and they moved on, sleeping in the car.

His wife gave birth to a daughter, who became ill a few days later. Doctors identified the baby's symptoms as HIV-related.

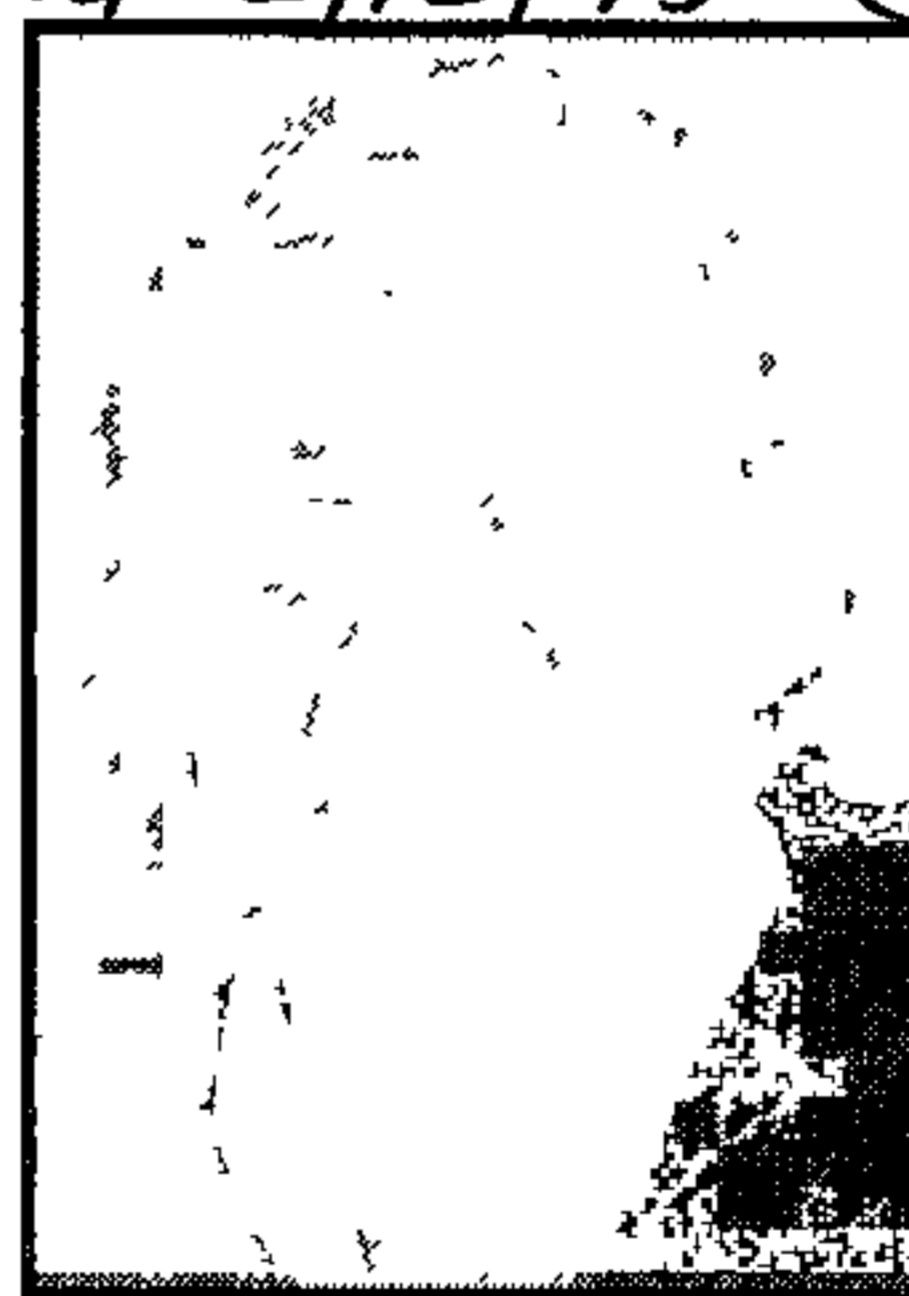
Mr Brown did not get the job he'd been promised. Desperate, he turned for help to welfare organisations who he claims turned their backs on him as soon as they learned he had the HIV virus.

"I called the Aids Helpline but they told me they help only gay and lesbian people."

A spokesman for the Aids Helpline confirmed Mr Brown's information. "We don't have enough resources to help all HIV-positive people. We recently decided to refer all non-gays and lesbians to the National Aids Helpline," he said.

His search for help has left him disillusioned, says Mr Brown.

"Whenever I asked for help,



Picture DOUG PITHEY
Staff Photographer

□ **HIV-POSITIVE:** Brian Brown is disappointed in the way South Africans react when they learn he has HIV.

people recoiled in horror when they heard I had contracted the HIV virus.

"We've had to sleep in churchyards after our car was stolen. The Ark welfare said they had accommodation for us but my wife is Muslim and the Ark is very Christian. We had to go to church if we wanted to

stay at the Ark. This was very difficult for my wife," Mr Brown said.

Atice (Aids Training, Information and Counselling Centre), an organisation that provides pre and post HIV-test counselling, referred him to the Salvation Army.

"We went to the Salvation Army but there is a waiting list for overnight accommodation."

"My situation is hopeless. I feel that full-blown Aids will develop quicker because I live on the streets and eat nothing when begging doesn't earn me money."

"With good living conditions I might live another eight to 10 years. But with my poor living conditions, the results of my deteriorating immune system will affect me much sooner."

"I don't eat healthy food and I sleep outside."

Mr Brown said he did not know where to turn to next.

"I cannot believe that I am where I am. All I want to say is that people with the HIV virus are normal people who deserve humane treatment."

"Education about HIV and Aids still has a long way to go in South Africa."

Madams face action Over maids with AIDS

By CAS ST LEGER

YOUNG lawyers working for Witwatersrand University's AIDS Law Project are preparing cases against at least four employers who dismissed domestic workers who had tested positive for HIV, the virus which causes AIDS.

The employers — and the doctors and hospitals concerned — will be charged with breach of confidentiality for revealing the infected person's AIDS status. They will also be charged with assault where the AIDS testing was conducted without properly informed consent.

Employers will not, however, be charged with dismissing their workers because they were HIV-positive, as this is not yet illegal — a situation likely to change when the Labour Relations Act becomes law in June.

The Act will make it illegal to dismiss those with disabilities.

Up to 20 cases of AIDS-related dismissal of maids or gardeners had been brought to the AIDS Law Project in the past year, said pro-

ject consultant Mark Heywood. It was decided to proceed with only the most clear-cut cases of breach of confidentiality or assault.

"Grounds of unfair dismissal where basic conditions of employment were not complied with — the only other protection a domestic worker has apart from the requirement of a month's notice under the Employment Amendment Act — were regarded as too weak legally," said Mr Heywood.

He said that being HIV-positive was regarded as a "disability" internationally and "we would like to establish HIV as a disability in South Africa under the new Labour Relations Act".

For now, "enforceable rights" concerned confidentiality and the circumstances in which the test took place, he said.

"It is illegal for the doctor or hospital to inform another person about a patient's HIV status," he said. Hospitals often failed to get informed consent.

"Where the employer forces an employee to have the test, it can be argued that the doctor concerned

carried out an assault on that person," Mr Heywood said.

One of the Law Project's clients is a former gardener, married to a woman working as a maid for another employer. The man fell ill, was hospitalised and, after his discharge, was taken by his employer to a private clinic where he was given blood tests. Neither the employer nor the doctor told the gardener what the tests were for.

A few days later, the gardener was told he was HIV-positive.

"When the gardener returned to the household he was told he had no job," said Mr Heywood. "Then his employer telephoned the employer of his wife to inform her that if the gardener had AIDS, the maid must have it, too. The maid also lost her job."

"Discrimination against domestic workers has taken a serious route," said Mr Heywood. "Domestic workers are being tested pre-employment without consent."

"Those who turn out to be positive are not employed. When the employee refuses to be tested, the result tends to be instant dismissal," he said.

"We have been told that foreign embassies in Pretoria are requiring AIDS tests. We have to look at strategies to try to stop that."

Mr Heywood said that while people's fear about AIDS should not be dismissed, the chance of transmission of the virus in the home was "very small".

Victoria Mokoe, a counsellor at Hillbrow's Community AIDS centre, has encountered more than a dozen cases of maids or gardeners being fired after they were found to be HIV-positive.

In one case, a 25-year-old Sandton maid, who had been tested by her employer's GP, learnt — all on the same day — that she had AIDS, was pregnant and had been fired.

"What could I do? She's my madam," the woman had told Mrs Mokoe.

"Princess", diagnosed as HIV positive in 1991 when she was seven months pregnant, lost her job and then watched her husband die of AIDS.

Instead of looking in vain for another job as a maid, she has become an AIDS counsellor, helping those suffering the same anguish

92

ST 3/12/95

Doctors break rules in HIV tests - claim

(92) Sowetan 4/12/95

By Glenn McKenzie

SOME surgeons at Johannesburg Hospital were abusing patients' human rights by administering HIV tests without their consent, a leading physician told *Sowetan* at the weekend

Dr David Sinclair, head of the HIV/Aids Unit at the hospital, said a number of patients had complained about HIV tests being administered on them without their knowledge or consent

Guidelines established by the SA Medical and Dental Council prohibit

doctors from testing patients for HIV without written consent. Pre-test and post-test counselling is also required

Sinclair said he had encouraged several patients to lay charges against doctors who broke these rules, but added that many were afraid to go public because they were HIV-positive

"It is very difficult for people to challenge doctors if they have HIV or Aids," he said

Sinclair said people with HIV were often discriminated against by nurses and doctors at the hospital

He recounted an incident in which

an Aids patient who had used a hospital phone was told by nurses that the phone would have to be "disinfected"

"The patient has never received an apology," Sinclair said

Last week Wits University's Aids Law Project spokesmen said they would press criminal charges against physicians and "madams" who had abused the rights of domestic workers

The project is currently investigating about 30 cases in which domestic workers were unlawfully tested for HIV, or were fired because they carried the virus

Medical teams miss out on AIDS information

Kathryn Strachan

IN NORTHERN KwaZulu-Natal AIDS is approaching levels as high as anywhere on the continent, yet doctors in the area are not receiving vital new information on controlling the disease.

Dr David McCoy, who worked at the rural Hlabisa Hospital near Mtubatuba but is now based at Cape Town University, said groundbreaking new information about the management of AIDS and sexually transmitted diseases (STDs) was coming out of Tanzania, but few doctors had heard about it.

"If controlling AIDS and STDs is a priority, and if health workers are to get anywhere with treating these diseases, why are they not hearing about this research?"

The breakdown in transferring information to health workers who needed it most was the subject of a recent conference which tried to fill the vast gap between those disseminating information and those needing it.

While there was a wide variety of information available, rural health workers in particular were not able to get hold of that vital information — and the conference set about finding out where the chain was breaking down and how to build links.

People running information systems in Kenya, Botswana and from the World Health Organisation's African office, based in Congo, put forward their ideas.

Dr Steve Reid, who has extensive experience of working in rural settings, gave an example of how it came down to people dying when information needs were not met.

"A doctor working in a rural

hospital two hours from Durban is too busy with the patient clinic load to read medical journals. He recently treated a patient with a head injury who had been involved in a car accident by admitting him to a ward where he died six hours later. The doctor was unaware that referring the patient to neurosurgeons at Wentworth Hospital would have saved the patient's life.

"And it is likely that, faced with the same situation again, he would act in the same way. The case of 'Dr X' shows that those who need information most will never ask. There is a lot of information Dr X needs, but the difficult thing is that he does not feel he needs to know more. He does not have access to any medical library and is not involved in any continuing medical education programmes. The only information to which he has regular exposure is the British Medical Journal to which he subscribes. The SA Medical Journal is available in the hospital, but he does not see it regularly."

Florence Nkosi, who works at KwaShaba Clinic in Pongola, said sometimes that information was not far away. Sometimes it was right in the community, but health workers still needed training to access that information.

She gave the example of a nurse who treated a woman who had been in labour for 15 hours at home before coming to the clinic. At home the woman was attended to by the local traditional birth attendant who, after failed attempts to deliver her, had advised the family to refer her to the clinic.

On admission to the clinic the woman had foetal distress and was transferred to a hospital

85km away. There a stillborn infant was extracted by caesarian section, she said.

"If the nurse had been in communication with the traditional birth attendant, who plays such an important role, she would have been able to explain to her which patients to deliver and which to refer to the clinic immediately — and the the baby might have been saved.

"But the nurse lacked any awareness of the need to be in contact with her rural surroundings.

"Sometimes the information is not in a distant medical library, but right in her community — but she needs to be updated on the trend of working closely with community caregivers, rather than look down on them, as they see more patients than the clinic."

Pam Tshwete, who works at the Kei Road Community Health Care Centre in the Eastern Cape, said if only a trickle of new information reached rural health workers, even less got to community based organisations.

People living in Kei Road, a squatter camp near King William's Town, battled against their isolation and their poverty to improve their conditions.

But the centre provides hope. It generates activities such as training community health care workers and child minders, conducting AIDS trainings programmes for the younger people, and skills and literacy programmes.

While those at the centre did their best to provide stimulating courses, they believed their efforts would be far more fruitful if they could connect up with emerging new information which, for the most part, passed them by.

(92) 80 4/12/95

Wear condoms - Fassie tells youth

Sowetan 4/12/95

(92)

By Zandile Nkutha and Shadrack Mashalaba

One of the tragedies of Aids is that infected mothers abandon babies

POP STARS Brenda Fassie and Boom Shaka called on young men to wear condoms and help prevent Aids from destroying South Africa

At a star-studded event at Excelsior High School in Braamfontein on Friday, Fassie talked about her "personal tragedies" and "great joys"

"Now, thank God, I have been able to climb out of my problems HIV is something you can't climb out of But you can prevent (yourself from) catching it, as I'm sure you know," she said

Fassie said one of the greatest

tragedies of Aids was the fact that babies had been abandoned because their mothers were HIV-positive

Fassie also said "I beg all of you here to talk to the ladies and the gentlemen out there and demand they wear protection for the sake of their children" A member of the popular band Boom Shaka told teenagers to "be wise and protect yourself because having Aids means the end of your life"

The event, which was held to raise funds for a Salvation Army home for

abandoned Aids babies in Doornfontein, included a march which brought traffic in Braamfontein to a standstill for more than an hour

● Meanwhile, interdenominational churches held an emotional service for more than 200 people at St Mary's Cathedral in Johannesburg on Friday

The service included testimony from a shy Aids patient from Dube, Soweto, who said he and his family had come to terms with the disease since he was diagnosed in 1989

No HIV positive people at meeting

By Dudu Mvimbi

"LOVE and respect people who have Aids Always accept and treat them as you would other people Remember they are also God's children"

Those were the emotional words of Reverend MS Molefe, a well-known Soweto minister who spoke at a World Aids Day ceremo-

ny in Rockville, Soweto, on Friday Thousands of people attended the event at Elkah Stadium, but HIV-positive speakers were conspicuously absent

Aids counsellor Mrs Bobo Ntsudu was disappointed that people with Aids were not going public

"I don't think they are coming When I asked them, they refused and

said that they were afraid to be seen by the public"

Among the people who embraced the occasion were traditional healers, including Ms Ntombovu Mabaso, who said she referred all of her Aids patients to local hospitals

Earlier, two marches took place from Baragwanath Hospital and Chiawelo Clinic to Elkah Stadium

Masa drafts Aids proposals

ANEZ SALIE

THE Medical Association of South Africa (Masa) has completed its draft proposals for the clinical management of Aids and HIV sufferers

The draft is being sent to interested parties for comment before March 1996, and by June it should be finalised if there is consensus, the organisation's head of quality care, Ms Victoria Pinkney-Atkinson, said yesterday.

The draft had been compiled over 18 months by Masa's HIV/Aids working group.

Meanwhile, professionals who in their work handle infected people said their procedure was the same for everyone

"We do not discriminate at all," said Mr Rod Douglas, the chief officer at the Cape Ambulance Rescue Service, whose staff on Sunday had to remove the body of gay activist and acknowledged Aids sufferer Mr

(92) CT 5/12/95
John Pegge from his Woodstock home, where he had been murdered

"We approach everyone as a potential Aids sufferer, and use routine precautions"

The police, pathologists and ambulance staff agree, and say there are three basic precautionary measures: The use of protective clothing such as gloves, handling with care and cleaning themselves properly afterwards

Aids' silent death trail in SA

The full impact of the epidemic has not yet been felt in this country

THE FULL IMPACT of the Aids epidemic in South Africa and its effect on women has still to be felt, Health Minister Dr Nkosazana Zuma said in South Africa's submission to the 11th Commonwealth Health Ministers Conference, which began in Somerset West yesterday.

The document describes the spread of Aids in South Africa as "largely silent" and says the non-specific nature of Aids infections has masked the disease from the public.

"While we've experienced a relatively late introduction of the virus, the epidemic is well established and is progressing rapidly".

The results of the fifth national antenatal HIV survey conducted last October and November showed that 7,4 percent of all women attending antenatal clinics are infected with HIV, the virus that causes Aids.

Based on these figures, it has been estimated that about 1,2 million South Africans are infected with HIV.

"Given the rate of new infections, about three to five hundred a year, we could be looking at up to two million infections today".

The spectre of Aids is one of the issues that health ministers and senior officials from more than 30 Commonwealth countries will debate under the banner Women and Health over the next four days.

(92) Sowetan 5/12/95

South Africa's three-page submission to the conference specifically looks at the effect of Aids on women.

Zuma argued that there was a perception in some quarters that Aids was a women's disease and that women were "reservoirs of infection".

"The fact that transmission from a man to a woman is approximately seven times more efficient than from a woman to a man is overlooked".

Poverty and lack of status within the family and society made women more vulnerable to infection, discrimination and social rejection - Sapa.

St. Louis to Sowetan

'Colourful' approach to Aids at Hillbrow clinic

(92) Star 5/12/95

The community needs to become involved in 'epidemic'

DAVID ROSS
Health Reporter

Expanding facilities and a new philosophy are transforming a Hillbrow clinic into a beacon of reason and hope in the generally gloomy future projected by South Africa's burgeoning HIV-Aids epidemic.

From the street it's not much to look at: a smallish complex of several storeys, the facade in need of paint, the numbers 15 and 17 prominently displayed in plastic. This is the Esselen Street Clinic, central Johannesburg's main Aids testing and counselling site.

"There's still a perception that a centre like this services only the needs of white gay men," says Mary Crewe. "But this is not true. It started life as a conventional sexually transmitted diseases (STD) and family planning clinic. Our purpose now is to integrate all these functions and to end up with a genuine community facility where HIV-Aids is placed in its proper context. The epidemic needs to be viewed as a part of life, and not as some terrible aberration."

Mary Crewe, who began as an educationist, has been seconded as a deputy director to the National Aids Programme.

Does this mean that Esselen Street is being developed as a prototype?

"I would hope so," Crewe replies. "What we can offer are really good training programmes for counsellors. We want to get away from the idea that Aids needs to be dealt with outside the mainstream of community affairs. We want the community to come here and become conscious of what Aids means."

It's worth looking at what is

beginning to happen behind Esselen Street's unassuming facade.

On the ground floor are the STD and family planning clinics (both offering integrated Aids-awareness to patients), as well as the HIV testing and counselling facilities, and the training of counsellors. But built around this core, and made possible by a R1-million revamp of the first and second floors of the old building, is developing a range of fascinating programmes.

Although the money ran out before the lifts could be repaired, the programmes are going ahead, supported by numerous volunteers, including law, sociology and psychology students from Wits and, more recently, RAU. These programmes include:

- Legal and social welfare advice facilities – and not only for people testing HIV positive.

- An association of HIV-positive people using the Esselen Street kitchen to prepare food for sale to people in the street below, which not only generates income for members of the association, but also draw passersby into the Esselen Street ambit of Aids awareness.

- Home-based care packages, where HIV-positive people are employed to pack kits containing rubber gloves, bleach and other basic requirements, another way of establishing support networks within the community.

- A study centre for secondary schoolchildren supervised by student teachers. In return, the children train as Aids educators and regularly report back on the educating they have done at school or in the buildings where they live.

- A container gardening project for primary school children which encourages balcony gardening

and benefits the children economically. They also take their produce on visits (with adult Aids workers) to people suffering from the disease. In this way they learn the social consequences of Aids, and become more receptive to safe-sex messages when they reach puberty.

Such programmes could have far-reaching effects and help to reduce the overall impact of the epidemic. Even more important is the philosophy which lies behind such programmes.

Crewe says: "People concerned with Aids continually ask: is it possible to change people's behaviour? Surely this is the wrong question. The real question is: how do we get people to see themselves in a more honest way. The tendency of even the most dedicated Aids workers has been to preach a mend-your-ways message."

"I think this is why our attempts at checking the epidemic have been so stunningly unsuccessful," she added.

Crewe speaks of a more "colourful" approach.

She says she would like to see the street outside the Esselen Street premises pedestrianised, made into a garden with trees and flowers, "somewhere for people to eat their lunch, or to sit quietly after counselling".

If you're tired of the gloom surrounding Aids, and you think Esselen Street's integrated and open approach is worth a try, why not offer some material assistance.

Don't forget the facade needs painting, the lifts need fixing, and there's a garden to grow in the street outside.

You can telephone Crewe on (011) 725-6712 during office hours, or send her a fax at (011) 725-5966.

WEDNESDAY
DECEMBER 6, 1995 ★

DOCTORS WARN OF COMPLACENCY

Childhood diseases on the way back

LONDON: The struggle to control childhood diseases is facing a setback as changing lifestyles expose children to old and new diseases, UK doctors have warned.

CHILDHOOD infections, thought to have been beaten by immunisation and better health standards, are on the way back and doctors are not adequately prepared to deal with them, the British Paediatric Association warned yesterday

Foreign travel was causing more cases of malaria in Britain, tuberculosis was increasing and the outbreak of diphtheria in eastern Europe posed a risk to visitors

In Britain, the number of children with Aids — inherited from HIV-positive mothers — was set to double by the end of the decade and recent fatal cases of meningococcal disease resulted in the tem-

porary closure of a school

Professor Roy Meadow of St James' Hospital in Leeds said immunisation and antibiotics had lulled doctors into a false sense of security.

Infections

He said "We have got a little bit complacent because doctors have got used to the idea nowadays that accidents cause more childhood deaths than infections"

The association has produced a Manual of Childhood Infections listing nearly 80 infections, their symptoms, methods of diagnosis and treatment.

ET 6/12/95 (92)

Emerging, or re-emerging, infections are said to include ebola fever, plague, tuberculosis, haemolytic uraemic syndrome and ringworm.

"All require that doctors know how to recognise and respond to both exotic and common infections," said the association

Professor Alexander Campbell, chairman of the National Joint Committee of Vaccination and Immunisation, said: "Despite the outstanding successes in control of childhood infectious disease, any complacency about infection and its control has been severely shaken by recent events

"The rapid growth of air travel means that we must be as aware of the epidemiology of infection in other countries as we are of events in our own back yard" — The Telegraph plc

Testing employees is a double-edged sword

DD 6/12/95 (92)

MANY employers defend their right to refuse to employ people with HIV but according to the AIDS Law Project it is unconstitutional to do so

"The constitution outlaws discrimination on the basis of disability, and international jurisprudence defines HIV as a disability," says deputy head of the project Mark Heywood.

Attorney Zenwill Lacob says that if there is no legitimate reason for AIDS testing, demanding a test and then either dismissing an HIV-positive employee or setting restrictions concerning his continued employment is ultimately "an act of discrimination".

He says: "Little can be gained from testing for AIDS and if people with HIV are denied employment the state will be burdened with caring for them"

However, many employers say it makes sound commercial sense to exclude HIV-positive individuals

Drains funds

They say it exposes fellow employees to infection and also drains the medical and pension or provident funds.

Neither the constitution nor the new Labour Relations Act can fully protect people with HIV or AIDS

Lacob says: "The constitution speaks of 'unfair discrimination', which implies that some forms of discrimination may be fair.

"There is nothing here or in the Labour Relations Act, to prevent an employer from insisting that employees and applicants for employment undergo AIDS testing"

The draft Prohibition of Pre-employment Testing for HIV Bill attempts to plug this gap



ZENWILL LACOB

If this Bill is passed, it will be unlawful either to reject an application for employment because a person has HIV, or to force an applicant to undergo an HIV test

Attorney Michael Maeso of Shepstone & Wyhe says "To date, an exclusion based on AIDS or HIV has not been challenged in the Industrial Court

"However, the new Labour Relations Act extends the definition of employee to include job-seekers

"This could pave the way for people to argue that it is unfair to exclude them from employment"

One of the most common arguments in de-

fence of pre-employment testing — that it is unfair to expose other employees to the risk of infection — has little basis in reality

"Given that the shop floor is not a comfortable place to have sex, the HIV virus is unlikely to be transmitted under normal working conditions," says Maeso

Pre-employment testing of HIV has also been attacked as being a futile exercise

This is because during the three- to six-month "window period" it is impossible to detect infection, and because there is no guarantee that an employee will not become infected at a later stage

"There is also no guarantee, when em-

ploying someone, that he will definitely stay with the company

"Research shows that the average employee leaves a company within five years

"So refusing employment on the grounds that an individual may get sick in five or 10 years is absurd," says Heywood

It is also questionable whether an employer has a right to know whether a person has HIV, even if the employer has paid for the test

"HIV is not a notifiable disease as set out in the Health Act, unlike TB, cholera, malaria and measles

"Does a doctor who ascertains that an employee is HIV-positive have the right to advise the employer?" asks Maeso

"The SA Medical and Dental Council's rules state that a practitioner may be guilty of unprofessional conduct if the practitioner divulges any details of ailments without the express consent of the patient"

But in the eyes of the courts, confidentiality is not an absolute right

A doctor may therefore disclose information if there is a greater obligation to society than to the patient

In some cases, Maeso says, pre-employment testing can definitely be justified

"An HIV-positive job applicant or employee may be able to work quite adequately for

several years," he says.

"However, some occupations may demand some form of pre-employment and ongoing testing

"For instance, some employers have argued that AIDS may cause pre-symptomatic neurological interference.

"There is not enough medical evidence to counter this argument, and so one can justify ongoing testing of people

"This includes people such as pilots and mine lift-operators.

"Their reactions are of critical importance in their day-to-day tasks."

The fact that an employee is HIV-positive is not grounds for a dismissal.

No compulsion

However, an employer cannot be compelled to retain someone who cannot perform the task for which he was employed

"An employer has a responsibility to try to find the employee alternative work within the company

"But once the employee is totally incapacitated there is no alternative but to let him go," says Heywood

"When that happens, it must be handled fairly," he says

"An employee with AIDS is entitled, when he is dismissed, to the same benefits as any other employee who is dismissed because of physical incapacity"

AIDS in perspective

Education can help to change lifestyles

CORPORATE education programmes about AIDS must offer lifestyle alternatives as well as information about the disease, says AIDS Education & Training partner Sharon White.

A commitment to effective AIDS education demands that employers look beyond the immediate need to stop the spread of the disease and understand the bigger

picture "It is not enough to impart facts about HIV and AIDS while sidelining anyone who actually has the disease," she says. "Any programme must involve a comprehensive change in lifestyle. Because people generally get infected

outside the office, it must involve the greater community to which employees belong."

For many people, life is boring and limited, with little to do outside work hours but drink, watch television and have sex. And for tens of thousands of migrant

labourers — cut off from family life and lacking both the inner resources and the means for constructive self-development and entertainment — options simply do not exist.

"The challenge to major employers is to create lifestyle alternatives,

both within the workplace and in the greater community. For example, simply by helping staff representatives to launch special-interest groups can be a powerful motivator for lasting change," says White.

"But local business is taking a very short-term

approach. The attitude tends to be, 'We don't have to worry, there are plenty of people out there needing jobs'.

"But if the private sector fails to take action now, it will see its taxes soaring and its human resources pool diminishing," she says.

(92) 206/12/95

Infected victim proves he can still contribute

(92)

00 6/12/95

PHILIP Brown tested positive almost four years ago to the day. He informed his employers, and soon afterwards lost his job. With it, he lost his financial security, his hopes for the future and his dignity.

Yet he was one of the lucky ones. Friends and family rallied around and today he lives with his sister's family and works as a senior community liaison officer with the Department of Health.

"I was the department's first affirmative action appointment. We plan to appoint 12 more, to work in AIDS-related programmes throughout the country, and to give the disease a face.

"People need to learn that people with AIDS still have something to contribute, both to the community and to the economy," he says.

Because Brown's worth has been af-

firmed by his family and through his job, he will probably live longer, remain healthier and be more productive than many people with HIV.

Equipped with a goal and strong moral support, people with HIV who take reasonable precautions can live 16 years or longer. But the outlook for the typical rural community member who tests positive is much bleaker.

"In impoverished communities, especially in the rural areas, people who admit to having HIV are likely to have their houses burnt down or to be driven out of the community," he says.

"In most cases the men infect their wives, but the women are the first to know they have the disease if they fall pregnant and are tested by the clinic

"In many cases her husband will blame her. When the rest of the family and the community learn that she is infected they are likely to react with fear, condemnation and hostility."

As the incidence of the disease grows, communities will be forced to overcome the stigma attached to it and learn to cope with the problem.

"We regularly hear reports of villages in Central Africa where almost every adult is dying of AIDS and being cared for by the old people and children. In due course, we will see similar cases in this country."

"For instance, in Hlabisa village, in KwaZulu-Natal, most of the men are migrant workers and almost every sexually mature woman in the village is

infected," says Brown.

The prognosis for these women is poor. Without access to clean water, hygienic sanitation and a balanced diet of clean, fresh food they will probably succumb within five to seven years — compared with the eight- to 16-year life expectancy within better educated, more privileged communities.

The prospects for their husbands' employers are also not good — yet, says Brown, most employers continue to bury their heads in the sand.

"AIDS will affect the corporate sector. If employers don't commit now to effective intervention programmes, millions of people at all levels of employment are going to die like flies in just a few years' time."

Business Day SURVEY

A CURE for AIDS is to be found in a cure for society, because HIV is a socio-economic disease before it is anything else, say training consultants, researchers, health-care workers and other professionals involved in fighting the problem.

"According to a recent international study, the incidence of HIV in any group is directly proportional to the frequency and amount of time either partner in an adult relationship spends away from home — regardless of marital or socio-economic status.

"Frequent or lengthy absence leads to a breakdown in family relationships, which leads in turn to casual sexual relationships," says AIDS Education & Training partner Sharon White.

SA has a huge migrant labour population living in single-sex hostels and seeing their wives only five or six times a year. Unemployment also drives many people from their homes to the cities.

To this add widespread ignorance about the disease among all age and social groups, and a high level of apathy on the part of most employers, and the high and rapidly growing incidence of AIDS can be no surprise.

Metropolitan Life senior general manager Peter Doyle says SA is

the only country with a sophisticated economy to face a massive AIDS epidemic. He attributes the rapid advance of the disease to the dichotomy between SA's First World facilities and Third World population.

"Elsewhere in Africa, where transport infrastructures are generally poor, urbanisation is slower and the disease is most prevalent in the cities and larger market towns.

"By contrast, in a First World country such as the US, the level of HIV infection remains relatively stable.

"Today, SA — with a population of around 42 million — has more HIV-positive people, than the US, with its population of around 250 million, and within the next two years we expect SA's HIV-positive population to be double that of the US," he says.

World Health Organ-

ization (WHO) statistics on global reported AIDS cases indicate that more than 4.5-million people worldwide have AIDS. About 70% of the cases reported were in Africa, compared with 9% in the US.

The WHO also estimates that about 20-million people — 1.5-million of them children — have been infected with HIV.

The local scene is following the rest of Africa. Estimates on the rate at which the disease is growing vary widely from source to source — from 800 to 2 500 new infections each day — but what is certain is that it is growing at an accelerating rate.

Alexander Forbes director (AIDS consulting) Dr Clive Evian says about 2-million people in this country, or 5% of the population, have already been infected — and the number doubles every 15 months.

SA's sophisticated economy has had the effect of opening up channels of HIV infection to Third World communities which are particularly vulnerable to the effects of the epidemic. It is time for business to take a hand in changing the economic structures that encourage such lifestyles. Val Pienaar reports.

206/12/95 (92)

The cure is in our hands — it is society that is sick

By 2005, between 3-million and 5-million people are likely to be infected, most of them women aged between 30 and 40.

Statistics are drawn mainly from tests taken on pregnant women attending government clinics, as well as from pre-employment testing in the private sector.

These statistics are drawn from a limited, clearly defined group, comprised largely of pregnant women with low socio-economic status. But Evian believes they give an accurate indication of the broader picture.

"Recent data from a clinic in central Johannesburg indicated that 16% of the women were infected.

"In some areas in northern Natal the figures are 25% to 45%, and some pre-employment testing figures are at 50%," Evian says.

are probably going to die. "Then the problem will hit home."

Meanwhile, for many people — particularly members of low socio-economic groups — HIV is a vague concept that has only recently been accepted as a reality.

"Rural black people believe in it now — but they think it is something inflicted on them by white people to try to reduce their population growth," says White.

Part of the problem, according to Evian, is the dearth of statistics. HIV is not a reportable disease, it is often misdiagnosed, and death certificates are more likely to cite the immediate cause of death than the underlying problem of AIDS.

He says "About 8 000 to 10 000 AIDS deaths have actually been reported in this country, so I would estimate that probably 32 000 to 45 000 people are either dead or symptomatic."

Despite the extent of the epidemic, treatment for HIV-positive people is not regarded as part of primary health care.

"This makes the primary health care infrastructure vulnerable.

"As more HIV-positive patients seek non-specialised care for such AIDS-related symptoms as tuberculosis, pneumonia and diarrhoea, the primary health-care centres will be stretched way beyond their capacity," says Doyle.

"One thing we are certain of northern Natal is not in a unique situation."

He does not share the common view that the disease will automatically peak at between 20% and 25% of the population. "In some age groups — the 20 to 35-year-olds — it could go much higher before it levels off."

This has potentially devastating economic implications because the most sexually active group is also the most economically active.

"People haven't really come face to face with the fact that HIV kills," says Dr Steve Miller, a private practitioner who specialises in HIV and AIDS cases.

"Over the next couple of years more people are going to know people who die as a result of AIDS."

"And within the next 10 years most of the people who are sick today

(92) BD 6/12/95

Condoms are part of a new sexual revolution

MYTHS about AIDS have marginalised the disease within almost every sector of the South African community. Despite all evidence to the contrary, it is still seen as a "gay disease", a "poverty problem" and as something that happens to someone else

The longer-term solution is socio-economic and educational. A shorter-term solution demands a rapid, radical change in the expression of sexuality

"Education is a slow process. At this stage, the only thing between us and a full-blown AIDS community is the condom," says IS Distributors MD Ian Stern, whose company lays claim to 60% of the local condom market

The spread of the disease currently seems to be most rapid among poorer people, who also tend to be most resistant to changing their sexual habits

"Someone who is battling to feed and clothe himself and his family is unlikely to care too much about a complicated virus that takes years to kill," he says

"In any case, he may know people who have died of tuberculosis or pneumonia, but he probably won't know that they were actually killed by AIDS"

He believes the improved availability and acceptability of condoms is critical to slowing the spread of the disease. The condom market is growing, and Stern says

condoms would be used even more readily if they were easily available at all hours

"We try to market condoms as a natural part of sex. Putting on the condom should be part of foreplay."

"The problem with this approach is that traditional black culture has strict taboos against genital touching — so the Western concept of foreplay is not part of the sexual expression of most South Africans," he says

Reaching the youth market is also fraught with difficulty. "Parents do not want to believe their young people have sex. They don't want condom-vending machines at schools, because they are afraid this will encourage promiscuity"

Negotiation encourages a fair deal

(92) BD 6/12/95

ACCUSATIONS of discrimination in the workplace tend to focus on two issues: the individual's right to work and the employee's right to enjoy the same benefits as his colleagues.

"This country cannot afford to refuse employment to 20% or more of its economically active population," says Southern Life senior manager (corporate actuarial) Janina Slawski.

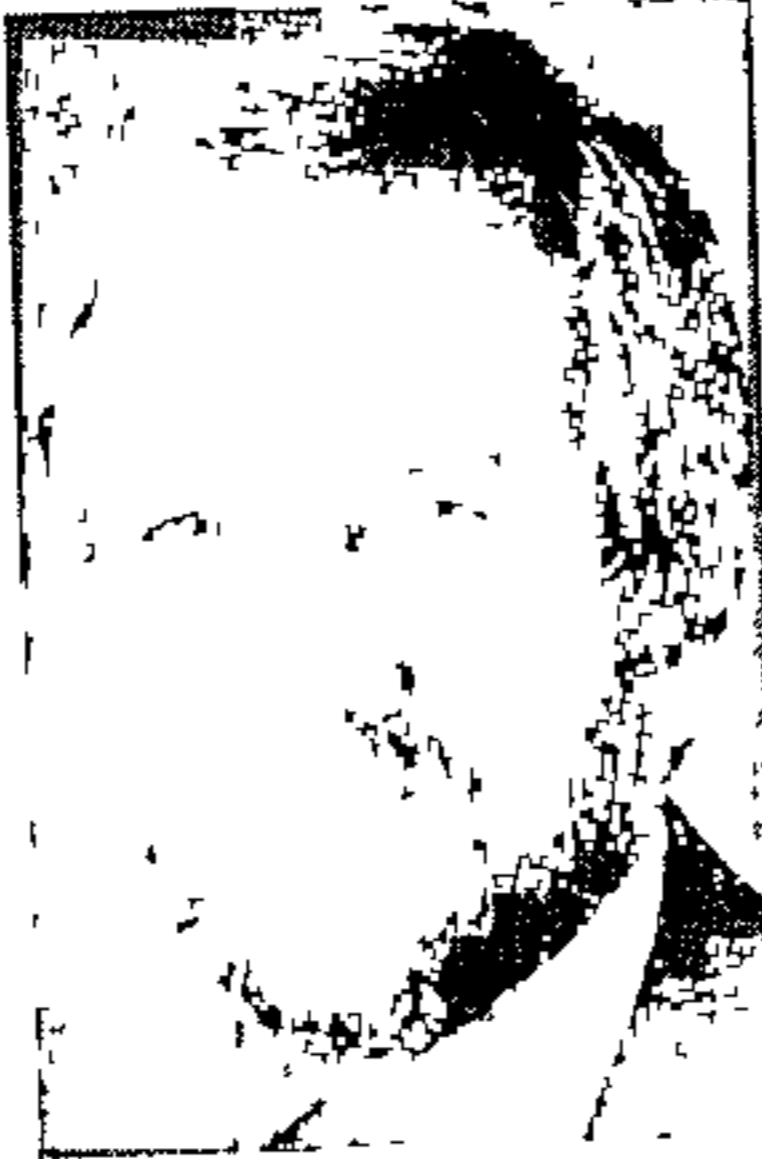
"But offering people with HIV the same benefits as those without the disease will drastically increase the costs of death benefits and medical aid."

According to Mark Heywood, deputy head of the AIDS Law Project at the Wits University Centre for Applied Legal Studies, the issue should be negotiated to prevent unfair discrimination.

"People with HIV should have access to benefits in the same way as people with comparable life-threatening conditions," he says.

"They cannot have open-ended benefits or they will bankrupt the schemes, but it is possible to negotiate a fair deal."

The trend in the local workplace is towards increasingly democratic decision-making, and Slawski says employers could face union pres-



PAUL TRUYENS

sure to reduce cross-subsidisation

At present the employee's contribution to these benefits ranges from 1% to 4% of salary — but this could increase by a factor of four or five if the same benefits are offered to a growing number of HIV-positive employees

"Insurance is a vehicle which enables a group of people facing a similar level of known risk to protect themselves against unknown risk," she says

Issues such as age, gender, smoking habits and involvement in dangerous sports all affect the level of known risk

HIV presents a high level of known risk

"The question is, why should a healthy employee in his thirties pay the



JANINA SLAWSKI

same premiums for death benefits and medical aid as someone of the same age who has the life expectancy of a 75-year-old?" she asks

But medical care costs can be contained "Disadvantaged people can have access to treatment if they take part in clinical testing programmes," says private practitioner Dr Steve Miller, who specialises in HIV and AIDS

"When people receive medication their risk of dying from AIDS decreases by around 40%, and their prospect of an extended, quality life is greatly enhanced," says Miller.

Heywood adds that the present trend among medical aids and death benefit schemes to limit access to people without

HIV is blatantly unfair

"At present, medical aids cap the benefits for people who are known to have HIV at a ridiculously low level, regardless of whether any illness they suffer is related to HIV"

Heywood also condemns schemes which exclude HIV-positive people outright.

"Business must accept a responsibility to negotiate a way through these situations," he says

The problem also arises outside the workplace — and the insurance industry is under attack for testing life policy applicants for HIV

Southern Life chief financial officer Paul Truyens says "The attitude seems to be that life assurance is a basic human right, and that testing for HIV is discriminatory"

"But if we don't test for HIV we have to put up our premiums to a level which is unacceptable to people who know they don't have the disease"

"If we could not test for HIV, the volume of policies held by people with the disease would increase, while the high premiums would drive people with long life expectancies away."

"In the not very long term this would destroy the industry"

New substance slows HIV reproduction

LONDON: German scientists said yesterday they had found a substance, naturally produced by the body's immune system, which slows down reproduction of the HIV virus that causes Aids

Experts cautioned against greeting the finding as a breakthrough, but said it could lead to

treatments for and possibly a vaccine against the deadly virus

Dr Reinhard Kurth and colleagues at the Paul-Ehrlich-Institut said in the journal Nature they had found that interleukin-16, secreted by "suppressor" T-cells, slowed down the reproduction of HIV

This happened at the highest

rate when HIV sufferers still showed no symptoms of AIDS

They added that African green monkeys, which often carry their own version of the virus known as SIV, never get the ape and monkey version of AIDS (Simian Immune Deficiency Syndrome) Their interleukin-16 is similar to humans'

(92) CT 7/12/95
Dr Anthony Fauci of the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland said scientists have known for some time that something in the "suppressor" T-cells was inhibiting the replication of the virus, but no one knew what it was — Reuter

9/12/95 SGM (92)

Healers die after sex with Aids patients

Harare - Two Zimbabwean traditional healers who claimed they were able to cure Aids victims with their potions have died after having sex with patients they believed they had restored to health.

The Aids victims had been undergoing treatment by the two nyangas,

who had sex with their patients when they showed signs of recovery.

Peter Sibanda, secretary for legal affairs of the Zimbabwe National Traditional Healers' Association, said yesterday "We told the healers that what they were doing was against our ethics." - Sapa

ET (BR) 11/12/95
Old Mutual aims
for HIV cover (92)

Cape Town — Old Mutual is carrying out statistical research which might enable it to offer life insurance cover to HIV-positive people about a year from now, says general manager Bobbie Jooste

At the Old Mutual annual general meeting last week, chairman Mike Levett said the right to call for evidence of good health or to decline to give cover based on an assessment of risks was "the cornerstone of individual life assurance". To deny this right would increase premiums for all South Africans.

Discussing Old Mutual's preparations to offer overseas investments to clients in this country, Levett said "A number of concerns have been raised about whether it is appropriate to permit residents to diversify their investments across borders. It should be remembered, however, that allowing South Africans to invest outside the rand currency area is the natural corollary of encouraging non-South Africans to place funds here" — Audrey D'Angelo



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Aiding love ... taxi drivers hope they will become known as angels of love, rather than of death, as they hand out free condoms as part of a nationwide drive to prevent Aids.

Free condoms for taxi commuters in Aids prevention drive

(92) Star 11/12/95

STAFF REPORTER

Commuters who want to go all the way when they reach their destinations can now turn to their friendly taxi driver for help against Aids; the drivers are giving away condoms on national routes.

Brendan Taylor, the sales di-

rector of Taxinet, a media company which sells advertising on minibus taxis, said 200 taxis were carrying the message "Prevent Aids - Free condoms available here". Commuters are expected to ask the driver for condoms and may even have more than one, if the need arises

Taylor said the long-distance

taxis, which effectively reach about 76% of the black population, were distributing 15 000 to 20 000 condoms per week.

The drive had started off as an experiment in September and proved most popular

The year-long campaign will concentrate on the three provinces with the highest Aids infection

rates - Gauteng, KwaZulu Natal and the Western Cape.

Drivers will also be given courses on the use of condoms and Aids, and they can pass the new-found knowledge on to their passengers.

For further information contact Ken Varejes on (011) 807-2111 or (011) 793-3498

East Rand doctor warns about Aids

(92)

Sowetan 13/12/98

By Mokgadi Pela

Many patients are arriving at hospitals with Aids-related illnesses

A LEADING EAST RAND physician has made an impassioned plea to communities to take heed of Aids messages before it is too late

Acting superintendent of Boksburg-Benoni Hospital Dr Peter Croucamp told *Sowetan* yesterday the situation at most hospitals in the country showed that "South Africa is losing the battle against HIV. It is therefore urgent and necessary that we act responsibly. If we don't do that we are clearly asking for trouble."

700 new cases a day

He predicted that with the infection rate progressing at the rate of 700 a day, the situation would be "extreme in five years' time. It is our collective duty to try to combat the spread of the virus."

Croucamp said it was vital not to

treat HIV in isolation. "How we lead our lives can have a bearing on our ability to resist the illness."

"We have to treat all sexually transmitted diseases in a serious light. All these diseases make us vulnerable to HIV. It's also notable that tuberculosis has increased over the years. Doctors are worried about the relationship between HIV and TB," Croucamp added.

He said hundreds of patients were arriving with pneumonia, diarrhoea and other diseases that took advantage of compromised immune systems. "As there is no known cure available, our only hope lies in education. I therefore appeal to people, especially over this festive season to remember to take care of themselves," Croucamp said.

He said with such a high transmission rate in South Africa, it was clear that the country's economy could not carry the load for ever.

"I'm also concerned about the way people continue to disregard these Aids warnings. Somehow some people still think Aids only affects people in far-away places. People must accept that the disease is now with us and we must change our sexual behaviour," Croucamp added.

He said he was frustrated by laws which prevented doctors from testing people for Aids without the patient's prior consent.

"In fact, lots of people refuse to be tested because they feel the disease would threaten their working life or social status," he said.

Aids forum told: control drugs used by healers

(92) Sewetan 15/12/98
KAMPALA - A doctor at an Aids conference in Uganda called on Wednesday for strategies aimed at reducing the risk of infection to take account of witchcraft, with controls on the drugs used by traditional healers.

Baya Yamba made the plea at the ninth international conference on Aids in Africa after relating the story of a witch-hunter in Zambia with "a licence to kill"

A headman in an area ravaged by Aids called in the witch-hunter to cleanse the village of the evildoers causing the deaths, Yamba said

The witch-hunter arrived with a letter from

the traditional healers' association asking local people to extend all courtesies to him - a letter stamped by a police chief and endorsed by a dignitary

"That letter was his licence to kill," Yamba said "By January, he had managed to kill 16 people"

If those he accused of being witches refused to pay him, he said, he would invite them to drink his "tea" with other villagers

"The local people would stand in line to drink it, but he must have found some way of putting something in the cup when those he accused drank They developed stomach

cramps and vomiting and died the next day."

They were unable to avoid drinking, he said, because there would be some 400 people and armed guards around the witch-hunter who would taunt them if they tried to refuse.

The witch-hunter, who practised as a healer at the same time, tattooed many villagers with the same razor blade, and injected others with an unidentified substance using the same syringe, both practices likely to spread the disease, Yamba said. He said a belief in witchcraft made people deny that transmission of Aids was a result of their own behaviour -Sapa-AFP

The Grim Reaper is at large

(92) ST 7/1a/95

SISTER Thembi Ngwenya has seen the hidden face of AIDS.

The killer disease is all around her in the heart of KwaZulu Natal. It has even affected her family. She watched her brother die, aged 45.

"They're dying like flies out there," says Sister Ngwenya, a nurse at the Mthabatha clinic, north of Richards Bay.

"Everybody I know has a friend or relative with AIDS," she says.

"But you can't see them. They hide away."

Fifty kilometres south on the N2 freeway — which carries truckers, migrants and the AIDS virus from Mozambique and Swaziland — the situation in the coastal towns of Richards Bay and Empangeni is no different. Locked in a back room on the outskirts of Empangeni, a Zulu teenager with AIDS lay desperately ill.

Her shamed parents rejected her, refusing to talk to or go near her.

Alone, the 18-year-old died a few weeks ago. "She died locked up," says Pat Carter, a psychologist for the local AIDS training and information centre.

Dr Peter Haselau, the superintendent of Empangeni's 750-bed Ngwelezana hospital, says he has neither the resources nor the counsellors to test all suspected AIDS cases. Only patients with clear symptoms are tested.

"We are now seeing two or three new cases of clinical AIDS a day," he says. The incidence of tuberculosis has doubled to

Everybody here knows a victim of AIDS, but many die alone

**Report: CAS ST LEGER
Picture: RUVAN BOSHOFF**

she says. "They have extended families and sometimes one parent to care for them."

The hospital also runs an outreach programme to counsel 80 families, who have lost a breadwinner to AIDS or TB.

Walter is a frail former bricklayer who was admitted to hospital wasted and scarcely able to walk. He looks much older than his 39 years.

"The doctors say I won't leave here. I won't work

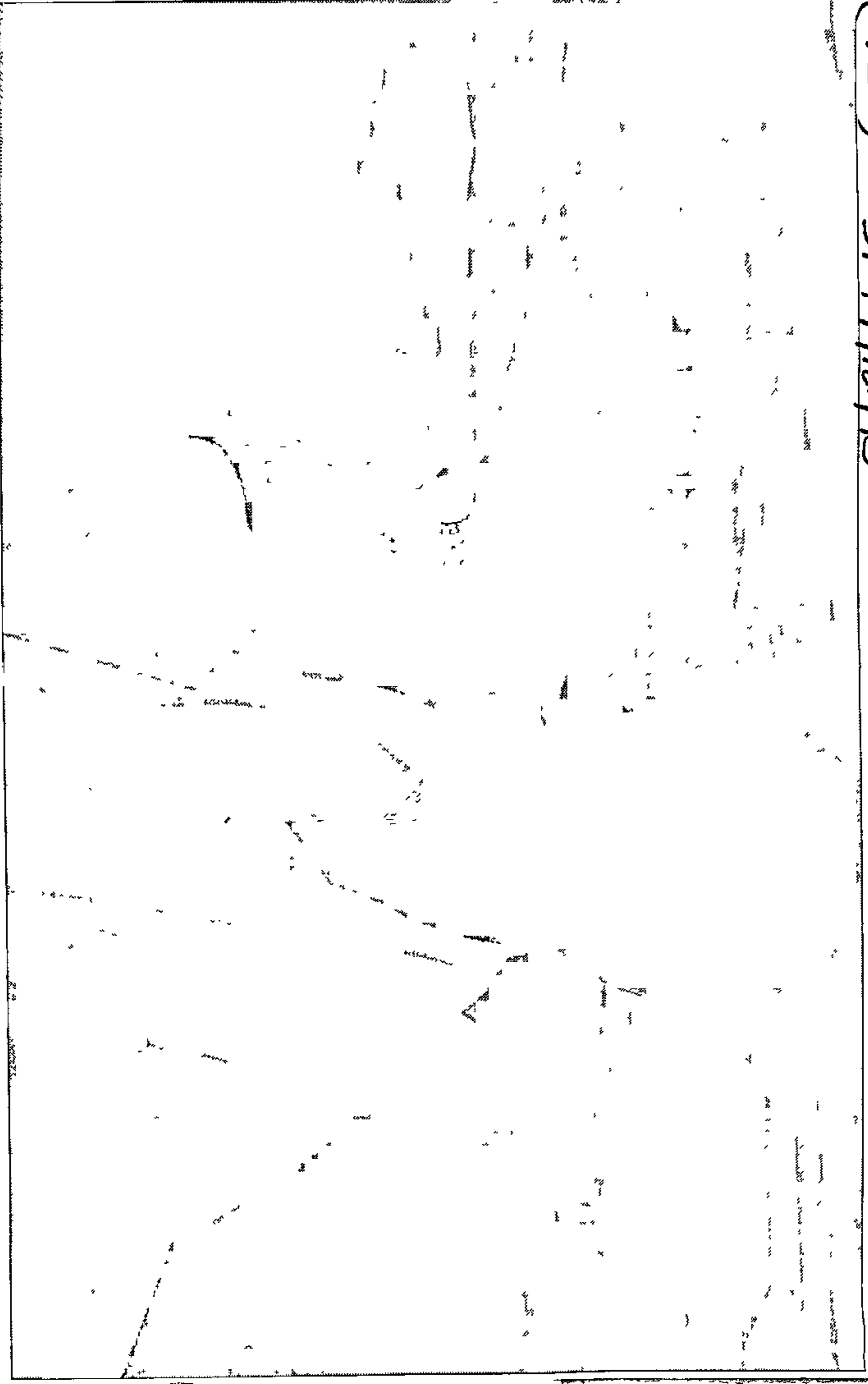
drips hang from a wire strung along the wall. In the bed next to Walter's, a 16-year-old boy with AIDS lies dying.

"Yesterday we lost a girl who wasn't yet two years' old. I don't remember her name," says a nurse.

The 500 000 people in the Richards Bay and Empangeni district may have the highest incidence of HIV in the country.

The AIDS training centre has estimated that more than one in three sexually active people in the region may be infected.

Officially, 20 percent of people in KwaZulu Natal are HIV-positive. The National Health Department bases this figure on antenatal testing.



FINAL WISH . . . all that Walter is hoping for is that his family will pay him a visit at Christmas

about safe sex, the training men. They sometimes sug-

month Of these, half are diagnosed as having the AIDS virus, he says

No statistics are kept of the number of AIDS cases admitted at Ngwelezana Dr Haselau estimates there could be up to 35 AIDS patients in his hospital this week

But most AIDS patients die at home

"We do our best not to admit them," says Dr Haselau "The families realise there is little we can do to treat them"

Matron Mornathemba Mcanyana is helping to organise support groups and community help to care for the hospital's 65 AIDS orphans

"These children are orphans in the Zulu sense,"

"All I wish is that my family would come to see me for Christmas But there is no money for food so how can they pay for a taxi to come here? Life is very bad for my family"

Walter fell ill in February but was admitted to hospital only in August

"I got this disease in the Transkei, where I went to build a house last year I had a girlfriend who told me she had been sick I knew about safe sex but I didn't practise it"

"Now I would like to see my sons to tell them to choose only one, honest girlfriend," says Walter, who has two teenage sons His wife has not been tested for the AIDS virus

In the crowded ward

the manager of the local training centre, reports an upsurge over the past four months from 21 percent to an average of 31 percent and a high of 37 percent

"Many people I meet know somebody who has AIDS," says Mrs Carter

"I talk to 18- and 19-year-olds who have a sister or cousin with AIDS. The attitude of young people is 'label them all, throw them in hospital, don't let them mix'"

"In one village, the attitude will be rigid, with women blamed for bringing in the disease, yet neighbouring villagers will offer their AIDS patients community support," she says

To pass on the message

Going back to nature in search for a cure

By ROGER HIGHFIELD London

THE road towards an effective treatment for AIDS is littered with so many disappointments that one can be forgiven for treating any scientific announcements with a lot of scepticism

But recently, there have been several intriguing advances that place new emphasis on harnessing the natural ability of the body to fight infection and combat HIV, the virus that causes AIDS

Last week, researchers in the US and Europe announced that they had discovered a number of antidotes to the virus in the bloodstream The potential implications "are substantial", according to Dr Anthony Fauci of the US National Institutes of Health, Maryland at the very least, they will help reveal how the disease develops and provide a framework for therapy and vaccine development

Some suspect the activity of these an-

tidotes in the body may explain why some HIV-positive patients progress more slowly to "full-blown" AIDS than others

The announcement ends a search that began in 1986, when experiments by Dr Jay Levy of the University of California hinted at the existence of what he called the Cell Antiviral Factor (CAF)

A German and a US-Italian team of scientists announced last week that they had found Caf However, it is not one chemical but a handful of at least four natural inhibitors that appear to help slow HIV's progression

Professor Reinhard Kurth, who is part of the German study team, said: "Our best hope is to combine them with drugs such as AZT If we can hit HIV at several stages the hope is that the virus has a hard time to mutate"

Animal studies have started and experiments on patients may begin within two years — *The Telegraph London*

Two of them, Hlabisha and Hlabisha, 32, a mother of two, She earns R308 a month and talks to about 300 people during that time. She and her husband, a migrant from Namibia, tested positive in 1992 but have no symptoms yet

Because she appears healthy, Mrs Hlabisha often has difficulties when demonstrating condoms to women in the area but, fortunately, the AIDS message has reached them. Of those tested, only one in 30 is HIV-positive. Most of these women insist on using condoms. The centre hands out between 20 000 and 70 000 condoms a month

Gauteng centre caters for teenagers' needs

Kathryn Strachan

(92) BD 19/12/95

NOW that they are on holiday, teenagers from Gauteng's townships are streaming into a clinic in Johannesburg's Carlton Centre. Unlike other clinics, this "youth centre" caters specially for the needs of teenagers, and is an experiment of the Planned Parenthood Association's AIDS prevention strategy in Gauteng.

The centre is all about promoting the prevention of sexually transmitted disease (STD) through the use of condoms, educating youth about STDs and counselling. It diagnoses and treats STDs and distributes condoms and other contraceptives.

Here the teenagers can rest assured they will not run into "reproachful aunts" and they will be treated by nurses who are sensitive to their needs and who can relate to them, says the association's Gauteng director Musa Ngcobo-Mbere. A common complaint in clinics is about nurses' negative attitude, especially toward younger people with STDs, and lack of confidentiality.

The centre is also open until 6pm and on Saturdays to allow schoolchildren to get

there, but they are always busier at school holidays. The clinic has been running for two years as a pilot project, and the association is now lobbying government to take it over and provide similar youth centres across the country.

The clinic is the nucleus of the association's AIDS prevention strategy. From this base the association reaches out to township schools.

More than 200 schools from Soweto and Pretoria townships have each sent a teacher on the association's life skills and sex education programme, which lasts five days.

"Teachers are faced with questions on sexuality every day, and they have to deal with children who have been sexually abused — now they know how to approach them," she said.

The course covers anatomy, communication, life skills and self-esteem — and the message of HIV/AIDS underlies all lessons.

"The children also respond well because they have a better understanding of themselves," she said.

The project runs workshops for youth organisations and hopes to work with parents

in the future.

The programme has been endorsed by the health department, but it has not yet got the backing of the education department. Once this is forthcoming it is hoped the programme will gain momentum.

The association's AIDS strategy is also making inroads into places where there are no health services — such as Orange Farm squatter camp. A group of people from the squatter community are selected and trained to give information on reproductive health. Under the supervision of a nurse, they go from shack to shack giving out condoms and contraceptive pills, and pamphlets with information on sexual health.

The association has ambitious plans for next year, embarking on a project to get men involved in family planning decisions and in use of contraceptives.

The project will begin with research to find out the extent to which condoms are used, attitudes to condoms, and how involved men currently are in deciding how many children to have.

Once it has established the extent of the problem, the project is to plan its strategy.

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BD 19/11/21/92

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Sambatan
19/12/95
Young

women hit by ⁽⁹²⁾ Aids

KAMPALA - A five-day conference on Aids in Africa - where 11 million people south of the Sahara are carrying the HIV virus - ended in Uganda last week with a plea for a halt to the sexual abuse of women.

Ugandan Health Minister James Makumbi told the closing session of the conference, attended by 3 500 delegates, that women aged between 15 and 25 years were particularly hard hit by Aids, and that there were more women than men contracting HIV.

Makumbi, noting that African cultures appeared to condone married men having affairs with young women, also said African women were not allowed to question men's sexual behaviour, and that the fact that women cannot legally inherit anything often drove them to prostitution.

He called for stronger traditional values to restrict promiscuity and for greater availability of both traditional and modern protective methods and research into sexual behaviour.

Three major themes emerged from the Kampala conference:

- Inclusion of traditional healers in Aids programmes, both to reduce costs and extend coverage,

- Empowerment of women; and

- The need for community-based multi-sectoral approaches with emphasis on changing sexual behaviour.

The conference was the first in which Aids victims themselves played a major role.

Delegates observed a minutes silence after the announcement that 32-year-old Francoise Mamezol of Cameroon, a mother of two who was active in

the International Community of Women with HIV/Aids, had died at Kampala's Mulago Hospital last Thursday morning.

Another victim, Ugandan army major Rubaramira Ruranga, called at the closing session for drug companies to reduce the cost of Aids drugs. "Our fear is not death," he said "It is how we die."

Conference chairman Sam Okware said the 800 papers presented, along with 51 satellite meetings, had brought attention to "many exciting findings in many areas of Aids research".

"Newer useful dimensions have been added to our strategies for Aids control and prevention. We have also seen major developments in the search for better drugs and vaccines," he said - *Sapa-*

AFP *****

Aids virus is biggest killer in Zimbabwe

(92)

~~(21)~~

ET 29/12/95

HARARE: About 90% of deaths in Zimbabwe were now thought to be human immunodeficiency virus-related, Health and Child Welfare Minister Dr Timothy Stamps said yesterday.

Speaking at a police parade here, Dr Stamps said the most vulnerable age group was 18 to 25.

Meanwhile, the Zimbabwean National Aids Co-ordination Programme said yesterday that estimates showed up to 25% of sexually active adults in the 15 to 49 age group might be infected with the human immunodeficiency virus (HIV) thought to cause Aids.

An NACP report was quoted as saying about 10% of Zimbabwe's 10,4 million people were infected with HIV and one in three babies born to HIV-positive women carried the virus.

"Almost all those with HIV are expected to develop Aids in time," the NACP said. "Average life expectancy may be shortened by perhaps 20 years, with a shortage of young and middle-aged productive adults and huge numbers of orphans — possibly one in three of all children — by the year 2010."

"Sex ratios will change as women die younger than men, and dependency ratios will worsen. All sectors of society and the economy will be affected."

The NACP said population growth would slow down and the population might even contract for a period, although it would gradually recover.

By mid-1995 there were 40 000 reported Aids cases in Zimbabwe. It is generally believed about two-thirds of cases go unreported. — Sapa

Baby-deforming drug may become treatment for Aids

(92) Star 30/12/95
Washington - Thalidomide, a drug that caused devastating deformities in newborns in the 1960s, holds promise in treating Aids, researchers say

Peter Andrulis, president of the Andrulis Pharmaceutical Corporation, said results in tests have proved so promising that he will request authority to market the drug before tests are complete.

The drug, developed by a German laboratory at the end of the 1950s, was sold in 21 countries and was used largely to combat morning sickness in pregnant women

But it was banned after it proved to have devastating effects on the developing infant. Some 10 000 infants were born with crippling deformities, such as missing limbs and eyes

The drug is being tested, with the assent of federal authorities, against a series of illnesses related to Aids - AFP