HEALTH AND DISEASE - T. B.

1996 - 1997
US scientists create new germ to fight TB

CAMBRIDGE (Massachusetts) — Scientists say they have applied biotechnology to create a stronger germ that may more effectively fight tuberculosis (TB) and other human diseases.

The researchers boosted the bacille Calmette-Guerin (BCG) organism commonly used for both TB vaccines and for bladder cancer immunotherapy by packaging inside it five mammalian genes that stimulate the immune system.

The proteins produced by these genes, called cytokines, activate disease-fighting cells.

The work of the scientists from the Whitehead Institute for Biomedical Research in Cambridge and Boston's Children's Hospital will appear in the next issue of the Proceedings of the National Academy of Sciences.

"The efficacy of BCG vaccine for TB varies tremendously from 0 to 80 percent," lead Whitehead researcher and co-author Dr Richard Young said.

So far the researchers have tested the improved BCG in mice and have shown it can create an immune system response 16 times greater than normal BCG.

Dr Young compared the human body's immune response to many battalions of white blood cells that are armoured and ready to fight infection.

The new form of BSG gives each battalion extra allotments of ammunition.

BCG is the most common TB vaccine, more than 2 billion people worldwide have taken it since it was developed in 1914.

TB remains a major killer in many societies. About one-third of humans worldwide are infected with TB, and 1-3 million people die from it each year. There are 10,000-20,000 cases annually in the United States — Reuters.
Thousands of TB vaccine jabs since 1970s 'useless'  
(91) Stor 2/3/96

A Japanese-made multiple puncture tool used to vaccinate babies against tuberculosis has been found to be ineffective, reports ADELE BALETA.

Cape Town - Thousands of children have developed serious forms of tuberculosis countrywide over the past 30 years in spite of being vaccinated against the deadly disease because of an ineffective vaccine applicator.

In a recent study, Emeritus Professor Maurice Kibbl and his research team found that a Japanese-made vaccine applicator with nine needles used to immunise infants against TB meningitis and other invasive forms of TB over the past two decades had failed to vaccinate successfully.

Kibbl is the former head of the Red Cross Children's Hospital's child health unit and is still involved in research.

He told our correspondent in an interview that contrary to parental and health workers' expectations, infants had not been given sufficient amounts of the vaccine, leaving them unprotected against the disease.

"The problem is that the needles of the multiple puncture tool do not stick out far enough, so the vaccine does not penetrate the deeper layers of the skin. It goes in less than a millimetre, whereas the correct depth is about 2 millimetres."

Although this has affected children all over South Africa, it is particularly problematic in the Western Cape which has the highest incidence of TB in the country and one of the highest in the world.

Kibbl said the multiple puncture tool was introduced in the mid-1970s to replace the Heatgun, which had 20 needles and left an "unseemly" scar. The tool was meant to be disposable but is being re-used with inappropriate sterilisation in South Africa.

The BCG vaccine, one of several different strains used throughout the world, is given to every baby delivered in obstetric services in the country. It is one of seven vaccinations administered freely by the Department of Health.

Kibbl said the efficacy of different vaccines used worldwide is still in doubt, but the method of administering these vaccines further bedevils the issue, as illustrated in South Africa where the problem is that there is not enough vaccine given.

According to the World Health Organisation, more than 80% of the world's children have been given the BCG vaccination as part of the UN's Expanded Programme on Immunisation, and while the vaccination is relatively effective in preventing serious but non-infectious forms of childhood TB, its value is limited mainly to early childhood.

"We began evaluating the Japanese tool after the incidence of TB meningitis in children in the Western Cape appeared to be very high, and possibly increasing, despite the broad coverage of the immunisation programme," Kibbl said.

The study conducted last year was sponsored by the Medical Research Council through the Glaxo Action TB initiative. It showed that the reaction on the arm in the form of puncture marks or papulation on 125 vaccinated infants was generally negligible and very little evidence of penetration by the tool's sharpened needles could be found.

"After the research findings were published, directives were given to health workers to use more pressure when applying the tool.

"We are also looking at devising a more effective and totally disposable tool for vaccination. As a longer-term issue we are hoping to set up a major study to find out which is the most effective method and vaccine." Kibbl added that the World Health Organisation was in favour of South Africa changing to the more effective intradermal method.
A Japanese-made multiple puncture tool used to vaccinate babies against tuberculosis, especially TB meningitis, has been found to be ineffective.

ADELE BAILEY, Staff Reporter

Thousands of children have developed serious forms of tuberculosis over the past 20 years in spite of being vaccinated against the disease – because of an ineffective vaccine applicant.

The problem is that the needles of the multiple puncture tool do not stick well into the skin, leaving the vaccine to dry up on the skin surface, whereas the correct depth is about two millimetres.

This has affected children all over South Africa, but is particularly problematic in the Western Cape, where the death rate from TB is the highest in the country and one of the highest in the world. The Japanese-made multiple puncture tool was introduced in the mid-1970s to replace the Heaf gun which had 20 needles and left an unsightly scar on the skin after vaccination.

According to the World Health Organization (WHO), over 50 per cent of the world's children are vaccinated against tuberculosis.

The vaccine is given to children in the Western Cape as part of the national immunization programme. Although the vaccine is not perfect, it is better than having no vaccine at all.

The study, conducted last year, was sponsored by the Medical Research Council through the Glaxo Action on TB initiative. It showed that the reaction on 150 vaccinated children measured 4.5 millimetres, whereas the reaction on 150 unvaccinated children measured 9.3 millimetres.

The study concluded that the vaccine is not effective in children. The scientists said that the lead, and the sharp needle, is a more effective tool for vaccination.

We are also looking at developing a new, more disposable, and less invasive tool. But the logistics of training nurses and doctors in the use of the tool is difficult.
World health group to launch global campaign against TB

GENEVA: The World Health Organisation (WHO) said yesterday it was launching a global campaign against the resurgent disease tuberculosis, which it labelled the greatest killer of humans in history.

The UN body said it would be working with other major health groups to increase international awareness of the danger from TB, which experts say strikes eight million people and kills three million every year.

The WHO said the campaign would be launched on March 24 — World TB Day. Despite the discovery and drugs developed over the years to fight the disease, the WHO said: "The TB epidemic is still out of control in many parts of the world, decades after the cure was discovered. TB is still the world's single greatest infectious killer of young people and adults".

Although 98% of the victims are in developing countries, largely in Asia and Africa, experts say the disease is returning fast to advanced economies where it had appeared to have been defeated.

The HIV virus, which causes AIDS, is helping TB "to spread faster in some communities than was ever thought possible".

WHO director-general Dr Hiroshi Nakanjima will launch a week of activities linked to World TB Day on March 19 in Osaka, Japan. This will be followed by a news conference in London on March 21 at which a major WHO report on TB will be released.

Other events are planned in Nigeria, the Netherlands, France and the US. In Cape Town, Archbishop Desmond Tutu, a former TB patient, will preside over a religious service on March 24. — Reuters
Santa poised for major anti-TB drive in Cape

ADELE BALETA  Staff Reporter

LATEST figures are that a staggering 27,000 people are infected with tuberculosis in the Western Cape alone and to help fight the dreaded disease and raise awareness Santa has several campaigns lined up.

First up is the finals of a beauty contest to be held at Sper on Friday next week.

A Miss Santa will be chosen from 10 finalists at a formal dinner at Sper Wine Estate next Friday — the day before World TB Day.

Chairperson of the contest and reigning Miss SA Western Cape Natalie Bernard said there were only 100 tickets left at R150 each. "There will be a five course meal and a four part show with the crowning of Miss Santa.

"The money will go to towards establishing vegetable gardens for TB sufferers and nutritious food parcels.

"The girls had to have Miss South Africa qualities and the winner will automatically become a semi-finalist for the Miss South Africa title."
Tuberculosis: A global problem rise in W Cape

A DELE BALETA
Staff Reporter

A STAGGERING 80,000 people have tuberculosis in South Africa with 36 percent — 25,530 — of these cases in the Western Cape alone.

The national health department's figures for 1995 also show that 90 percent (70,669) of the 80,000 people infected had the most severe form of TB — pulmonary (lung) TB.

TB figures were highest when compared with other infectious diseases (spread from one person to another) mainly due to lack of education and bad staff attitudes as contributing factors.

And, although medication was available in South Africa, at least 30 percent of infected patients failed to complete the treatment.

"The symptoms of the disease are fairly dramatic. But, although people may be symptom-free after two months, it does not mean they are free of the infection."

He urged people to complete their treatment and said parents should ensure their children were given the BCG vaccination against smear forms of TB such as TB meningitis.

Responding to a recent report in SATURDAY Argus, Dr Perkins said that although the Japanese instrument used to administer the BCG vaccine was not as effective as it should be, parents should not refuse the vaccine.

"Health workers have been advised to apply enough pressure on the tool to make sure the child is vaccinated effectively," he said.

Dr Perkins said the only "global emergency" ever declared by the United Nations World Health Organisation was tuberculosis in 1990.

This happened after it was found the disease had doubled from 10 million new cases globally in 1980, to 20 million in 1990.

He said the human immunodeficiency virus (HIV) virus had not been given similar status at that stage.

New cases in Sub-Saharan Africa mainly accounted for the doubling of figures, he said, but, at the same time, developed countries such as Japan and the United States have also increased in TB figures.

Dr Perkins said there were four reasons for declaring a global emergency regarding TB. These were:

- Poor control programmes: The frequency of the disease had increased, with 25,000 infected people in the Western Cape for example, although the death rate was down and good medication was available.

- Tuberculosis is NOW a contributing factor and the WHO found that four percent of the 20 million cases globally in 1990 were found to be AIDS-related and that was expected to rise 14 percent by the turn of the century.

- Sub-economic trends. Tuberculosis is spreading through increasing migration to cities, poor nutrition, poor housing and the influx of political and economic refugees from Mozambique, Zimbabwe, Rwanda and Nigeria.
TP: Drug Resistant Strain in SA

TB 'could kill 30m in next 10 years'

LONDON: The World Health Organisation has warned that 30 million people will die from tuberculosis in the next 10 years if present world apathy continues.

TUBERCULOSIS, which killed three million people last year - more than in any other year in history - is now a "raging forest fire", the World Health Organisation (WHO) announced here yesterday.

And South Africa is one of the countries that is experiencing an outbreak of a new, drug-resistant strain of the disease.

WHO says that if the present world apathy towards the epidemic persists, 30 million people worldwide will die from it in the next 10 years.

The new strain has resulted from the "loppy" treatment of TB, where patients are not isolated and are not made to take a full course of drugs before they go back to their communities. They become re-infected and pass the deadly disease on.

"We are trying very hard to impress upon the South African government the urgency of adopting our treatment approach," said Dr Joel Almeida of WHO's Global TB Programme.

"Shortcuts are cheaper, but six months down the line the problem is bigger, and both more difficult and more expensive to treat."

Worst affected areas are South and South-East Asia (almost 18 million cases), sub-Saharan Africa (9.2m) and East Asia and Pacific (10.4m).

But even in the UK, the incidence of TB is rising alarmingly. In London, doctors are treating over 50% more TB patients than in 1987.

Dr Arata Kochi, director of the TB programme, also revealed that TB

- Is the leading infectious killer of women, killing more women each year than all causes of maternal mortality combined;
- Is the greatest killer of HIV-positive people, causing the death of one in three AIDS patients;
- Infects half the world's refugees and displaced people around the world;
- Creates more orphans than any other infectious disease, and
- Takes about $24 billion (about R96bn) from the world's economies every year.

"TB is a far greater phenomenon than 'mad cow disease', flesh-eating bacteria, or Ebola," said Dr Kochi, "yet these diseases have captured the public's attention and are higher on the policy agenda.

"Many leaders are still behaving as if TB does not exist." — Own Correspondent
ONE FOR HEALTH: Lyndon Barends, left, chairman of the Western Cape Tuberculosis Alliance, Michael Battle of sponsor Meridian Pharmaceuticals and Western Province cricket captain Eric Simons, are batting together in the fight against tuberculosis

WP go out to bat against disease

LINDSAY BARNES
Staff Reporter

I t will be more than just the Western Province cricket fans cheering every run by the home team playing Free State at Newlands today.

In the Benson & Hedges day/night semi-final match, each run made by Province will be sponsored by companies that have pledged their support to the fight against tuberculosis.

Money raised will go to the Western Cape Tuberculosis Alliance, which has spearheaded this and other innovative fundraising efforts in an attempt to eradicate the life-threatening disease.

Frightening statistics show that in the Western Province, almost 300 people die from TB each year, although the disease is preventable and curable.

The cost to the region is R81 million and 27,000 new cases are reported each year.

In Grassy Park, home of spin whiz-kid Paul Adams, four clinics manned by 23 volunteers deal with up to 200 TB patients.

"It's really a good move by the Western Province cricket team to say they'll bat for TB and show their support," said Lyndon Barends, chairman of the WCTBA.

"There's a stigma attached to tuberculosis, and we really need this kind of support to raise public awareness." said WP captain Eric Simons.

"Some people's fight against TB is tougher than our fight against the Free State, so we are dedicating our runs to those involved in combating the disease."

He said team members were very aware of their responsibility to the community and they hoped to score many runs, he said.

Simons said he knew of two people who had had the disease, but with medication they had been able to control it and were able to lead a normal life.

Runs will be sponsored by Chab Guey, Noristan-Rhoez, Meridian Pharmaceuticals and Lederle, among others.

Stellenbosch scientists playing key role in the battle

The Argus Correspondent reports from Johannesburg.

SOUTH African researchers are playing a key role in trying to find a drug to fight tuberculosis as the resurgence of TB in the West fuels the pharmaceutical industry to seek fresh answers to the centuries-old, and once thought conquered, infectious disease.

The World Health Organisation (WHO) estimates ahead of International TB Day on Sunday that a third of the world's population is infected with the TB bacillus in an epidemic fuelled by HIV, drug-resistant strains and increased travel.

Although rates in developed countries had risen since 1988, 97% of cases were found in poor countries.

Up to three million deaths and nine million new TB cases were reported in 1993; Dr Paul Nunn, of the WHO's Global Tuberculosis Programme, said at a recent international briefing.

Thirty million people were expected to die in the next decade.

Stellenbosch University researcher Professor Paul van Helden said the TB epidemic in South Africa was in its rising phase and killing 36 people a day.

In 1994, more than 9000 new cases and about 2600 deaths were recorded.

The national incidence rate was now 222 per 100,000, but rates for homeworkers were five times the national average.

And at 7.03 per 100,000, rates in the Western Cape were possibly the highest in the world.

In the Cape Flats suburbs of Ravensmead and Uitsig, the rate was 1.500 per 100,000, and in pockets, 3000 per 100,000, he said.

Stellenbosch is one of seven local universities - along with the Medical Research Council, the South African Institute of Medical Research, British and Canadian research centres - taking part in a collaborative research project with British pharmaceutical giant GlaxoWellcome (GW).

The aim is to find the first new scientific lead in the battle against TB since it became curable with antibiotics in 1944.

The South Africans have impressed with both the level of their scientific expertise and their unique location, Paul van Helden said.

GW's director group public affairs Michael Elvess.
Global emergency declared as researchers try to discover new cure

TB markets

Dr. James Krier

[Image: Global emergency declared as researchers try to discover new cure]

[Image: TB markets]
TB incidence rises with HIV infection

Kathryn Streehan

The incidence of tuberculosis in SA has risen dramatically over the past few years, spurred on by the HIV epidemic. With an increase of more than 30% over the past eight years, it is estimated that one person dies from TB every 40 minutes in SA.

The health department also estimates that the growing TB epidemic will increase the number of TB cases 10% to 20% in the next year — and to spread awareness of the disease it has joined the rest of the world to mark Sunday as World TB Day.

Emergence of new multirude-resistant strains of the disease threatens to make TB incurable again. About 80% of the people who have died from TB in SA have been infected with a multirude-resistant strain.

Inconsistent or partial treatment is creating the new strains which are resistant to existing and affordable drugs.

In an effort to combat the new emergence of TB, the National Tuberculosis Control Programme in SA, which is run by the health department, has adopted the World Health Organization's control strategy of treatment directly administered by a nurse.

At present, patients are given a wide array of medicines to take at home over a long period. Once the symptoms subside, most patients stop taking the medication, and the underlying virus recurs — each time with a stronger resistance to the medication.

A pilot project was launched in Mpuumlanga in January, where 300 nurses have been trained in the new method of treatment. It is expected that other provinces will be able to gain from this experience.

When people are infected with both TB and HIV, TB is much more likely to become active because of the person's weakened immune system. As more TB cases become infectious, it means larger numbers of people carry and spread TB. WHO estimates that by 2000, HIV infection will annually produce at least 1.4 million active cases of TB that would otherwise not have occurred.

Truth body debates status of information

Wyndham Hartley

CAPE TOWN — Incurminating information on human rights violations coming before the truth commission may be passed to an attorney-general for criminal prosecution.

This emerged in a media briefing with the head of the commission's investigative unit, Dumisa Ntsebeza, who said the commission was not a court of law and could not pass on information that did not amount to human rights abuses.

Ntsebeza stressed that information given to the commission by perpetrators in applications for amnesty would be privileged and could not be passed on to attorney-general for prosecution.

He emphasised that if a person was accused of a crime by a victim during commission hearings, the accusation would have to be put to the alleged perpetrator to give him an opportunity to put his side of the story. Any possibility that information about perpetrators of human rights violations could be sent to attorney-general would increase the pressure on enforcers to apply for amnesty and undermine the possibility of a flood of applications in December.

Perpetrators have the rest of the year to make up their minds about applying for amnesty. Those implicated in evidence this year will have the decision made for them, but those hoping to escape detection could be implicated after the period for amnesty applications has closed.

They will have to decide whether witnesses could blow the whistle on them.

Ntsebeza indicated that not all 100 000 reports made to the commission could be investigated. The commission, charged with developing a report as possible of human rights abuses spanning a 33-year period, had only 18 to 24 months to complete its work.

This meant it would have to look for themes in the history of abuses in SA such as the incidence of torture, train attacks and cross-border raids. Any pattern that emerged would have to be verified.

He stressed that complaints from victims would be investigated. However, he conceded that some perpetrators could indeed "get away with it", for example in cases where documents had been destroyed.

Sixty people — divided into four regional teams and a fifth national team — would handle the investigations. There would be two foreign policemen on each regional team and four on the national team. The 12 foreign policemen would have their salaries and living expenses paid by their home governments; the truth commission would cover their working costs.

Five senior investigators from the police forces of Holland and Denmark are already at work for the commission.

Ntsebeza said he did not know whether the 80 investigators could complete the brief of the commission in the time available. He said there was an inherent contradiction — the commission was asked to develop the most complete picture possible but was then put under a time constraint.

Some interviews among lawyers, policemen and others for the investigative teams have already taken place, he said, adding that they would get under way in the region early next week. Security officers in the SAPS would be "screened" to ensure they were suitable for the sensitive work of the commission. He said part of the problem being faced in the recruitment of investigators was that many had been swallowed up by the special task unit in KwaZulu-Natal and the D'Oliveira investigation into third force violence in Gauteng.
Science forced to look again for a way to cure deadly TB

Although medical authorities a decade ago were convinced tuberculosis had been eradicated in the general population, the disease is making a strong comeback

BY JANINE SIMON
Medical Correspondent

Tuberculosis, dubbing the greatest killer of humans in history, has been creating respiratory cripples among the poor and the stressed for centuries, with President Mandela, Archbishop Desmond Tutu, Radio Zulu DJ "Kaiso King" Cyril Ramaphosa, during their former years, and Pocahontas and Chopin among the most famous of its millions of victims.

On International TB Day on Sunday, it will again take centre stage as researchers, health workers and governments try to get to grips with why a curable disease is still the leading killer of adults in the world.

International TB Day was launched in 1982 to mark the centenary of German researcher Robert Koch's announcement that he had identified the bacillus which caused the lung disease.

The World Health Organization (WHO) has declared TB a global public health emergency and will use Sunday to launch yet another campaign to sharpen perceptions of Mycobacterium tuberculosis.

And, for the first time since the discovery of an antibiotic cure in 1944, scientists are researching how they can develop a new drug against the still relatively little known bacillus.

TB has been declared a global public emergency

today's concern

Much of the developed world endured a centuries-long TB epidemic, probably as a spillover of the overcrowding caused by industrialisation.

It flared in post-war upheavals, but eased as social conditions improved and the widespread use of antibiotics in the 1950s all but blotted out TB from the face of an affluent world.

In the 60s and 70s, says Professor Douglas Young of London's St Mary's Hospital Medical School, the incidence of TB as most developed countries slid by up to 10% a year. Cure rates stood at almost 100%.

But public interest and funding declined along with the incidence. In the USA, TB monitoring programs were dismantled before the disease was eradicated. The WHO had only one full-time staffers for TB in the 1980s, compared to 40 today.

Dr Paul Nuam of the WHO's Global Tuberculosis Programme told a UK press briefing last week that in the developing world, antibiotics cured TB, but never eradicated it.

In South Africa, incidence rates dropped from 572 per 100 000 in 1968 to 162 per 100 000 in 1986, says Paul van Helden, Professor of Medical Biochemistry at the University of Stellenbosch.

Now, the local incidence rate is 222 per 100 000. Case rates have doubled in some African countries, according to an article in the January edition of the South African Medical Journal. And, says Nuam, 99% of the 5 million TB deaths a year occur in developing areas.

The pandemic appears to be underpinned by drug resistance, HIV, and cross-infection of Aids deaths worldwide, and 40% in Africa. Estimates are that by 2000, HIV will have caused an additional 1.4 million active cases of TB.

And up to 60% of HIV-positive people seeking treatment are being misdiagnosed, or treated improperly, most often by not making sure they take their medication, Nuam says.

South Africa's Department of Health says its revitalised Tuberculosis Control Programme is the first step, but it recommends it must concentrate on DOTS, taking steps to maintain a reliably drug supply, provide patient friendly service and keep a record of treatment.

There's a new register and new treatment guidelines, but the process is still slow. South Africa is still improving TB treatment, with dedicated trained TB staff and budgets in all provinces and a new WHO report for the National Department of Health.

DOTS is one approach, but better tools to tackle TB are as important, says Nuam.

"Less than 0.1% of the world's research budgets are directed towards TB. The British pharmaceutical companies, GlaxoWellcome, has committed R86 million (US$12 million) over five years to find new treatments for anti-TB therapies.

Scientists are trying to understand why and how the bacillus lives undetected for long periods in the human cells supposed to kill it, nor why it becomes active in only 10% of those humans.

The 20 academic research groups in the UK, Canada, and, mostly, South Africa are coming to these questions from every imaginable angle.

They're talking shop across the disciplines from molecular biology to epidemiology and immunology, trying to catch up on the lack of knowledge bred by decades of ignoring the bacillus and wondering why TB is still around.

Department of Health has committed itself to fight

to slash the 10 or more years it takes to develop a drug.

The bacillus is a hotheaded and slow growing. Its relatively difficult to get access to patients and primary materials.

At GlaxoWellcome's new molecular research facility north of London, researchers, for example, have cloned genes from a marine organism on to a fast growing non-hazardous mycobacterium called M avium.

They then test compounds, including the Chinese plant Mahogola officinalis, which might be effective against TB using robots which have rocketed the rate of screenings from 200 a week to 40 000 a day.

Scientific hype can't alter the fact that, as in the West, improving living standards would go a long way to slowing the epidemic. Scientists, like Groote Schuur researchers Dr Stan Row, says drug resistance and HIV alone won't be enough.

But if a drug is developed, will developing countries such as South Africa be able to afford it?

We won't know till we have one, says Glaxo's leader of the Mycobacterium Infection Research, Dr Ken Duncan.

But, he says, researchers are working to specific briefs, and marketing will be innovative.
SA plays key role in hunt for TB cure

By Joanne Simon

South African researchers are playing a key role finding a drug against tuberculosis as the resurgence of TB in the West lures the pharmaceutical industry to find new answers to the centuries-old, and once-thought conquered, infectious disease.

The World Health Organization (WHO) estimates ahead of International TB Day on Sunday that a third of the world’s population is infected with the TB bacillus in an epidemic fuelled by HIV, drug-resistant strains and increased travel.

Although rates in developed countries had risen since 1986, 97% of cases were found in poor countries.

Up to 3 million deaths and 9 million new TB cases were reported in 1995, Dr Paul Nunn, of the WHO’s global tuberculosis programme, said at a recent international briefing. A total of 30 million people were expected to die in the next decade.

Stellenbosch University researcher Prof Paul van Helden said the TB epidemic in South Africa was in its rising phase and killing 36 people a day. In 1994, more than 90,000 new cases and 2,600 deaths were recorded.

The national incidence rate was now 222 per 100,000, but rates for miners were five times the national average. And at 703 per 100,000, rates in the Western Cape were possibly the highest in the world. In the Cape Flats suburbs of Ravensmead and Uitsig, the rate was 1,500 per 100,000, he said.
STOPPED: Disease tightens deadly grip

FIRST WORLD TUBERCULOSIS DAY AS EASILY

BY JACQUES RIEVES

1988: Annual opposition day

The campaign, "Another day of World Tuberculosis Day" as easily as efficiently as possible.

Global Effort

Worldwide, the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and various international organizations and governments are working together to combat tuberculosis. They are focusing on improving access to diagnosis and treatment, as well as increasing awareness and prevention efforts.

Change image

number of new cases of tuberculosis is on the rise worldwide. The World Health Organization (WHO) estimates that there were 10.4 million new cases of tuberculosis in 2022, an increase of 5% compared to the previous year.

The increased transmission of tuberculosis is a significant challenge to public health. The disease is caused by a bacteria called Mycobacterium tuberculosis, which can be spread through the air when an infected person coughs, sneezes or speaks.

The treatment of tuberculosis is effective, but it requires a long and sometimes complex treatment regimen that may last for several months or even years.

The World Health Organization (WHO) recommends a multidrug treatment regimen that includes isoniazid, rifampicin, pyrazinamide and ethambutol. This regimen is effective in most cases, but it can be difficult to monitor and complete.

Prevention is key to controlling tuberculosis. This includes vaccination and early diagnosis and treatment of cases to prevent the spread of the disease.

In countries with high tuberculosis rates, measures such as contact tracing, isolation, and targeted vaccination campaigns are being implemented to control outbreaks.

Efforts are also focused on strengthening health systems and improving access to quality health care services. This includes investing in diagnostic tools and expanding access to medicines.

Global efforts are crucial to combat tuberculosis. The World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and many other organizations and governments are working together to reduce the burden of tuberculosis worldwide.

The fight against tuberculosis requires a sustained global effort, including increased investments, improved access to care, and strengthened health systems to ensure that all individuals can access timely and effective treatment.
TB kills more in SA than all other diseases

AIDS may strike fear into the hearts of men and women, but the disease kills more adults each year than all other infectious diseases combined, including AIDS, diarrhoea, malaria and other tropical diseases.

Since 1984 the incidence of TB has been steadily increasing in South Africa, said Neil Cameron, director of communicable disease control in the Department of Health. Every year, more than 100 000 people are treated for TB in South Africa.

In 1993, the World Health Organisation (WHO) declared TB a global emergency. That same year, almost 90 000 new cases were reported. In South Africa more than 2 000 people died of this curable disease.

It may be small consolation to TB sufferers that they are in good company. Both Nelson Mandela and Desmond Tutu once had TB.

In spite of the fact that good drugs to combat TB have been available for the past 10 years, the actual incidence of TB has not really decreased, said Dr Cameron.

Evidence has also shown that as the AIDS epidemic progresses, TB rates have increased.

The TB control programme's main aim is to achieve a cure rate of 85 percent of those people coughing up TB germs.

"Seventy percent may be a pass mark for matric and it may even get you into university, but a 70 percent cure rate is not going to enable us to really do something about the TB epidemic," Dr Cameron said.

In order to achieve this goal, better access to laboratory facilities are required, clinics must keep a standardised register and the services provided by hospital and clinic staff must be "friendly."

Dr Cameron explained that it was critically important that patients came back regularly to complete their treatment, even if they began to feel better after five weeks. A full cure was achieved after six months.

The R3 million allocated to the TB control programme would go towards providing equipment for laboratories, setting up and maintaining support teams to ensure that the register was kept and ensuring that new treatment regimes were implemented.

"In order to make a difference, we must work in a coordinated way and have a standardised approach," Dr Cameron said.

South Africa's TB programme is part of the global programme of the WHO.
diseases'

Controlled Sexually

Because of the stigma and reinforcement of health care providers and nursing health profession, it is difficult to bring these patients to doctor's offices or hospitals. However, the two most important conditions for once receiving proper treatment and care are important to avoid HIV and Hepatitis C. Stress reduction and prevention of these diseases are crucial to these issues. It is important to address these diseases, not only in order to reduce the burden of illness but also to decrease the global burden of these diseases. The problem is evident in the developed world as well as in the developing world. The high prevalence of the problem in the developed world is evident in the developed world. The high prevalence of the problem in the developed world is evident in the developed world. The high prevalence of the problem in the developed world is evident in the developed world. The high prevalence of the problem in the developed world is evident in the developed world. The high prevalence of the problem in the developed world is evident in the developed world. The high prevalence of the problem in the developed world is evident in the developed world.
New TB programme saves money and lives

By Glenn McKenzie

MARGARET Manzini is poor, underweight and infected with a particularly drug-resistant strain of tuberculosis, a disease from which her brother has already died.

She has been in hospital before, and stopped taking medication on the orders of her local 'uyangas' (traditional healers). Now she is back, and may have to stay for up to six months in Tintsawalo Hospital in Bushbuckridge, more than 150 kilometres from her home in Lydenburg.

As a result of her illness, Manzini does not consider herself particularly lucky. But health workers say she is.

Expensive treatments

The reason? South Africa's health service will spend more than R60 000 on her specialized TB drugs, and thousands more to treat her at Tintsawalo Hospital.

Staff at Tintsawalo's tuberculosis unit say that without the expensive treatments, Manzini would almost surely die – after possibly infecting many others with the disease.

Other TB patients who receive medical treatment at Tintsawalo and its surrounding clinics are also lucky – they are participating in a revolutionary new programme, developed in Tanzania, which has had unprecedented success in treating TB until patients are entirely cured of the virus.

The programme, called Direct-Observed Treatment, Shortcourse or DOTS, is new to South Africa.

Many medical workers hope that Dots will eventually reduce the number of new TB cases in this country, while curing old cases before they become immune to TB drugs – and need expensive treatment such as that given to Manzini.

Researchers say Dots is cost-effective and has the potential to save many lives.

The World Health Organisation predicts that TB will kill up to four million people a year unless Dots is implemented around the world. Currently, TB kills more than 2 000 South Africans every year.

"Dots is the only hope for reversing the course of the global TB epidemic," said the World Health Organisation in an annual report last year.

So far, Tintsawalo is one of only a few South African hospitals to use the system. But the hospital may be forced to discontinue the programme unless the Government provides vehicles for nurses to visit TB patients in rural areas.

"The success of our TB programme is dependent upon our being able to monitor our patients regularly so that they do not stop taking their medication," says Connie Sekatane, a nurse and project manager of Witwatersrand University's TB research programme at Tintsawalo.

Monitor patients

Dots works like this: For six months, medical staff monitor patients every day in their homes. Alternatively, medical staff recruit a respected community member or senior family member to voluntarily ensure that the patient receives his or her medication every day.

In cases such as this, medical staff attempt to visit patients once a month after they have been discharged from hospital.

"If we don't monitor patients, many of them stop taking their medication," says Sekatane.

Some patients sell their medication to other people. Others don't like the medication's side effects and some just forget to take it after they are feeling better.

In Tanzania, where the programme started, cure rates jumped from 40 per cent to more than 80 per cent in less than a year. At Tintsawalo, Sekatane says it is too early to tell whether Dots has had similar success.

Nevertheless, two TB patients who spoke to a Sowetan reporter outside their homes said they were glad to have someone else giving them their medication.

"I always forget about medicines," says Francisco Makhondzo, a mechanic who has been taking TB medication for almost four months. "I am glad someone is helping me to remember."

Inyanga influence

Sekatane believes that if Dots is successful in Mpumalanga, then it will work anywhere. This is because many people in the province are heavily influenced by inyanga, who sometimes tell them to stop taking TB medicines.

"It is a big problem. Some inyanga cooperate with us and some don't. And we never really know what they are telling people," she says.

Inyanga, such as the one who told Manzini to stop taking her medicines, often tell their patients that TB is caused by an evil event in their family's past.

As a result, they often say, modern medicines are not useful in curing the disease.

"We are trying to educate inyanga, and some of them are very good. But others are not," says Sekatane.

Alfred Ndlovu, a local traditional healer, is one person who believes modern medicine can supplement his own treatments.

"But we have trouble with some of the other inyanga," says Sekatane.
THOUSANDS of tuberculosis patients in the Western Cape are suspected of not taking their medicines so that they will remain sick and qualify for disability grants.

Health workers say these TB sufferers want to hang on to the monthly disability grant paid by the department of social services to those unable to work because of the illness.

Some doctors suspect there is a TB scam operating, where patients obtain sputum samples from sufferers to secure a serious enough diagnosis to qualify for the grants.

And although the department of social services is aware of the problem, it says its hands are tied, for by law it is obliged to pay everyone deemed to be unfit to work.

This abuse of the welfare system is quoted by many grassroots workers as one of the main reasons why they cannot bring the TB incidence rate under control.

Under the system, all those found unfit to work are entitled to receive a six-month disability pension from the state to a maximum amount of R410 a month.

The grant is paid to patients as long as they remain on the TB medicine course.

But many patients deliberately do not complete their courses as they want to remain ill in order to collect.

The fact that most people feel better after a few months of taking the medicine further contributes to the problem.

"Some sufferers can earn more through the disability grant than by working," said welfare worker Ria Grant, working for the TB Care Committee, a non-governmental agency doing welfare work among TB sufferers.

"This is a socio-economic problem that goes beyond misusing the system for your own gain for some people, this is really the only way out."

"Our biggest challenge is to change a culture of dependence on state hand-outs."

"Many people in Uitsig do this," said Anne Jacobs, a volunteer who works in Uitsig.

It is regarded by some as the TB capital of the world, with almost 1,500 people of every 100,000 estimated to be suffering from the disease.
TB declines in Western Cape

Number of cases drops sharply in 2 years

Health Reporter

The number of tuberculosis cases in the Western Cape has dropped markedly during the past two years, signalling hope that the fight against the disease may be being won.

The number of TB cases dropped from 27,592 cases in 1993 to 20,383 at the end of 1995, according to statistics quoted by Western Cape Minister of Health, Ebrahim Rasool.

Speaking at a symposium on TB at the Grassy Park Civic Centre, Mr Rasool said he believed the disease may be in decline.

"We may even see a cautious beginning to win."

The number of TB cases in the Western Cape doubled in the eight years from 1983 to 1993.

He said that while the decline was a good sign, not all TB cases had yet been detected in the Western Cape.

Among measures taken by the health department to fight TB are the budget shift in favour of primary health care, and the doubling of expenditure on TB drugs from R4.3 million in 1995 to R8 million this year.

In addition, the shift from vertical to horizontal delivery of services meant that TB treatment was now available at any public health facility.

The primary health infrastructure to treat TB was being expanded, with 24 new or upgraded clinics, day hospitals or community health centres to be built over two years.

"We are developing close partnerships with NGOs, because we realise their importance in detecting TB sufferers, in getting them on to the treatment programme, and most importantly in teaching people how to prevent the spread of TB."
Cape Town's medical community has been deeply affected by the HIV/AIDS epidemic, which has spread rapidly in the city and across South Africa. The epidemic has had far-reaching social and economic consequences, with widespread stigmatization and discrimination contributing to the spread of the virus. In recent years, efforts have been made to increase awareness and provide treatment and support to those affected by HIV/AIDS. However, the pandemic continues to be a significant challenge for health care providers and the broader community. The ongoing pandemic underscores the importance of continued vigilance and investment in public health initiatives to address the ongoing crisis.
<table>
<thead>
<tr>
<th>Number of deaths (per 100,000 population)</th>
<th>1994</th>
<th>1995</th>
<th>1996</th>
<th>1997</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Total</td>
<td>3,898</td>
<td>3,988</td>
<td>4,089</td>
<td>4,189</td>
<td>4,289</td>
</tr>
<tr>
<td>(b) female</td>
<td>1,590</td>
<td>1,690</td>
<td>1,790</td>
<td>1,890</td>
<td>1,990</td>
</tr>
<tr>
<td>(c) male</td>
<td>2,308</td>
<td>2,398</td>
<td>2,498</td>
<td>2,598</td>
<td>2,698</td>
</tr>
</tbody>
</table>

**NOTE**


**THE MINISTER FOR HEALTH**

Please note that the figures for 1994 and 1995 are estimates based on the 1992 Census. The figures for 1996 onwards are based on the 1996 Census.
New bid to halt top killer disease

Despite leaving a victim dead every 38 minutes in South Africa, tuberculosis can be cured — if you stick to your medication. Staff Writer Jackie Cameron reports.

Elsie's River is plagued by some of the worst gang conflict in the Peninsula, but its impoverished residents bear a darker burden — a vicious airborne disease that eats away your brain, lungs, larynx, spine and heart.

This embattled suburb has the dubious reputation of having one of the highest incidences of tuberculosis (TB) in the world.

Cape Times Pictures Editor Anne Laing spent a morning capturing the despair of TB sufferers and the tireless work of medical staff at a local clinic in Elsie Road as yet another anti-TB drive kicked off this weekend.

TB is a sure and slow killer, which leaves a victim dead every 38 minutes in this country — despite the fact that it can be cured. Hundreds of cases are treated daily, but hundreds more ignore the symptoms or fail to take their medication — putting their lives and others at serious risk.

"There are strains of TB which are now resistant to a number of drugs because people have failed to take their medicine regularly," says Ms Barbara van Heerden, of the South African National Tuberculosis Association (Santa).

This is precisely why Santa volunteers spend much of their time simply watching people swallow their tablets.

Many people stop taking their medication when they start feeling better, but they have not been completely cured. It is only a matter of time before they take a turn for the worse. The tissue destroyed by TB can never regenerate.

TB is highly contagious and can survive in the air in a confined space for up to three years, Van Heerden says.

"Families are being wiped out in the Western Cape. The disease spreads easily in poverty-stricken areas where hygiene standards are low and there is overcrowding. But we are also seeing a rise in the number of professional people contracting TB." The key to preventing this deadly disease is a healthy diet and hygiene living conditions. But HIV or a stressful lifestyle will make you easy prey for TB.

Babies can be inoculated, free of charge, against TB meningitis, a disease that can leave a child brain-damaged, if it does not kill him.

Van Heerden says Santa's latest campaign to stop TB from spreading into an epidemic focuses on educating people about the symptoms to enable sufferers to stop the disease at an early stage and to inform them that treatment for all TB sufferers is free.

TB sufferers may have some or all of the following symptoms:

- A persistent cough
- Loss of appetite and weight
- Night sweats even when it is cold
- Chest pains
- Coughing up blood
- Breathlessness
- Feeling continuously tired and weak.

Santa's week-long "It makes sense to give cents to TB" campaign will include the sale of balloons — bearing anti-TB messages — at schools, Santa and Sanlam offices and at Engen quick shops. Each balloon is a ticket to a "lucky prize" competition.

There are collection tins at Shoprite/Checkers, where shoppers will receive a free ticket to the competition with every till slip.

"The benefit for the community is that the money raised in each area will be channelled through the Santa branches and care groups in those areas," Van Heerden says.

Chest Examination: Mr Jacob Paterson (above) of Parow, fears he may have joined the ranks of the Western Cape's massive TB-affected population. Mr Douglas Benjamin, senior X-ray operator, does the first check for the deadly disease in a mobile X-ray van.

Fighting killer disease: Mrs Susan Klaassen (right) is one of many volunteers who receive TB sufferers at their homes to ensure that medication is taken religiously until a course has been completed. One of the biggest contributing factors to the spiralling scourge is the failure of victims to complete medication until the bacteria have been eradicated.

Here she sees to one-year-old Ezria van Rooyen, of Elsie's River.

Anxious: Dr Pumia Mawuse checks if eight-month-old Nicole Thomas, of Elsie's River, has contracted TB. Her mum, Manna, is holding her.
and the experience of the worker. With the
intermittent periods of the service, the work
of the Service can be
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.

The Service is
considered to be
periodically
interrupted.
The Western Cape is one of the richest regions in South Africa, but it also experiences significant problems in health care, particularly in tuberculosis (TB) control. The Western Cape has one of the highest TB rates in the country, and the provincial government has been under pressure to improve TB control measures. In response, a new TB control strategy has been implemented, focusing on increasing access to TB services and improving patient outcomes. Despite these efforts, TB remains a significant public health challenge in the Western Cape, and continued efforts are needed to address the underlying causes of TB transmission in the region.
TB control for review

By Mokgadi Pela

FINDINGS of the Tuberculosis Control Programme review are to be presented at a symposium in Pretoria next Tuesday.

The review has been carried out by five teams of specialists who have been looking at TB control initiatives since December 1995. Each team comprises a core of five people with international, national and provincial representation.

The review aims at increasing political commitment to improve capacity to manage TB control cost effectively in the context of improving primary health care.

"We hope to gain a clear situation analysis of the TB control programme, identify barriers to the implementation of the new TB control guidelines, propose solutions to problems encountered by the programme and involve all major role players in a united effort to improve TB control," director of communicable disease control at the Department of Health Dr Neil Cameron said.

It is expected that the review will assist in making recommendations to provinces and to the TB control programme on steps to improve control in order to achieve an 85 percent cure rate by the year 2000.

TB kills more South African adults than any other single infectious disease. The growing prevalence of HIV has worsened the TB epidemic by accelerating the progression from TB infection to TB disease. TB was declared a global emergency in 1993. A new international initiative – the Global TB Education Fund – will be launched later this year to raise funds and awareness to the disease.
New strategy for SA's TB epidemic

Kathryn Strachan

THE tuberculosis epidemic might be worse in SA than in any other country, according to an extensive review conducted by the SA health department, the World Health Organisation and a team of international medical experts. "I have investigated the TB situation in more than 160 countries, and SA's epidemic is the most frightening I have ever encountered," WHO consultant and review team member Dr Donald Enarson said.

The most troubling finding was that nearly 2 000 South Africans became sick with multidrug-resistant TB in the past year. Nearly 80% of those who became sick with the germ died. All the doctors at TB hospitals expressed this as a major concern.

Multidrug-resistant TB germs are spread by coughing, and the germs can remain in the air for hours. Anyone who breathes in these germs would be at risk of contracting the disease.

This TB strain is being spurred by the AIDS epidemic. People with HIV have weakened immune systems and are more likely to become sick with TB.

"In many ways, multidrug-resistant TB is more frightening than AIDS," Enarson said. "You can protect yourself from AIDS, but there is virtually nothing you can do to protect yourself from TB, as the primary risk factor is simply breathing."

Health director-general Dr Olva Shisana said "We conducted this review because TB is causing more deaths each year than AIDS, malaria, measles and homicides combined."

It is estimated that more than 140 000 people in SA became ill with TB last year, accounting for more than 80% of all communicable diseases notified to the department. "Our department is formulating new TB control recommendations, based on the findings of the review," Shisana said.

The department is implementing a new form of treatment called the "directly observed treatment short courses", which can prevent multidrug-resistant TB cases from increasing.

The strategy ensures that a health worker watches as each patient swallows every dose of anti-TB medication.

Countries that have used this strategy, such as Tanzania, have been able to prevent multidrug-resistant TB from becoming a problem. Such programmes have a cure rate of more than 85%, compared to SA's average cure rate, estimated at less than 60%.

The strategy is being tested in Mpu- malanga with good results. More than 80% of patients have been successfully treated in a demonstration project.

The review team said yesterday that the implementation of the new strategy had to be accelerated throughout SA if the nation was to avoid "an unmitigated TB disaster."
SA has worst TB epidemic in the world, study reveals
TB epidemic higher in SA

By Josias Charle

SOUTH Africa's tuberculosis epidemic may be worse than anywhere else in the world and unless the situation is addressed it could deteriorate even further, according to the Department of Health.

Director-general of health Dr Olive Shisana issued this warning in Pretoria yesterday after the findings of a review carried out by her department, the World Health Organisation and a team of international experts.

According to the report, South Africa's epidemic is the "most frightening" of more than 150 countries surveyed in the study.

It says that in the past year about 2,000 South Africans had become sick with multi-drug-resistant TB. This form of the disease has an 80 percent mortality rate.

Contaminated

The germs are usually spread by coughing or sneezing and remain in the air for hours. Anyone who breathes in the contaminated air will be at risk, the report warns.

Shisana said 10 people became sick with TB every hour in South Africa yet there were powerful medicines that could easily cure the disease.

"When treated properly, nearly 100 percent of TB patients can be cured," Shisana said, adding that her department spent R500 million fighting the disease.
10 people contract TB every hour in South Africa – report

PRETORIA – More new cases of tuberculosis (TB) were recorded in South Africa annually than in any other country, Department of Health director-general Olive Shisana has said.

Releasing the findings of a TB review here yesterday, Dr Shisana said about 10 South Africans contracted the disease every hour.

“We expect the crisis will become much more severe in the next 10 years if we don’t take dramatic steps to control the epidemic now,” she said.

To this end the department had started implementing a strategy known as the Directly Observed Treatment Short-course, or Dots, which entailed health workers watching a patient swallowing every dose of medicine.

Family members and employers also would be trained to support patients in taking their medication for the full six-month treatment period.

“The Dots strategy is recommended by the World Health Organisation and the International Union against TB and Lung Disease as the most effective means of controlling TB,” Dr Shisana said.

Dots is being tested currently in Mpumalanga, where cure rates are now nearing 80 percent.

Dr Shisana said the strategy would be implemented in other provinces as soon as possible.

According to the review, at least 140,000 people were infected with TB last year, with the highest occurrence in the Western Cape where 400 infections per 100,000 people had been reported.

“We haven’t realised until now the rate at which TB is spreading,” the department’s Communicable Disease Control director Neil Cameron said.

“The problem is growing faster than we realised.”

International Union Against TB and Lung Disease director Donald Enarson said South Africa’s infection rate compared badly to those of Mozambique and Tanzania, which were respectively well below a half and a third of South Africa’s 911 per 100,000 people.

This could be attributed largely, Dr Shisana said, to the fact that South Africa had been isolated from international health organisations for many years.

Dr Shisana added that the number of annual tuberculosis cases reported in South Africa was expected to double within the next ten years to over 200,000.

The spread of Human Immuno-deficiency Virus (HIV) also created a springboard for TB.

“TB can move at a much quicker pace when our nation is increasingly populated with immuno-compromised people,” Dr Shisana said.

Of those infected last year, 2,000 had contracted multidrug-resistant TB, a strain which killed almost 80 percent of its victims.

“Multidrug-resistant TB, for which there is virtually no cure, will increase to frightening new levels if action is not taken now,” Dr Shisana said.

Dr Enarson said Dots should prevent multidrug-resistant TB from developing since it was caused by incorrect treatment.

Dr Shisana said Dots could be paid for by the reallocation of existing TB resources.

The department last year spent R500 million on tuberculosis control.

Communicable Disease Control Specialist Lilian Dudley said South Africa could incur “significant savings” through implementing the Dots strategy.
Observation system to be used to fight TB
Picture depicts a case of TB in Lyndhurst, with the caption "Dump City: A typical scene in Lyndhurst, the area with the highest TB rate in the Western Cape."

The text continues:

"People in Lyndhurst have little or no education and many are unemployed. The area has a high density of informal settlements, which provide ideal conditions for the spread of TB."

"The condition of houses and shacks is shantytown-like, and TB is prevalent in the area."

"There is little or no provision for health care, and TB rates are extremely high."

"The number of patients who fail to complete medication leads to further infections, as cases increase by 30%.

The Cape"
New technology a boost for TB fight

BY PATRICK PESSA

The fight against tuberculosis, South Africa's number one killer disease, has received a shot in the arm in the form of new technology which destroys the airborne bacteria that cause it.

A project to introduce the new technology to South Africa has the support of the South African Centre for Essential Community Services (Sacces), which was launched last week.

The project is a joint venture between Eskom and the US-based Electric Power Research Institute.

The new electro-technology - germicidal ultraviolet light - killed the airborne microbacteria which caused TB, Sacces' national director Cynthia Motau said.

She said her organisation's mission was to demonstrate appropriate electrical technologies for clean drinking water and sanitation, effective waste-water treatment, and safe and efficient health-care facilities for developing communities in the country.

"Other possibilities include semi-permeable pit latrine liners to prevent ground-water pollution, as part of our sanitation programmes.

"We are pleased to facilitate the transfer of these beneficial electro-technologies to advance the health and well-being of the people of South Africa," Motau said.

In its first initiative, Sacces is supporting a pilot programme at Durban's King George V Hospital to test the effectiveness of the germicidal, ultraviolet light.

The hospital is a referral centre for serious TB cases.

Dr Philips Onyebujoh, who is in charge of the investigation, said an eight-week experiment would be conducted in the hospital's 16 TB wards.

"TB is a huge problem, so this technology has great potential.

"If our programme proves useful, the next phase will be to move it into wider deployment," said Onyebujoh.
New TB vaccine may be more effective

WASHINGTON. - A new tuberculosis vaccine made from "naked" DNA might work better with less risk of infection than the vaccine now given to millions of children worldwide, researchers said.

Traditional vaccines, including the one that has been used against TB for more than 70 years, are often made up of weakened strains of the disease. The traditional TB vaccine is made from an attenuated form of the disease that infects cows.

But in research chronicled in the current issue of Nature Medicine, scientists made a new vaccine out of one gene taken from the version of tuberculosis that attacks humans.

"Instead of using an organism ... this simply takes just the gene that can code for the protein for tuberculosis," Margaret Liu, of Merck Research Laboratories, said in an interview.

The use of just one gene — known as "naked" DNA — instead of the many genes contained in tuberculosis DNA shows signs of being as effective as the earlier cow-based vaccine, Dr Liu said.

She said some studies had called into question the effectiveness of the current vaccine.

Even with just one gene from the TB virus, Dr Liu and other researchers found vaccinated mice showed immunity to the disease.

Trials with humans, however, are a long way off, Dr Liu said.

Unlike traditional vaccines, which stimulate the human body to produce disease-fighting antibodies, "naked" DNA vaccines are somehow incorporated by the human body's cells and the immune response occurs there. - Reuter.
TB project drivers will eventually own their vehicles

Kathryn Strachan

AN INNOVATIVE project to take TB therapy to the most remote corners of Mpumalanga will be launched this weekend with freight drivers being given the incentive of owning their vehicle in return for ferrying blood samples across impossible terrain.

After two-and-a-half years, ownership of the diesel bakkies will be passed on to the eight drivers with Rautit Total Transportation, who sometimes travel across dry river beds to reach clinics and take blood samples for testing at SA Institute for Medical Research regional laboratories.

The plan, which seeks to empower people living in these areas, will enable the institute to extend its services to laboratory testing for other diseases.

As TB is the fastest-growing deadly disease in the country, particularly in rural areas, there is a great need for a reliable daily service between the clinics and the laboratories.
Tuberculosis claims 10 lives a day

The World Health Organization has declared tuberculosis an emergency in the Western Cape, where 2,000 people are diagnosed with the disease each year. The Western Cape Health Department is working closely with the World Health Organization to address the crisis.

The report notes that in the Western Cape, there are 13,000 new cases of tuberculosis, resulting in 1,000 deaths daily. The situation is critical, and immediate action is needed to curb the spread of the disease.
SA still has a long way to go with TB
"We are sitting on a timebomb - Rasool"

"TB, Emergency Plan to fight with Cape Epidemic"

"The proportion each year with 1000 people in the province each year. With HIV/AIDS and TB in the Western Cape, the country was sitting on a timebomb. The country was sitting on a timebomb without TB and HIV/AIDS."

"Rasool said that the timebomb, "the timebomb" was essentially timebomb."

"The timebomb was essentially the timebomb."
All-out assault on TB planned
Zuma to declare war on TB

Health Minister Nkosazana Zuma will
today declare tuberculosis in the
Western Cape an emergency and a
national health priority.
Dr Zuma will announce
this at a press conference
attended by Desmond Tutu, a former TB victim,
health officials and organisations working with people with TB.

The Western Cape has
among the highest rates of
TB in the world, in spite of
the disease being treatable.
It is not clearly understood why the
Western Cape has such a high incidence of
TB, but it is known to thrive among the
poor, who live in overcrowded conditions
among other diseases. The added factor of
substance abuse compromises their immunity to the disease.

A national review of TB
services earlier this year
found that health service
personnel and non-government
organisations were
involved in activities that
were costly in terms of
time and resources, but
had little impact on controlling TB.
It found the Western Cape had dedicated staff
working in difficult conditions, but with a
strong NGO infrastructure and a strong
research infrastructure.
New control measures as country faces ‘worst epidemic in world’ with more dying from the disease than from Aids

OWN CORRESPONDENT
Cape Town

Tuberculosis (TB) has been declared a national health priority by Health Minister Nkosazana Dlamini-Zuma, who says the country is facing the worst TB epidemic in the world. More people are dying from TB than any other infectious disease including HIV and AIDS.

Zuma and Western Cape Health MEC Ebrahim Rasool were briefing the media here yesterday. She warned that if the current rate of infection continued unchecked, 35 million people would be infected by the disease over the next 10 years.

The Department of Health would intensify efforts to treat TB patients by increasing resources and staff, and finding the most cost-effective and productive way of implementing their new national TB control programme, called the DOTS strategy.

DOTS or Directly Observed Treatment, Short-course, was effective in controlling TB in other countries. The programme centres on making treatment accessible to patients, early detection in sufferers and effective monitoring so records of their progress could be kept to detect relapse cases, a health department statement said.

Through DOTS the health ministry hopes to achieve an 85% cure rate for new positive smear cases by 2000.

Zuma said: "By doing this we will prevent 1½ million cases, 50 000 deaths and save R2.1 billion over the next 10 years."

"Everyone should know that TB is curable. People who are coughing for more than three weeks should be tested. Those suffering from TB need a full six months of treatment," she said.

TB sufferers who do not complete the six month treatment usually became re-infected by the disease even though they feel cured.

Archbishop Desmond Tutu gave a personal account of his years as a TB sufferer and encouraged other TB sufferers to seek medical treatment as the disease is curable.

Rasool identified the Western Cape as having the highest TB rates in the country - possibly the world - and stressed the need to prevent the situation from becoming an epidemic.

He said: "Most people affected by TB are between the ages of 15 and 49 years. TB is therefore having an immense impact on our economy, our community, families and children."

The Western Cape has the highest rate of TB meningitis in the world - a severe, disabling and potentially fatal meningitis caused by TB which often affects children.

Rasool called on government departments such as Economic Affairs, Housing and Agriculture, NGOs and the private sector to pull together to address the underlying causes of TB like poverty, overcrowding and poor nutrition.
Zuma, Rasool declare TB fight a national health priority

CYNTHIA VONGAI

TUBERCULOSIS was declared a national health priority by Health Minister Dr Nkosazana Zuma and Western Cape Health MEC Mr Ebrahim Rasool at a press conference yesterday.

Zuma said the country was facing a TB epidemic — more people died of TB than of other infectious diseases, including Aids.

She warned that if the rate of infection continued unchecked, 3.5 million people would be infected over the next 10 years.

To combat the problem, the National Department of Health was implementing a new national TB control programme, using the DOTS strategy.

DOTS (Directly Observed Treatment Short-course) had proved effective in controlling TB in other countries, she said.

The programme focuses on early detection, making treatment accessible to patients and effective monitoring of sufferers to detect relapse cases.

Through DOTS the health ministry hopes to achieve an 85% cure rate for new cases by the year 2000.

Zuma said: "By doing this we will prevent 1.7 million cases, 50,000 deaths and save R2 billion over the next 10 years.

"Everyone should know that TB is curable. People who cough for more than three weeks should be tested. Those suffering from TB need a full six months of treatment," she said.

TB sufferers who do not complete the six-months treatment usually become re-infected by the disease, she said.

Rasool said the Western Cape had the highest TB rate in the country.

"Most people affected by TB are between the ages of 15 and 49. TB is therefore having an immense impact on our economy, community and families."
More people dying from TB than all other diseases

SA faces 'worst epidemic'

JENNY WALL
Health Reporter

South Africa is facing the worst tuberculosis epidemic in the world with more people dying from the disease than from all other infectious diseases combined.

Health Minister Nkosazana Zuma yesterday declared TB a national health priority. This is the first time such an announcement had been made about any disease.

The Western Cape will declare TB a provincial emergency at the end of this month. Dr Zuma said that if trends continued, 3.5 million people would get TB in the next 10 years.

The incidence of TB in the Western Cape is one of the highest documented in the world with 517 cases for every 100,000 people. The average for South Africa is 340 for every 100,000. In the Western Cape last year, nearly 22,000 people contracted TB and more than 1,000 died.

The Western Cape also has the highest rate of TB meningitis in the world. This was a severe disease which affected children, said Western Cape Health Minister Ebrahim Rasool.

The TB epidemic is compounded by an increase in HIV and AIDS which is expected to double the number of TB cases in the Western Cape.

Truth Commission chairman Desmond Tutu said he had TB when he was 11 and he was living proof that it was curable.

But although TB is curable, it has become resistant to some drugs.

The national Department of Health has committed itself to implementing the "directly observed treatment strategy" to ensure people with TB take their medicine.

It will refocus its TB programme by strengthening TB management at national, provincial and district levels.

With the SA National TB Association, 50 new microscopy centres will be established in the next year.

Health workers throughout the country will be trained in the strategy, approved by the World Health Organisation, to ensure TB sufferers take their medicine.
TB declared SA's top health priority

Linda Ensor

CAPE TOWN — Tuberculosis, a scourge which kills about 10 000 people in SA annually, was yesterday declared the country’s top health priority and will be declared an emergency in the Western Cape at the end of the month.

Health Minister Nkosazana Dlamini Zuma, health director-general Athos Shisana and Western Cape health MEC Ebrahim Rasool outlined a nationwide strategy, supported by all nine provinces, to strengthen management systems and resources for treating the disease with the aim of curing 85% of all new TB patients by April 1999.

A major TB summit will be held in the Western Cape at the end of the month.

Shisana said TB was by far the biggest health problem facing SA which had one of the highest incidence rates in the world. New cases averaged 340 per 100 000, compared with the 200 per 100 000 found in other TB hot spots. In the Western Cape incidence was even higher at 511 cases per 100 000.

Zuma said the implementation of World Health Organization-endorsed short-course projects could prevent 1.7-million new TB cases, at least 50 000 deaths and save SA R2bn over the next 10 years. Without better control, cases would soar to 3.5-million by 2005.
Jordan gets tough on environment abuse

Profit-seekers to get short shrift

ADELE RALETA
STAFF REPORTER

The era in which some people had become accustomed to blatantly abusing the environment, ignoring what most South Africans had to say, and looking for the easiest way to the biggest profits, is over.

Minister of Environmental Affairs and Tourism Pallo Jordan said this was not a warning from the ANC government but a “clear message” that came through from broad public consultation in the development of two green papers his department launched last month.

Dr Jordan referred to the key green papers on “An Environmental Policy for South Africa” and on the “Conservation and Sustainable Use of South Africa’s Biological Diversity” during an ANC media briefing in Parliament this week.

Budgetary constraints and the decision to reduce the size of the public service had reduced his capacity to meet growing environmental needs. December 16 is the deadline for public comment on the green papers which were born out of a “dynamic consultation process” called Consultative National Environmental Policy Process (Conepp).

Conepp co-ordinator Christelle van der Merwe said one of the most exciting features of the green paper on environmental policy was that the debate on contentious issues was far from over.

So, what are the thorny issues in the environmental policy green paper?

Those requiring resolution by government in the development of a white paper, which is expected at the end of March, were the question of who would be accountable for environmental regulation and the issue of the unnecessary proliferation of institutional structures.

On the one hand, the development sector would argue for a better system of self-regulation by commerce and industry - meaning that each industry regulated itself with regard to environmental impacts. On the other hand, parties argue that regulation is government’s responsibility.

There was also the question of affordability in relation to developments and the costs which might be incurred from specific levels of environmental protection and management.

There is major debate on how a workable system of environmental administration can be achieved so as to include all levels of government and many sectoral interests.

According to Conepp, there are many different views on what the role of a Department of Environment should be. Some quarters promote a strengthening of the national department supported by a permanent cabinet committee for environmental affairs. Others believe this responsibility should be devolved to either provincial or ad hoc structures.

What was clear was that the lack of capacity and resources would restrict options, Ms Van der Merwe said.

The green paper on environmental policy’s important focal points included:

- Ensuring there is better equity regarding access to environmental resources including access to land, use of natural resources and the supply of services.
- Ensuring that all people are able to exist in a healthy environment which is free of hazardous pollution. This is an objective which is highlighted in the new constitution.
- Endeavouring to develop a more sustainable lifestyle for the country in which the environment is not irreversibly damaged. Environmental debts of the present could not be left for future generations.
- Consumption patterns and long-term protection of the environment was necessary.
- Developing a participative form of environmental management style in which there is a more transparent approach to decision-making.
- Developing capacity for a better understanding of environmental issues and management. This involved better environmental education and training.
- Developing a more complete and responsible system of governance which integrated environmental issues with those of development and ensuring better disclosure and dissemination of information.
- Developing an improved system for resolving environmental issues which might involve international trade issues.
- Improving waste management with respect to health, cleaner production and hazardous materials.
- Incorporating land use and natural resource use into planning of urban and rural areas.

The green paper on biodiversity represented a commitment to addressing the global crisis of a rapidly contracting biological diversity. South Africa had more than 2400 species of plants.

These were a tourist attraction and enabled the country to meet demands for food and energy, Dr Jordan said.
Countdown to end of census

Relax and unwind

8 DAYS

MA

Matric Science Revision

University of Cape Town
Department of Physics

Science Workshop Programme

This is a complete scheme

Chemistry Sun 7 NOV
Physics Sat 16 NOV

Last chance for full revision of syllabus

Kills three at ceremony

Traditional Xhosa blew

problem

protest

prosector - Census 64 would be

96/11/15
An ineffective Japanese-made vaccine applicator used to immunise infants against tuberculosis will be replaced by a South African manufactured disposable instrument by January.

This was confirmed by Neil Cameron, the National Department of Health's Director of the Communicable Disease Control Programme, at a media conference this week, where the department formally declared the disease South Africa's top health priority.

It was also announced that the Western Cape, which is worst hit by the disease, will declare it a provincial emergency.

Health Minister Nkosazana Zuma said tuberculosis had been declared a priority because more people died of it in South Africa than from all other infectious diseases. If current trends continued, 3.5 million people would become sick in the next 10 years.

The Saturday Argus reported earlier this year that thousands of children had developed serious forms of TB over the past 20 years in spite of being vaccinated against the disease - because of the ineffective BCG vaccine applicator.

Dr Cameron said the South African-made applicator also had nine needles like its predecessor, but was more effective as it was able to penetrate the skin deeper, allowing the BCG vaccine to be transferred. The tool was also disposable, which ensured sterility.

The Japanese tool had apparently failed to pass on the BCG vaccine, leaving children unprotected against invasive forms of TB such as TB meningitis.

Western Cape Health Minister Ebrahim Rasool said the Western Cape had the highest rate of TB meningitis in the world.

The World Health Organisation was in favour of South Africa changing to the more effective intradermal method as many countries in Africa were doing.

But Dr Cameron said: "Replacing the Japanese tool with another multipuncture device does not mean scrapping the idea of the intradermal method, but there would be risk in making changes abruptly."

Nurses and health workers would have to be trained in the intradermal method.

There have been reports of "frustration" by researchers at the Child Health Unit of the Red Cross Children's Hospital and Natal University's medical school with the Department of Health's apparent lack of interest in research into the vaccine and applicators, and funding for the work.

But Dr Cameron said the department was "keen to work with researchers with regard to the new tool and, together with the Medical Research Council's TB programme, convening a workshop for its long-term evaluation, to which these researchers would be invited".

He said this included research into the intradermal method. Serious consideration was being given to the funding of BCG research, he said.

Dr Zuma, who said the budget for TB was R500-million a year, underscored the commitment to BCG research by telling Saturday Argus that "whatever it requires to deal with the problem, we will do it."

She said fridges for the effective storage of the BCG vaccine had been bought from Belgium and nurses would be trained wherever necessary.

Maurice Kibel, the former head of Red Cross Children's Hospital's Child Health Unit, his colleague Greg Hussey and others had found after research that the applicator with nine needles had failed to deliver sufficient amounts of the BCG vaccine. The nine needles did not penetrate far enough, resulting in little or none of the vaccine being passed on and leaving the child vulnerable to the development of invasive forms of TB.

The evaluation of the Japanese applicator was made after the incidence of TB meningitis in children in the Western Cape appeared to be increasing in spite of an immunisation programme.

Professor Kibel said the efficacy of the BCG vaccine was still in doubt.

But the method of delivering the vaccine further bedevilled the issue where not enough vaccine was given. Although BCG vaccine is relatively effective in preventing serious but non-infectious TB, its value is limited mainly to early childhood.

The vaccine is given once at birth and free of charge at all obstetric services.

Until January, when the new tool is introduced, health outlets are being advised to apply more pressure to the Japanese tool to ensure penetration.

Bernard Fourse, head of the MRC's TB research programme, said at the conference that if current tuberculosis trends continued, South Africa might be in the grip of one of the worst epidemics the world had ever known by 2004, the year in...
Checking: a nurse examines a patient during a routine TB check on the Cape Flats

which Cape Town hopes to host the Olympic Games

Dr Foursie said that if current trends continued, 13 in every 100 South Africans would be actively suffering from the disease by 2004,

which was 4.5 times the current rate in the country, and 150 times that of the United States.

Mr Fawcett said his department was working flat out to make budgetary and other preparations for declaring TB a provincial emergency.

Dr Zuma said something could be done to combat this terrible epidemic.

The Daily Observed Treatment Strategy (DOTS) introduced in March this year, which aimed at ensuring patients complet-
ed their full treatment, cured infectious cases first time around.

Dr Zuma said her department would refocus the TB programme by strengthening TB management at national, provincial and district levels, and establish demonstration and training districts which would cover the whole country by the end of the century.

Together with the South African Tuberculosis Association, it would establish 50 new microscopy centres over the next year for testing the sputum of suspected sufferers. The goal was to cure 85 percent of new cases by 2000.

"By doing this we will prevent 1.7 million cases and 300,000 deaths, and save R2 billion over the next ten years," she said.

Since Allan began taking the new R4,000 a month "cocktail" therapy three weeks ago his life has revolved around his daily drug-taking schedule.

"I have always taken news of new drugs and cures with a pinch of salt. 

"But the hope that they will be effective keeps one going," said Allan, who was put on a disability pension by his company when he was diagnosed with Acquired Immune Deficiency Syndrome (AIDS) four years ago.

Allan, who did not want his surname published, is one of 40 South Africans on the "cocktail" treatment which knocks the virus through a triple combination of drugs.

The combination has reportedly had dramatic effects overseas.

His modest Kempton Park townhouse does not look like the home of a person who can afford to pay R4,000 a month on unsubsidised medication.

It is tasteful, but very simple.

"I am fortunate," he says.

"My parents have sent money from Britain to help me get started on the treatment.

"But in the long term, I am not sure how I am going to cope," he said.

He added that without Government assistance there was "nothing the average person can do."

"Everyone talks about the economic loss to the country if the Government subsidised the therapy."

"But they have not compared this to the loss of an ever-increasing number of so many trained people," said Allan.

He said that since starting to take the "cocktails", his life has revolved around his drug schedule.

"My whole lifestyle is geared around drugs."

"When I can eat and how long I must wait before taking the next pill.

"Going out to dinner becomes impossible unless it is with someone who is prepared to eat at 3pm."

"And they say if you don't follow the schedule it accelerates the virus. But it is a risk I am willing to take," said Allan, who takes a combination of DDI, 3TC and Cruxivan.

One DDI tablet has to be taken twice a day on an empty stomach.

Each tablet must be taken twice a day.

Two Cruxivan tablets must be also taken three times a day and each dose must be eight hours apart.

This must also be taken on an empty stomach.

The two tablets of 3TC are taken at different times but at any time.

Allan will undergo his first tests next week since he started taking the "cocktails" three weeks ago and he is hopeful of the outcome.
Don't treat sufferers as pariahs, says Tutu

ADELE BAILETA
STAFF REPORTER

There is life after tuberculosis, Truth Commission chairman Desmond Tutu who had TB as a child, said this week.

He was addressing a media briefing in Cape Town where the Department of National Health declared TB South Africa's top health priority. In the Western Cape the disease was declared a "provincial emergency."

Archbishop Tutu said "For goodness sake, people who are sick with TB ought not to be ostracised. We mustn't treat people with diseases of this kind as pariahs."

He said he contracted the disease when he was 11 and was treated in the Coronation Hospital and then transferred to Reftefontein Hospital in Gauteng.

"I don't think anyone would have needed a skeleton to study anatomy. I would have been a good exhibit."

He said he was haemorrhaging. "I began noticing that almost all the patients who coughed up blood ended on a stretcher to be taken to the mortuary."

"Archbishop Tutu was told that his condition was "not good."

"There is life after TB."

"In 1947 I was told I was a terminal patient and its nearly 50 years later and I am here to tell the tale."

"He said his illness convinced him he should become a doctor."

"In those days there were different drugs to those in use today. In those years it might have taken up to two years to recuperate whereas now it takes about six months."

"There was a stigma attached to TB and communities needed to be educated about this treatable disease."

"The Archbishop said he said people should build "caring communities and healing communities."

Trainees for Cancer Research

Students from the disadvantaged groups are encouraged to apply for participation in Cancer Research supported by various grants.

Applicants should be matriculated and have completed a BSc or higher degree with major qualifications in any of the following subjects: Physics, Chemistry, Botany, Zoology, Biochemistry, Microbiology, Virology, Molecular Biology, Genetics or Veterinary Medicine. This participation could lead to postgraduate studies.

For further information please phone
Dr. L. Böhm at (021) 938-9539 or 938-9543 (a/h)
or (021) 448-5313 (a/h).

University of Stellenbosch

SITE OFFICES
RENT OR BUY
TEL: 948 0743
Stellenbosch leads fight against TB
**Varsity forms special team to tackle TB**

THE University of Stellenbosch, which has for many years played a leading role in tuberculosis treatment and research, especially in the Western Cape, has announced the formation of a specialist team to do an in-depth local study on the disease.

At a media briefing at the university's Faculty of Medicine in Parow this week, the university expressed strong support for the ongoing programme to fight TB.

The government last week recognised that TB must be given emergency status in the Western Cape and parts of the Eastern Cape.

The incidence of TB in the Western Cape is the highest in the world, affecting an estimated 511 out of every 100 000 of the population.

An uncomplicated adult TB case is treated for six months, but the treatment of a case of drug resistant TB may exceed 18 months and could cost up to R100 000 per case.

Professor Paul van Helden, of the Department of Medical Biochemistry, said research was vital to find new drugs and to understand how the disease spreads. He said the pattern and spread of the disease in South Africa may not be the same as it was in the industrialised countries and there had to be a better understanding of local conditions.

"We have thus assembled a team of workers of different specialisations, including sociologists and anthropologists (from the University of the Western Cape) and geographers, computer specialists, chemists and molecular biologists (from Stellenbosch and the Medical Research Council), to investigate our local problem," Van Helden said.

"Tuberculosis can be treated effectively with drugs and we strongly support the programme of the Department of Health which emphasises the treatment of 'smear positive' (very infectious) cases of tuberculosis and the importance of Directly Observed Therapy (DOTS). If successful, this programme could turn the tide," Prof Van Helden said.

He stressed, however, that success of the programme depended on new drugs, testing of drug metabolism, and a better understanding of the dynamics of the transfer of infection.

Studies should be done on multi-drug resistant TB, social, cultural and behavioural factors and the factors which led to the suppression of the immune system, which in turn led to more infections.

Dr Nulda Boyers, of the Department of Paediatrics and Child Health, said a study over 10 years, from 1988 to 1994, found that as many as one-third of low-income Cape Flats households had at least one case of TB.

One smear-positive patient infected at least 10 other people a year.

Strong emphasis had been put on educating the public about the disease and the aim was to spread the message faster than the disease, explained Boyers.
Study shows kids at high risk from adults with TB

10 people infected in some Cape homes

JENNY VIALL
Health Reporter

Half the children in the Western Cape who come into contact with adults with tuberculosis will be infected and 30 to 40 percent will develop the disease.

This figure is far higher than published findings from other parts of the world which indicate a 10 percent risk of infection and highlights the size of the TB problem in the Western Cape.

Estimates are that a person with active TB can infect 10 people a year with regular contact. These figures come from research by the University of Stellenbosch. In some areas of Cape Town, known as the TB capital of the world, there are households that have 10 or more people with TB, research by paediatrician Nulda Beyers has found.

Identifying TB early is vital to stop its spread because a person is no longer infectious 48 hours after treatment begins.

Over a four-year period, 1 862 children were admitted to Tygerberg Hospital for TB treatment and 37 needed admission to intensive care.

While TB needed to be identified and treated primarily at clinic and community levels, there was also a need for tertiary services. Patient care would be affected by budget cuts to hospitals, said Dr. Beyers.

TB has been declared a priority in South Africa and Stellenbosch University has committed itself to supporting the national TB control programme.

Dr. Beyers welcomed the programme, saying that for the first time a TB register would be kept to record how many people had TB and how many were cured.

Research on TB at the university, although not yet complete, is contributing much to understanding the disease and its high incidence in the Western Cape.

While it is not clear why the Western Cape has among the highest incidences of TB in the world, contributing factors are poor living conditions, climate and position (more TB is found closer to the coast) and drug and alcohol abuse.

There are 27,000 patients with active TB in the Western Cape and fewer than five percent of these have primary multi-drug resistant strains of TB found in people who have not been treated previously for TB.

Dr. Beyers said that while this was not a lot percentage wise, translated into numbers it was a major problem because it cost so much to treat these patients. The usual six-month treatment cost R500 but treating adult patients with drug resistant TB costs R20,000 to R100,000 a patient, depending on the strain.

The national TB control programme is aiming to cure 85 percent of new infections to stop the spread of TB.

University researchers will look at drug resistance, evaluation of drugs for treatment and drug tolerance.

Strains of TB can now be identified using DNA fingerprinting, which will help detect the spread and identify the roots of TB DNA fingerprinting, while expensive, offered a quick diagnosis of specific strains of TB and could be used for customising treatment in high-risk populations, said Paul Van Holden, head of the department of medical biochemistry.

In many people the bacterium which causes TB lies dormant in the immune cell until conditions are ripe for it to multiply. Research is being carried out to see how it does this.
New strategy for TB

By Rafiq Rohan
Political Correspondent

MORE than 119 400 new tuberculosis cases have been reported in the country over the past 18 months, according to Minister of Health Dr. Nkosazana Zuma.

Zuma said the Department of Health is in the process of implementing a new control strategy called the "Directly Observed Treatment Short Course" (DOTS).

"DOTSC focuses on patient-centred care, cost-effective diagnosis, effective treatment regimens and it supports patients through directly observed and monitored treatment," added Zuma.

Zuma said that the goal was to achieve an 85 percent cure rate by 2000.

The objectives of her plan included creating a high level of awareness of the TB epidemic, improving TB management at all levels and ensuring adequate laboratory services.
TB awareness campaign for children launched

Disease kills more South Africans than Aids, measles, malaria and murder combined

BY ANNA COX
Sandton Bureau

With one-fifth of all identified tuberculous sufferers in South Africa being children, the Alexandra Anti-TB Association is launching a TB screening and education campaign for pre-schoolers.

South African National Tuberculosis Association area manager Norman Khumalo said yesterday there was a great need for early diagnosis as more than a third of all TB meningitis sufferers were children.

Speaking at the launch of the anti-TB campaign in Alexandra, Khumalo said TB killed more South Africans than Aids, malaria, murder and measles combined, he said.

An average of 311 in every 100 000 people were infected in SA, which was not only more than any other African country but double the rate of that in Mozambique and three times that of Tanzania.

Yet SA, as the most developed country in Africa, was failing to stop the problem, Khumalo added.

"The increasing incidence of HIV will make this bomb explode," he said.

The aim of the new programme in the township is to diagnose the germ in pre-school children so that they can be treated before they get the disease.

A programme of health education will also be started.

The programme is supported by South African Breweries, which donated R25 000 to the Alex Anti-TB Association.

Dr Neil Martinson, the Eastern Metro Council's executive officer for community health, said there were 313 identified cases of TB in Alexandra, but that this figure probably represented only a third of the real number.

"TB is the most important infectious disease facing us in the next century, and the numbers will double in the next 10 years," he said.

The council's health committee chairman Claire Qual said TB was a public health problem not being addressed adequately in the substructure.

There appeared to be under-diagnosis, over-reliance on certain clinics and inadequate supervision of people on treatment. However, she said.

Health authorities would plot the areas worst affected by TB outbreaks and target communities for diagnosis, mutation of treatment and maintenance of treatment.

In the 16 other Eastern council clinics outside Alexandra, only 100 patients were on treatment. None of the clinics had access to a rapid HIV test for the disease, and follow-up treatment was inadequate, said Qual.

"With the advent of Aids we have not placed enough emphasis on TB.

"It is vital we start doing so because, if the numbers double as predicted, we could have problems," she said.
Western Cape declares tuberculosis provincial emergency

Linda Ensor

CAPE TOWN — Tuberculosis was yesterday declared a provincial emergency in the Western Cape by health MEC Ebrahim Rasool.

Speaking at a provincial meeting on tuberculosis at the University of Stellenbosch’s medical school in Bellville, Rasool said the measure would allow the health department to cut through red tape and implement an aggressive, co-ordinated strategy to eliminate the disease in the province.

"The statistics of about 25 000 tuberculosis sufferers annually, and just fewer than 1 000 deaths every year from tuberculosis, confirms the Western Cape as the tuberculosis capital of SA, and possibly the world," he said.

"If these 25 000 tuberculosis sufferers are further seen as the natural base and feeding ground for the HIV/AIDS virus, then the Western Cape has something to be worried about. These are the two most compelling reasons for declaring tuberculosis a provincial emergency."

Rasool expressed concern over the fact that the Western Cape was spending between R60m and R80m on tuberculosis each year, but was not having any effect on the disease. It appeared, he said, that the funds were not being spent effectively and there was insufficient co-ordination.

Declaring the disease a provincial emergency would facilitate the restructuring of expenditure patterns. Over the next few weeks a provincial tuberculosis manager would be appointed and co-ordination of the campaign would be decentralised to regional and district levels.

Furthermore, Rasool said, the department would implement directly observed treatment, to ensure tuberculosis sufferers complied with prescribed measures.
Plan to tackle TB 'emergency' in Western Cape

Tuberculosis has been declared an emergency in the Western Cape, where the incidence of the disease is three times higher than in other parts of South Africa and about 50 times higher than the United States.

Western Cape Health Minister Ebrahim Rasool announced the emergency at a TB summit at the University of Stellenbosch medical school.

Mr Rasool said medical and socio-economic upliftment were needed to fight TB. Cape Town, the TB capital of the world, had 25,000 cases of TB annually — and about 1,000 people died from it each year.

This and other factors made TB an emergency in the Western Cape, and other departments such as housing, water affairs and welfare had to be persuaded to join the fight.

A World Health Organisation (WHO) national TB review earlier this year identified management of the province's TB control programme as a major weakness.

The province is to appoint a TB manager, regional managers and district co-ordinators early next year.
Rising musical star loses TB battle

Christmas benefit concert for Hitsville girl's young son

JUDY DIAQON
Staff Reporter

A promising young Bonteheuwel singer with the makings of an international star, according to those who worked with her has died after losing a battle against tuberculosis.

Odette Abrahams, a star of the township musical "Hitsville USA - United South Africa," died at 18, leaving her 14-month-old son Justin.

Sunday, December 22, the Cape Town City Hall will host performers who have offered their services for a Christmas benefit concert to "ensure Justin will have a future."

Rod Harrod, "Hitsville USA"'s producer/director, who is organising the concert, said Odette had the promise of becoming a big international star - not just because of her huge talent but because she was a fighter. She had all the determination to succeed that is lacking in so many young performers.

In the show, she sang as one of the Supremes (Florence Ballard, who also died young) and one of the Marvelettes, as well as Mary Wells. Her moving rendition of Gladys Knight's "Neither One of Us" became a surprise showstopper.

A relapse ended her singing shortly before her death.

Harrod said he had secured the City Hall at a reduced rate but was hoping not only to cover costs but also to set up a trust fund for Justin.

"Already it seems the city's entertainment industry is uniting to remember Odette and make sure Justin will have a future. But I still want to hear from more performers, particularly those who worked with Odette, before I announce the complete cast," he said.

He was also searching for a community choir to sing Christmas carols.

Tickets for the show are R10.

For more information, telephone Rod Harrod at 797-710 or 798-799.

DISTRAUGHT: Odette's family, from left, Fredaline Jansen, Alistair Abrahams, Valene Abrahams, René Moses and her 14-month-old son Justin with her picture.

New lab boosts fight against TB

JENNY VALL
Health Reporter

A new laboratory in Guguletu will bring pathology to the people, making it easier and quicker to identify tuberculosis and sexually transmitted diseases, both major health problems in the Western Cape.

The laboratory, at the Guguletu Community Health Centre, is a joint venture of the South African Institute for Medical Research and Sanmarine, which donated and refurbished the container that houses the laboratory equipment.

Identifying TB using microscopy, which is quick and cost-effective, is part of the new national TB control plan.

Patients can now be tested and get their results the same day, which means treatment can start immediately, an important factor in slowing the spread of the disease as it is no longer infectious 48 hours after treatment begins.

The laboratory, which can do basic haematology and chemical pathology tests, effectively brings pathology services to the primary health care level.

Peak practice: medical technologist Nomonde Ndlongwa in the new Guguletu laboratory.
Zuma declares war on tuberculosis

By Mokgadi Pela

Health Minister Dr Nkosazana Dlamini Zuma has declared tuberculosis a top national priority which South Africa should focus on if it is to avert a disaster of unspeakable proportions.

Zuma was speaking at a Press conference in Cape Town recently, which was also attended by Western Cape MEC for health Dr Ebrahim Rasool. She said the Government would ensure the implementation of the Direct Observed Treatment Short Course (DOTS) strategy.

Under this strategy, all patients should be put on to a DOTS programme. It is based on efficient management of resources and on supervision by a central TB unit to ensure that health workers have the correct local setting. The system uses planning, monitoring and corrective action to ensure cure.

Experts say supervision is the key to successful TB treatment. If the patient does not complete treatment or occasionally forgets to take medicines, he or she may never be cured.

It also involves the training of health workers to watch patients swallow each dose of medicines for at least the first critical two months.

Thereafter the treatment should be continued under the watchful eye of community workers or a trusted family member and carefully monitored by health workers until the patients are cured.

Zuma announced that the department and the South African National Tuberculosis Association (SANTA) would launch 50 new microscopy centres in 1997. The department has also created six new posts to work on TB.

Zuma said they planned to detect and cure 85 percent of all new smear-positive cases by the year 2000.

If this is successful, 1.7 million new cases will be prevented and at least 30 000 deaths avoided.
ONE of South Africa's largest charities is reeling under the double blow of dwindling public donations and a strike at 15 of its 22 tuberculosis hospitals.

The SA National Tuberculosis Association (Santa) cares for about 13,800 patients a year at its hospitals.

At its East Rand centre this week, patients had to scrub the floors and wash blankets in the laundry because most workers were on strike. Workers have picketed and toyed outside the management offices of the association's 22 centres since December 17 during wage negotiations. The strike, for higher pay, was sparked off by a deadlock during the negotiations.

The maintenance manager of the East Rand centre, Gullon van Staden, said an agreement had to be reached quickly as it was the patients who were suffering.

He added that, although most workers were on strike, the 42-year-old centre was not "seriously affected because non-union members were working as usual".

However, most patients felt the strike was hitting them hardest. A disgruntled father of five, Steven Khumalo, 58, said: "It's very unfair. The food isn't cooked and we're forced to do the cleaning. Who ever heard of neck people scrubbing the floors?"

In recent years, the association's running costs have rocketed while its state grant has remained virtually unchanged and public donations have fallen.

Last year, Santa had to survive on donations of R857,729 - a fraction of the R2.7-million it received from the public in 1993 or the R1.3-million in 1994 and 1995.
W Cape may be winning TB battle

ASHELEY SMITH
STAFF REPORTER

The Western Cape’s tuberculosis infection rate, for years the highest in the world, may have stabilised, according to provincial Health Minister Ebrahim Rasool.

In December the TB crisis was declared an emergency in the Western Cape, where the incidence of the disease is three times higher than in other parts of the country and about 50 times higher than in the US.

At the launch of a new TB control programme yesterday, Mr Rasool said reported cases in the Western Cape in the past four years had shown a gradual decrease.

But the number of people dying of TB annually had increased between 1993 and 1995, reaching a high of 1 063 in 1995.

Last year may have been a turning point in the battle to eradicate the disease, with the number of deaths falling by 150.

"But it’s too early to make optimistic predictions," said Mr Rasool.
New treatment could cure patients with days

TB sufferers offers hope for Laser therapy

The year 2000

By Bertram P. Reiss, director of clinical services at the Department of Tuberculosis Clinical Center (DCC)

A new treatment has been developed for patients with tuberculosis (TB) that could cure them in just days, according to Dr. Bertram P. Reiss, director of clinical services at the Department of Tuberculosis Clinical Center (DCC). The treatment, known as laser therapy, involves the use of a laser to destroy the bacteria that cause TB. Dr. Reiss said the treatment is effective in most cases and has been approved by the Food and Drug Administration.

Dr. Reiss noted that the new treatment is particularly promising for patients with multidrug-resistant TB, a condition that has been difficult to treat with traditional drugs. The laser therapy appears to be effective even in cases where other treatments have failed.

Dr. Reiss emphasized the importance of early detection and treatment of TB. "TB is a serious disease that can be deadly if left untreated," he said. "Our new treatment offers hope for patients who have been struggling to find a cure."
TB is a bigger killer than AIDS'

By Beth Glenn

If it takes you 40 minutes to read this newspaper, by the time you finish, another South African will have died from tuberculosis.

On March 22, the South African National Tuberculosis Association, (SANTA) and Sanlam will launch an education campaign to try and prevent some of those deaths. The groups will begin the project with a balloon launch to raise awareness and funds for the fight against TB infection.

"Some people think tuberculosis has been eradicated, and some communities have lived with it so long that they almost accept it," said Julia Van Heerden, director of Johannesburg's Santa branch.

"But at this stage, tuberculosis is still killing more people in South Africa than AIDS," she said.

Van Heerden estimates that at least half South Africa's population is infected with the TB germ in its inactive state.

However, TB sufferers can be cured by taking a six-month course of medicine, but only if a person takes all the required medication, she said.
New therapy for TB offers hope for sufferers in SA

Medical Correspondent

Monitoring tuberculosis patients within the community is 25 times cheaper than treating them in hospital, research in Hlabisa, KwaZulu Natal, has indicated.

The directly observed therapy (short course), known as DOTS, also improves patient compliance, with the number of patients completing their treatment rising from 18% to 85%.

The study is the first published analysis of DOTS and was released almost a week before World TB Day on March 24.

South Africa deals with 140 000 cases a year. In Hlabisa, the incidence tripled from 303 cases a year in 1991 to 1 000 in 1996, according to researchers from the Medical Research Council and the Liverpool School of Tropical Medicine.

"TB is curable the first time round with a range of powerful drugs," said David Wilkinson, superintendent at the Hlabisa district hospital. The problem was that patients failed to complete the course of pills, which put them at risk of developing multi-drug-resistant TB.

Before 1991, TB patients in Hlabisa were hospitalised for four months, then had to collect pills from their nearest clinic for another four, at a total cost of R88 752 per patient treated.

After 1991, patients were discharged after three weeks into the hands of a nominated supervisor, who would hand out drugs twice weekly at a cost of R3 894 per patient.

The findings strongly supported SA's new national TB control strategy, which recommends DOTS, Wilkinson said.

"In communities like Hlabisa, the approach is affordable to implement, compassionate, and offers hope to cope," he added.
SA one of 13 countries worst hit by TB

Kathryn Strachan

The latest World Health Organisation (WHO) annual tuberculosis review lists SA as one of the 13 countries worst hit by the disease. The report named the countries that are home to nearly 75% of the world’s TB cases as Bangladesh, Brazil, China, Ethiopia, India, Indonesia, Mexico, Pakistan, the Philippines, Russia, SA, Thailand and Zimbabwe. Reuter reports that the WHO said urgent action was needed in those 13 countries if the global battle against a deadly resurgence of tuberculosis was to be won. But in the age of jet travel, the problem was not limited to those countries. “Everyone who breathes air, from Wall Street to the Great Wall of China, needs to worry about this risk,” the report said. “Every country is threatened by the poor TB treatment practices of other countries.” The WHO said yesterday that its new strategy for treating tuberculosis could prevent at least 10-million deaths from TB over the next 10 years. The new strategy, where patients take their six-month course of medication under supervision, is already in place in one district in each of SA’s provinces. As the model is established, so it will be replicated throughout the country, Health director of communicable diseases Dr Neil Cameron said. WHO director-general Hiroshi Nakajima said in Geneva that the strategy would avert the threat of multidrug-resistant strains in the future. Reuter reports. “This is the biggest health breakthrough of this decade in terms of the lives we will be able to save,” he said. Reuter reports that the new treatment, known as Dots or Directly Observed Treatment Short-course, combines a multidrug treatment with a health management system that the WHO claims is virtually certain to cure every TB patient treated. The WHO estimates that the 3-million people dying of TB each year now is higher than when the epidemic was at its peak at the beginning of the century. At that time it killed almost one of every seven Americans and Europeans. The WHO called for better identification of TB cases and direct monitoring of patients over the six-month course of treatment in the 13 countries.
Breakthrough in control of tuberculosis — WHO

GENEVA: The World Health Organization announced a "breakthrough" on Tuesday in tuberculosis control that it says could save 10 million lives in the next decade, shrinking a scourge that hits the world's poorest nations hardest.

The development, known as DOTS, or Directly Observed Treatment Short-course, "is the biggest health breakthrough of this decade, in terms of the lives we will be able to save," Mr. Hlomu Nakajima, director-general of the WHO said in a statement.

About eight million people last year came down with tuberculosis, which is the leading infectious killer of youth and adults.

Some 95% of cases are in Third World countries.

The DOTS strategy has health workers supervise patients' intake of four powerful medicines over six to eight months.

One of the most difficult problems hindering TB control has been that sufferers often fail to continue their course of treatment once they feel better, which has led to the emergence of multi-drug resistant strains of the disease.

The WHO said there was compelling evidence that where DOTS is used, cure rates nearly double and the TB epidemic can be eventually sent into reverse.

"The TB epidemic will continue to kill more people each year, and the TB bacilli will grow more resistant to drugs, unless we move quickly to put the DOTS strategy into use in every country," Nakajima said — Sapa-AFP
TB plague set to worsen but cure rate is up, report says

BY JANINE SIMON
Medical Correspondent

On average only half of the tuberculosis patients in South Africa were being cured, but early results from the Department of Health’s new TB control programme showed cure rates in four provinces had increased by between 9 and 26%, director-general of health Dr Olive Shisana said yesterday.

She was speaking at the Johannesburg launch of the “The People’s Plague”, the department’s first comprehensive report on tuberculosis, released to mark World TB Day on Monday and to reaffirm commitment to combating the epidemic – one of the world’s worst.

The commitment was backed by President Nelson Mandela, himself a former TB patient, who has issued a special message for World TB Day, encouraging sufferers to seek treatment and stressing that patients who are taking medication can live and work safely in the community and deserve support.

Shisana said South Africa was spending R500-million a year on TB control and the epidemic was enormous, and prominent to get worse. Last year, TB killed 10 000 South Africans – more than any other infectious disease – and made 160 000 people sick.

Although it was curable, the TB epidemic was being magnified by HIV because 25% of those who became sick did so because they were HIV positive, Shisana said. In some mines, TB rates were 10 times the national average, and TB had doubled in the past two years because of the spread of HIV, according to the report.

About 3.5 million new cases were expected by 2005 if current trends continued.

The good news was that the internationally proven DOTS (directly observed treatment – short course) strategy was being implemented and progress had been made on all recommendations of the 1996 review of the National TB Programme. Shisana said: “We are committed to the DOTS strategy and to the promise of curing 85% of TB patients by the year 2003.”

The Medical Research Council’s Dr Bernard Fourie said SA would see a drop in its TB infection rate in six years’ time, provided the DOTS strategy was fully implemented and the HIV infection rate dropped by 20%.
Why: Known disease that can be cured

The fragility of their situation

you are not observed and monitored

The treatment of the eye infections

the results are favorable and

...
This strain is just as contagious as the normal form and patients have far less chance of survival.

Adding to the problem, HIV is fast-tracking the TB epidemic, according to a starting report on the TB released by the Department of Health this week. HIV attacks people's immune system, making them more vulnerable to TB. In turn, TB quickly pushes HIV-positive people into full-blown AIDS, according to the report.

"Since the TB infection is so widespread, it is common that people newly infected with HIV already carry the dormant TB bacteria. Once HIV takes hold, these dually infected people are likely to become seriously ill with active TB."

"Most of the women patients at Paalton claim they did not know what TB was until doctors told them they had it. Many were worried about not being able to feed their children, and a large number lost their jobs because of TB. Some were hoping that although they were not being paid while in hospital, they would get their jobs back once they were well. Except for Tolo, all of them said they did not know anyone else who had TB." Community health worker Michael Mkhosa, who counsels TB sufferers at a number of Gauteng hostels, says there is an incredible ignorance about TB. "One day I see 15 outpatients to give them their medication. The next day they are all supposed to return but maybe half will pitch." Mkhosa says.

"Some may have gone back to KwaZulu Natal, never to return, or to return months later when they are desperately ill, possibly with the resistant strain."

For many of them, Mkhosa says, it is a matter of not understanding the danger of the illness or believing it is a curse on them on which a traditional healer might help. "Age-old traditional beliefs are hard to counter," he adds.

Mkhosa also has to deal with patients not wanting their employers and colleagues to know what is wrong with them. "I respect that, but if they default and I have to go out there, I don't have a choice but to introduce myself and explain why I am there."

"After this, so often the patient gets angry, believing I have betrayed him. This can also result in his refusal to take medication," he says.

"In the white community, though, there is an attitude of 'it cannot happen to me', a belief of the perception that it is an illness found only among the poor and destitute."

Dr John Hewitt, a middle-class Cape Town cardiothoracic surgeon, was shocked to discover he had TB in 1993. Then working at Groote Schuur Hospital, he dealt with

This year, pilot projects are being set up in every province in order to perfect the strategy on a small scale first.

This national programme aims to cure 85% of all TB patients in the country by 2000. Dr Neil Cameron, director of the Department of Health's communicable disease programme, believes a successful TB programme could prevent 1.7 million new TB cases, averting 50,000 deaths by 2005.

As Bernard Bourne of the Medical Research Council, so neatly puts it, having TB is like having a bond on a house. 'It is never going to go away until you have either completed your payments (in this case, medication) or you die.'

"The Star"

22/3/97
Tuberculosis epidemic spreads

Kathryn Strachan

IN THE run-up to World Tuberculosis (TB) Day today, the health department revealed startling new statistics which showed that if the pace of the epidemic continued one out of every 12 South Africans would become sick with TB in the next 10 years.

Nearly two-thirds of the population is estimated to be infected with the TB virus and almost 10 000 people die of it every year.

A World Health Organisation review released last week listed SA as one of the 13 countries worst affected by TB.

On Thursday the department released the first comprehensive TB report ever published in SA.

"We are releasing this report to raise awareness of the severity of TB in this country and to indicate our commitment to TB, which is the biggest infectious killer in SA," National TB Control Programme manager Dr Reille Maqutu said. "If treatment programmes are not improved now, the number of annual TB cases will quadruple over the next 10 years."

The TB epidemic has been worsened by the development of a new, deadlier form of the disease. This is multidrug-resistant TB, which develops when patients begin, but do not finish, their six-month course of TB medication. Two thousand South Africans developed multidrug-resistant TB last year and most will die from it.

The rapid rise of the human immunodeficiency virus in SA is also accelerating the spread of TB and causing more people to contract the disease.

Although TB is nearly 100% curable, only about half of the TB patients in SA are being cured. The department, in collaboration with nongovernmental organisations, hopes to improve cure rates nationally to at least 85% of newly identified infectious patients by the year 2000 by implementing a new strategy termed "directly observed treatment short course (DOTS)."

The strategy is a health care management approach that provides support to TB patients by observing them as they swallow their TB drugs and ensuring that they complete the treatment. Other components of DOTS include appointing TB managers, training health staff, using microscopes to detect TB bacteria and monitoring patients throughout the treatment process.

TB treatment is available at all clinics and hospitals, but the new DOTS strategy is not yet in place nationally. Complete coverage of the country is not expected until the year 2000.

Progress towards implementing the strategy includes stronger TB management at national, provincial, regional and district levels; the identification of demonstration and training districts around the country; and the training of several thousand health workers in the strategy.

"SA is facing a massive and growing TB epidemic, which will destroy countless families, take thousands of lives, and cost millions of rand in years to come," said Maqutu.
DURBAN: Researchers yesterday, on the eve of today's World TB day, warned that SA is facing one of the worst TB epidemics in the world, with disease rates 60 times higher than the US or Europe. They believe that 3.5 million South Africans will become sick with the disease in the next 10 years, at a cost of R1.8 billion to the country.
New fight against an old disease

Changing Cape Town’s tag as TB capital of world

Jenny Wall
Health Reporter

Tuberculosis is an old disease that’s getting new treatment and the Western Cape, which has three times higher the incidence of TB than the rest of South Africa, is hoping to change that with its new TB Control Programme.

The shocking Western Cape statistics are highlighted today, World Tuberculosis Day.

With proper management of TB there is a nearly 100 percent cure rate. With bad management, however, it’s about 60 percent.

Cape Town has the dubious distinction of being the TB capital of the world, a legacy of years of lack of political commitment to TB control, fragmented health services and often poor management systems.

In 1996, 22 173 cases of TB were reported in the Western Cape, 70 percent of them new cases. Although slightly less than 1995’s 25 636 cases, the 30 percent of people needing treatment for the second and third times are of great concern. They are an indication that a lot of people are not being cured, perpetuating the cycle of infection and the spread of the epidemic.

The new TB Control programme, which came into effect late last year, differs significantly from previous programmes which were costly and ineffective. Its focus is to identify, treat and cure first-time patients quickly and effectively. The programme aims for a cure rate of 85 percent of all new smear-positive cases, up from the 64 percent cure rate of 1996.

This should reduce the incidence of TB by about 10 percent a year.

Uitsig clinic is one of the four study areas in the Western Cape in which the new TB Control programme is being fully implemented.

It’s Monday morning and nurse Valda Keating is giving a one-year-old boy his daily dose of TB medication. He cries as she squirts the thick, yellow medicine down his throat.

Because his father has TB he will go through this process every day for six months as a preventive measure. His father has a drug-resistant strain of TB but he has stopped taking his medication.

It is this aspect of the TB Control programme that is so crucial. Part of Ms Keating’s job is to do home visits to those who stop taking medication, the defaulters.

hospital, they come in on their own. A cough, sweating and losing weight. Those are the signs,” she said.

Ms Keating knows the 30 or so TB patients who come to her for their daily medication, and she knows their problems. It’s this close contact that’s essential to keep patients coming for treatment long after they feel better.

The new TB Control programme uses the DOTS method (directly observed treatment) in clinics, workplaces, schools and the community for the first time. The World Health Organisation has found DOTS to be most effective in ensuring that medication is completed.

Although TB is a disease of poverty, thriving in areas with poor housing, education and low income, anyone can get it. TB statistics will be a valuable measure of how successful the RDP is in the Western Cape.

Meanwhile, the health department is working closely with researchers, private enterprise and NGOs to implement its new programme which is a patient-centred, nurse-driven approach that focuses on sputum examination rather than x-rays to identify people with TB.

William Baartman, 62, is a first-time TB patient. He came to the clinic after suspecting he had TB. In the past he would have been sent for an x-ray and his family and workplace contacts would have been identified and x-rayed, a costly and ineffective process.

Today he gives a sputum sample which is examined at the clinic, where a mobile laboratory is on the premises. He has his results in 24 to 48 hours and treatment can start.

It used to take five weeks for a result, during which time a person was infectious.

The emphasis on finding infected people has also shifted away from clinic staff to the patient, who will bring to the clinic anyone who has TB symptoms.

Medical aid: William Baartman must take up to 15 pills a day in his fight against tuberculosis.
Ms Keating says defaulters are a major problem as strains of TB develop that are resistant to many drugs.

Only one in three patients who develop multi-drug-resistant TB is cured, and it costs R60 000 a year to treat an MDR patient, as opposed to R3 000 for an uncomplicated case of TB.

"But you can’t force people to take medication," she says. "Some say it makes them feel lame, and some don’t like the daily injection the MDR patients have to have."

A 27-year-old male defaulter died a few weeks ago.

"There’s still a lot of people getting TB if they’re not referred by a hospital or a day care unit," she says.

Children under five who are close contacts of TB patients are, however, given preventive treatment.

Today Mr Baartman has two-year-old Dwayne with him. Paediatrician and researcher Nulda Beyers examines him. So far so good, it doesn’t seem that he has TB. But it’s difficult to tell in children. TB infection is centred in their glands and so TB won’t show up on a sputum test.

The younger the child, the more serious the disease and there’s always the risk of TB meningitis which can leave a child mentally and physically disabled, says Dr Beyers. Dwayne must come back in a few weeks.

Dr Beyers is based at the University of Stellenbosch and is part of Action TB, a research project funded by Glaxo Wellcome. The multi-faceted project looks at how TB is spread, why so many people in the Western Cape get TB, and genetic and immune factors in TB.

Research at the University of the Western Cape is focusing on the sociology of TB.

"We’re finding that the epidemic is driven not only by people infecting each other, but in more than half the people, by reactivation of TB which has been dormant, possibly since childhood," said Dr Beyers.

This reactivation is probably due to an immune system that becomes weakened because of malnutrition and general poor health. The Human Immuno-deficiency Virus weakens the immune system and one out of two HIV-positive people will get TB. Calculations are that TB incidence could increase between 80 and 280 percent as HIV/AIDS increases.
New method of fighting TB offers a ray of hope

In the past strategy has already shown positive results in fight to stop major epidemic in the back
Shopkeepers join community battle against tide of tuberculosis

Kathryn Strachan

A NEW approach to fighting TB, pioneered in rural northern KwaZulu-Natal using shopkeepers as its key campaigners, is emerging as a model for the rest of the country.

The most pressing problem in SA's soaring TB epidemic is the rapid rise of multidrug-resistant strains of TB, brought about mainly by patients starting and not completing their six-month treatment course.

Before the new strategy, termed DOTs (Directly Observed Treatment Short Course), was implemented in HlahISA in 1991, only 18% of patients completed their treatment.

HlahISA has now achieved an 85% completed treatment rate.

Under the previous system, patients were handed their treatment course to take at home, but after a few weeks most TB patients began to feel better and stopped taking their medication, thus leaving them at risk to developing multidrug-resistant strains.

The challenge to the health services, says HlahISA-based researcher Dr. David Wilkinson, was to bring treatment as close as possible to patients' homes or workplaces, using people in the community to give the patient their twice-weekly medication and to observe them as they took it.

The strategy uses nurses in community clinics, yet as clinics are often far from where people live, shopkeepers have stepped in to play the part of monitor. "Wherever you find people you will find a shop, which is not the case with clinics," says Wilkinson.

The hospital sends the patient and the treatment course directly to the shopkeeper, who now has the responsibility of ensuring the patient comes in twice a week.

Employers and community health workers have also been drawn into the system.

The strategy has also proved to be extremely cheap as it reduces the hospital stay of TB patients. Under the previous system, patients were kept in hospital for four months at a cost of R120 a day. Now they are admitted for two weeks, during which time they are given intensive education on TB, how to stop drug resistance develops, and what is required of them to be cured.

Yet while this system has achieved a fourfold increase in the treatment completion rate over the past five years, the overall caseload of TB has skyrocketed, says Wilkinson.

HIV rates in this region are the highest in the country and as HIV brings to the fore latent TB bacteria that would have remained dormant in the body, the HIV epidemic, together with population growth and spreading poverty, has taken the number of people with TB in HlahISA from 300 in 1991 to 1 200 last year.

"This gives a measure of the profound impact of HIV on health services," says Wilkinson. "A fourfold increase in TB cases is devastating on a health service. With the constant tide of disease coming at us, we need extra resources to deal with it.

"If we don't get those extra resources, our health system will break down and the quality of care will fall.

"Yet if we hadn't put this system in place, we would have been swamped already. With 90% of our patients being treated in the community, our system seems to be able to absorb that increase in cases," says Wilkinson. "It shows that by using the considerable resources of the community we can find solutions to these problems together."
Lack of political interest blamed for high TB figures
Guguletu TB project wins WHO praise

JENNY WALL
Health Reporter

Guguletu, where 1 000 people a year are treated for tuberculosis, is on track with its programme to stop the spread of the disease.

Guguletu is one of the Western Cape’s demonstration and training districts for the National TB Control Programme here and at the official launch in the township yesterday Director-General of Health Olive Shisana said Guguletu was a prime example of the kind of progress her department hoped to see around the country.

A United Nations World Health Organisation (WHO) team is in the Western Cape to assess progress in the implementation of recommendations it made last year on steps to take to reform TB management and structures to combat the disease.

“We are impressed with the success of Guguletu,” said WHO’s Karel Styblo. “We also visited the Ravensmead demonstration and training district and I was very impressed with the performance of the programme there.”

A WHO survey last year found that South Africa had one of the worst TB epidemics in the world.

The organisation advises countries to use the Directly Observed Treatment short course (DOTS) for successful TB treatment.

This requires patients to take their tablets daily for six months under supervision of a health worker, trained volunteer or in the workplace to make sure they complete treatment.

Incomplete treatment can result in re-infection or people developing a strain of TB resistant to drugs.

Other Western Cape demonstration areas are Paarl and the Hex River Valley.

The Guguletu district has now completed the training of all DOTS health workers, set in place a new system of identifying, recording and monitoring patients as well as follow-up procedures to see that people complete their treatment.
Health department targets 85% cure rate

Kathryn Strachan

DESPITE government spending R500m a year on fighting tuberculosis, SA's epidemic continues relentlessly, spurred on primarily by the rise in HIV/AIDS.

With a tuberculosis case increase of more than 30% over the past eight years, it is now estimated that one person dies from tuberculosis every 40 minutes in SA.

The health department estimates that the HIV epidemic will increase the number of tuberculosis cases between 10% and 20% in the next year. In addition, the emergence of new multidrug-resistant strains of the disease threaten to make tuberculosis incurable again. About 80% of the people who have died from tuberculosis in the country have been infected with a multidrug-resistant strain.

Given the trends, it is estimated that there will be 3.5-million new tuberculosis cases by 2005. However, if the health services manage to achieve a cure rate of more than 80%, it is expected that the number of new cases can be halved.

The health department was now tackling tuberculosis from a different perspective, the department's director of communicable diseases, Neil Cameron, said. For the first time it was focusing on infectious cases, making them the priority. Previously doctors tried to cure all cases of tuberculosis in a blanket way, but it was now accepted that to contain the spread of the disease, health authorities have to start with the infectious cases — making sure they are cured the first time round.

The second priority was to find ways of reaching the "magical 85% cure rate," Cameron said. This was a challenging target, particularly when the HIV/AIDS epidemic was added to the equation. The HIV/AIDS epidemic meant that 5% to 10% of all tuberculosis patients were dying, and a further 2% to 3% were not cured the first time round, even in the best programmes. To achieve the 85% target, it was essential to improve the supply of drugs to clinics, to upgrade laboratories and monitor patients.

The aim for this year was to select one district in each province that would serve as a model, providing pointers on how the strategy should be introduced in other districts within each province.

"We are trying to introduce a fundamental approach to tuberculosis at a time when provinces are reorganising. We know it will take around 10 years to put the district system in place, but what we are doing will strengthen the districts rather than be a distraction," Cameron said.

The Medical Research Council says the cure rate in Mpumalanga is more than 80%, and in the Western Cape it is 72%. But in the Northern Province it is below 40%. Overall, the cure rate in SA is between 50% and 60% — not high enough to make an impact on the epidemic, Cameron said.
HIV-TB link threatens the nation

Shocking results of survey in Hlabisa district of KwaZulu-Natal

By Mokgadi Pela

South African medical scientists have disclosed an alarming link between the dreaded HIV and tuberculosis that threatens the entire nation.

Speaking to Sowetan in an exclusive interview this week, director of the National Centre for Epidemiological Research at the Medical Research Council, Professor Abdool Karim, said nothing short of massive social involvement to spread the AIDS message would lessen the burden caused by the disease.

"The number of patients admitted to medical wards around the country has doubled," Karim said. "We are beginning to see the real head of the epidemic. We are also seeing more and more nurses taking sick leave as they contract TB from patients."

His words come in the wake of shocking results of a HIV and sexually transmitted diseases survey in the Hlabisa district of KwaZulu-Natal. The study showed that HIV was increasing rapidly, particularly in young black women aged between 20 and 24.

In a briefing document produced for the National STD-HIV-AIDS Review, researchers say co-infection with HIV in adult TB patients rose from 8.7 percent in 1991 to 70 percent in 1997. At Rietfontein Hospital in Gauteng between 60 to 80 percent of newly admitted TB patients in 1997 were co-infected with HIV.

Karim said the tragedy of the Hlabisa study was that:

- One in four women has an STD;
- About 98 percent of carriers will not recognise it as a problem;
- Only two percent recognise they have a problem;
- Of those who seek care, only 65 percent will be treated adequately; and
- There is strong evidence to suggest that 35 percent will be treated inadequately.

He said it was devastating and unacceptable for doctors not to treat people adequately. "We should ensure that at least those who go to doctors are treated correctly. In addition to increasing the proportion of patients receiving adequate care, we should improve healthworker attitudes and condom promotion."
Tuberculosis still rated as SA’s biggest killer

TUBERCULOSIS killed more South Africans in 1996 than AIDS, malaria, measles and murder combined, according to figures released by the SA Institute of Race Relations on Thursday.

The institute’s 1996-97 South Africa Survey also found TB accounted for 80% of all communicable diseases reported to the health department.

The survey — formerly known as the Race Relations Survey — found more than 158,000 people had tuberculosis. About 27% of these people were HIV positive.

The TB incidence rate in the Western Cape was one-and-a-half times that of the national rate in 1996. Only 12% of these sufferers were HIV positive, compared with 45% in KwaZulu-Natal.

Coloureds had the highest infant mortality rate (60.5 per 1,000 live births), blacks (59), Indians (34.1) and whites (19.3).

According to the survey, 34% of adults in SA smoked in 1996 — 52% of men and 17% of women.

The coloured population had the highest overall smoking rate (59%), followed by Indians (36%), whites (35%) and blacks (31%)

The Northern Cape had the highest smoking rate (55% of adults), followed by the Western Cape (48%) and the North West (46%). Only 14% in the Northern Province smoked — Sapa.
TB kills more than murder.

Aids, malaria

Tuberculous killed more South Africans in 1996 than Aids, malaria, measles and murder combined, according to figures released by the South African Institute of Race Relations today.

The institute's 1996/1997 South Africa Survey also found TB accounted for 89% of all communicable diseases reported to the Department of Health.

The survey - formerly known as the Race Relations Survey - found more than 158 000 people had tuberculosis. About 27% of these people were also HIV positive.

The TB incidence rate in the Western Cape was one-and-a-half times that of the national rate in 1996. Only 12% of these sufferers were also HIV positive, compared with 45% of such cases in KwaZulu Natal.

The Northern Cape had the highest smoking rate (55% of adults), followed by the Western Cape (38%) and the North West (46%). Only 14% of the population in the Northern Province smoked.

-Sapa
Still hope in fight against TB

HEALTH

NEWS
Link between TB, HIV spelled out

Jacob Dlamini

CAPE TOWN — SA had a high rate of tuberculosis (TB) which was compounded by the HIV epidemic, the Medical Research Council said in its annual report tabled in Parliament yesterday.

The council said about 42 000 of the 160 000 TB cases reported last year could be directly attributed to HIV infection. The rising trend was expected to continue for at least seven years, even if optimal TB and HIV control was put in place.

The council said the rate of TB infection could rise fourfold over the next 10 years if the control of both epidemics was kept at a minimum. This would have a devastating effect on the economy and the health care system.

The report said AIDS and TB control programmes would have to work closely together and commit themselves to the introduction of cost-effective control procedures.

There was an urgent need for a female antimicrobial agent to prevent the heterosexual transmission of HIV and other sexually transmitted diseases, the council said.

The council said researchers from the Centre for Epidemiological Research in Southern Africa had studied the efficacy of a product designed to prevent the spread of HIV and sexually transmitted disease among prostitutes. Results from the study of 20 prostitutes in Durban had found that 69% of the women were HIV-positive and had high rates of sexually transmitted infection.

The council said last year the National Tuberculosis Research programme implemented a TB control policy endorsed by the World Health Organisation. The main elements of the policy included the maintenance of a clinic/hospital-based control register; an inexpensive laboratory-based diagnostic policy; cost-effective treatment guidelines; and training modules.

Meanwhile, Health Minister Nkosazana Zuma had banned foreigners from undergoing organ transplant operations in SA, a senior health department official said yesterday.

Tom Wilson, chief director of hospitals and academic health service complexes, told parliament's health committee that the ban had been put in place as a result of a shortage in organs for transplants.

He said the ban was first mentioned in a policy document issued last year, which described organs as natural assets which needed to be protected.

In terms of policy, foreigners wanting to undergo organ transplants would have to apply to the health minister for permission. Wilson said six applications had been turned down since the introduction of the policy.

However, Zuma had approved an application from a Namibian citizen for a heart transplant. Wilson said Zuma's decision had been influenced by the fact that Namibians had traditionally contributed to SA's pool of donor organs. The Namibian had been put on a waiting list at Cape Town's Groote Schuur hospital, but he could not say if the operation had been performed.

The policy meant that only South Africans and permanent residents could be considered for transplants.

Relatives could donate organs to each other, but were not allowed to sell them, Wilson said.

Wilson said a number of foreigners seeking organ transplants had come from countries where it was impossible to get organs for religious reasons.

The department had also wanted to prevent rich foreigners from coming to SA to buy organs in order to prevent the possible exploitation of poor citizens, Wilson said.
HiV, AIDS should be notifiable...
Respiratory problems prevalent in Soweto

BY BORISENE MLANGENI

A recent study by Wits University's sociology department shows that 40% of Soweto residents complain of respiratory problems. Soweto is estimated to have 3.4 million residents. The survey was commissioned by the transitional Soweto council in 1995 and released by the Southern council last week.

It found that about 51% of children under 5 and about 50% of men and women between 19 and 60 suffered from respiratory infections.

Nomhle Nkosi from Diepkloof Zone 3 said she always suspected that the mine dumps near her home were the cause of her lung problems.

"Like now - it is a dusty month and the council always promises to wet the mine dumps but this does not always happen. When the wind blows, the dust comes straight into our houses," she said.

Nkosi added that un tarred roads in some areas added to the dust problem.

Dr Mohamed Darod from Koos Beukes Clinic in Soweto confirmed that many children and adults who come to the clinic have respiratory problems. About one in five children treated daily at the clinic have asthma problems.

Darod could not confirm that the environment was the cause of the illness.

"We will need to analyse the air to be sure of the effects the environment plays in respiratory problems," he said.

However, Dr Michelle Wong of Chris Hani Baragwanath Hospital's respiratory department, said the smog that hovers above Soweto, especially in winter, could be linked to the problem, along with cigarette smoking.

She said many adult residents come to the hospital with smoking-related diseases, and some children who are exposed to too much smoke also have breathing problems.

Pollution of the air through coal stoves persists, even though most parts of the township are electrified.

Reitshepile Mabunda said the "culture of making fire" would not die even if the entire township were electrified.

» A picture of Soweto
Deadly strain of TB spreads worldwide: 2 000 affected in SA in a year

About 2 000 South Africans last year developed multi-drug-resistant tuberculosis (MDR TB), an “almost incurable” strain of the disease, the Health Department said yesterday.

Experts estimated at least another 2 000 chronic cases had not yet been reported “It is evident MDR TB is increasing at a very alarming rate,” communicable disease control director Dr Neil Cameron said.

Resistant strains of TB develop when patients do not complete their TB treatments. Treatment of MDR is very difficult and expensive, and the cure rate is poor. About one-third of MDR cases reported in SA are cured.

A report released this week by top international health agencies indicates the disease is spreading in countries such as Russia, India and Argentina.

A recent survey conducted by the Medical Research Council in the Western Cape, Gauteng and Mpumalanga showed there was a 1% MDR incidence in new TB cases. – Sapa
Retail chains to support TB treatment education drive

Josey Ballenger

The SA retail sector will rally behind a campaign to raise awareness of tuberculosis (TB), which kills thousands of South Africans every year despite the availability of effective treatment free of charge through all state hospitals and health workers.

From Saturday, Pep Stores, Pick 'n Pay and OK stores will sell "modern, colourful" T-shirts at no profit in a fundraising drive for the Global TB Education Fund, whose patron-in-chief, President Nelson Mandela, was twice stricken with the disease while he was on Robben Island.

The initiative, which is also supported by the SA Clothing and Textile Workers' Union, aims to increase awareness of the DOTS (directly observed treatment, short-course) programme. DOTS requires health care workers to watch TB patients take their medication on a daily basis for an average six months, because patients otherwise tend to stop treatment when they start feeling well.

"Incomplete treatment not only leads to a recurrence of the disease, but the creation of drug-resistant forms of TB," the fund said.

The World Health Organisation has reported that 8,000 citizens die from the disease every year — more than the number dying from Acquired Immune Deficiency Syndrome (AIDS), malaria and homicide combined.
Fears as TB on rise in HIV cases

Preventative plan launched

Hospitals in the Western Cape are beginning to see a huge increase in the number of people with tuberculosis and HIV, a situation expected to get even worse in the next five years.

Gary Maartens, who runs the HIV (human immunodeficiency virus) clinic at Groote Schuur Hospital, said the situation was putting tremendous pressure on beds.

Dr Maartens was speaking at the launch of a research project which will determine whether people in an advanced stage of HIV infection can be prevented from getting TB.

The project is a collaborative effort involving the Western Cape’s three universities and community clinics.

It will hopefully provide valuable data to prevent the spread of TB and improve the quality of life of people with HIV.

A hundred people with HIV will be given preventative treatment with the drug isoniazid for a year.

It will be administered by community supervisors. HIV weakens the immune system which allows dormant TB bacteria to become active.

TB is a leading killer of people with HIV and in the Western Cape most patients with HIV will get TB.

The focus of the project is people in an advanced state of HIV infection who have a higher risk of getting TB and are more likely to take their prophylactic medicine.

Of all infections which people with HIV get, TB is the only one that can be spread into the community. By reducing TB in people with HIV and AIDS, TB can hopefully be contained.

The Western Cape has the highest incidence of TB in the world.
Research yields TB’s genetic map

Scientists hope this information will lead to a fresh assault on the disease

British scientists said this week they had successfully completed an ambitious project to give drug researchers the information they needed to make a fresh assault on tuberculosis (TB).

Scientists at the Wellcome Trust medical charity said they had finished reading the genetic map of the tuberculosis bacterium, which kills an estimated three million people a year around the globe.

The information they gleaned from the bacterium’s genes should enable researchers to design new drugs and vaccines to combat what is the world’s single most infectious disease.

“This research hasn’t provided a cure yet,” said Wellcome Trust programme manager John Stephenson.

“But what it’s done is to give the global research community the information it needs so it can go ahead and identify every single possible drug and vaccine target we can use to hit tuberculosis,” he said.

TB is on the rise in both developing and industrialised countries, partly because the disease is becoming resistant to currently available antibiotics.

What Stephenson called the “evil symbiosis” with the human immunodeficiency virus (HIV) — another communicable disease, which can lead to AIDS — is also worrying public health experts.

TB feeds off HIV and vice-versa. Only last week international health experts meeting in Warsaw called for urgent action to halt an alarming spread of AIDS and TB through European jails.

The research project was led by Dr Bart Barrell at the Wellcome Trust’s Genome campus near Cambridge and by Dr Stewart Cole of the Institut Pasteur in Paris.

Following its successful “sequencing” of the TB genome — the complete collection of a living organism’s genes — the trust plans to take the same back-to-basics approach to other deadly diseases, including malaria, Stephenson said.
No time to dwell on past as new AIDS chief plans to change
Consign Sarconda to past, says Rosemary Smart

New Chief Vows to turn AIDS battle
Victims wait for death inؤمن

by Shyambala MMONEDZI

Many are mongamous married women who contract the disease from their husbands.

Zimbabwe AIDS suffers feel ostracism so much that they suffer and die alone rather than disclose.
Zimbabwe wives warn:
‘Don’t give us Aids’

Husbands could face prosecution

SHERILAA MOHAMED
FOREIGN SERVICE

Harare — Women activists in Zimbabwe could win their battle to prosecute husbands who infect their wives with Aids

Fierce lobbying by women activists against a draft law, which proposes a maximum 20-year mandatory jail term for anyone who knowingly infects another with human immuno-deficiency virus (HIV) or AIDS — excluding spouses — has resulted in the Justice Department agreeing to a review and possible amendment.

The publication of the draft law in August unleashed a howl of protest from women’s groups, who described the proposal — in particular the exclusion of spouses — as a “mockery” since married women were those most at risk.

Yunus Omerjee, Permanent Secretary with the Ministry of Justice, Legal and Parliamentary Affairs, said the ministry had been inundated with requests that the clause excluding spouses be reconsidered.

He said, “Since our aim is certainly not to violate the rights of married people, we are in the process of reviewing the law and are considering amending the proposal.”

Should the amendments take place, he says, a wife will be within her rights to prosecute her husband, providing he knew he was HIV-positive.

Mr Omerjee said marriage should not become a license to spread Aids and that a law empowering a spouse to withdraw conjugal rights in such a situation was also being reviewed.

He said implementation of the law would be “difficult” due to questions of evidence “We would have to determine who gave the disease to whom and when the partner revealed that he was carrying the disease.”

A survey on the bill showed that while 90 percent of women interviewed expressed anger at the exclusion of spouses, only 20 percent said they would actually prosecute their husbands for giving them the disease.
Nurses refuse to pay R80 fee

OWN CORRESPONDENT
DT 13/1/97
DURBAN: More than 40,000 nurses may not be able to continue practising because they have refused to pay their compulsory licensing fees to the interim Nursing Council.

The R80 annual fees are due at the end of the month, but the nurses — all members of the National Education Health and Allied Workers' Union (Nehawu) — have refused to pay unless the government addresses their grievances with the council.

Nehawu acting provincial secretary Mr Shembiso Shulu said the nurses are demanding the "transformation" of the council, which they believe is not representative of all race groups.

They also felt aggrieved at being forced to pay the fees when they were not told what the funds were used for, he said.

Nursing legislation, education and training also needed to be transformed, as well as the Nursing Council itself, he said.

A statement from Nehawu said: "We do not believe that the number of circles, threats and the victimization — attempting to force nurses to pay licensing fees — will resolve the matter."

Shulu said the nurses had warned the Health Ministry since July that they would not pay this year's fees unless these problems were addressed.

AIDS DIRECTOR APPOINTED

Top health official out to undo Sarafina 2 damage

AS PRESIDENT Mandela admits that the government made mistakes with Sarafina 2, a fresh start is expected with the appointment of a new AIDS director, reports ANEZZ SALIE

THE new director of the national AIDS programme, Ms Rose Smart, is determined to undo the damage done by the Health Department's Sarafina 2 scandal.

Smart has pledged that 1997 will mark the beginning of an entirely new, accountable and inclusive approach.

She took office last month to replace Ms Qarada Abdul-Kareem as national head of the department's Sexually Transmitted Diseases and HIV/AIDS Directorate.

Abdul-Kareem quit after relations soured badly last year between the health department and AIDS organisations over the Sarafina 2 corruption and the government's handling of it.

Both the government and non-governmental organisations now recognise the debacle over the play as the biggest blunder since the demise of apartheid.

At an ANC 87th anniversary

Red Cross to give specialist care only

NASREEN SEPTE

CHILDREN with minor ailments will not be treated at Tygerberg or Red Cross Children's Hospital from next month because of a scaling down of primary health care services there.

The hospitals will only treat children who have been referred to them by a doctor, clinic or day hospital. Community health centres have been upgraded to provide improved services for children.

This move takes effect from Monday, February 3, and is in line with the national health plan to make Red Cross and Tygerberg hospitals referral centres where children can receive specialist care.

There are 13 primary health care centres in the city which will provide services for children. Six of these — Mitchell's Plain, Khayelitsha, Elsie's River, Hanover Park, Guguletu and Retreat day hospitals — will remain open 24 hours a day.

"These changes bring us in line with the national health plan," said Professor David Power, head of Ambulatory (outpatient) Paediatrics at Red Cross.

"Health centres will be able to deal with minor ailments. If the problem cannot be dealt with there, the patient will be sent to a first referral or regional hospital."

"For cardiac and other serious problems, patients will be referred to Red Cross or Tygerberg hospitals," said Power, who has been working with the Department of Health and local authorities to coordinate the process.

Red Cross and Tygerberg children's department will still be open 24 hours a day to deal with emergencies and referrals.

There are few reasons to mourn the end of 1996, but rather an imperative to welcome the new year as a fresh beginning, full of challenges and opportunities.

In South Africa the electorate is the lead agency responsible for co-ordinating and guiding not only the government's response to Aids, but also that of all other sectors, namely business, non-governmental organisations and communities.

This requires that we be both leader and servant. I have a vision of what this means — to which I commit myself and the (director)ate for the duration of my two-year tenure.

Smart has pledged that 1997 will be a year of:

- Growth and expansion
- Participation and the building of partnerships
- Consultation
- A new human rights culture that unequivocally exposes discrimination and abuse
- Accountability to — and by — all involved, especially those with HIV/AIDS.

About two million South Africans have HIV/AIDS.
PRESS OMBUDSMAN

Nominations and applications are invited for filling the following positions:

Press Ombudsman
- who should be a person of extensive press editorial experience at senior level and of extensive experience of the mediation of disputes and who will fill the position on a full-time basis for 5 years at a salary to be negotiated.

Press Appeal Chair
- who should be a person with extensive experience in press law and adjudication or a person with extensive experience in the application of the rules of natural justice and will be expected to deal with appeals on a part-time basis. Appropriate remuneration and other terms of office will be negotiated.

Four Public Representatives
- on the Appeals panel - who should be persons who have a serious interest in the furtherance of the communicative value of the press and who do not have a material financial interest in the media.

Four Press Representatives
- on the Appeals panel - who should, judged as a group, have practical and journalistic experience in the printed media, especially the newspaper press and could still be in the employ of a newspaper.

True Selection Bancillife

CLARION ‘UNPROFESSIONAL’

Despair as hopes of miracle cure fade

HEALTH WORKERS yesterday sent the government's announcement of a “breakthrough” Aids treatment and questioned the high-profile presentation to the cabinet of preliminary findings. ANEEL SALIE reports.

PRISONERS at Pollsmoor Prison yesterday were among thousands of people living with HIV/AIDS who have been neglected by the state after a drug breakthrough. Only to have their hopes dashed, it will happen, this was the day when the announcement was made.

The prisoners and others were so excited they demanded to be included in trials for the new “wonder drug”. Virodine. They are excluded from trials for expensive AZT and the latest, which retail at R4 000 a month and have to be taken over three years.

Virodine would be used by patients between 800 and R160 a month and needed to be taken for two months only, according to claims the cabinet on Wednesday by former researchers Ms Olga Visser, Professor Dirk du Plessis, Dr Kalie Landman and Dr Eugene Olivier. Deputy President Thabo Mbeki said his cabinet colleagues applauded the breakthrough and would consider funding further research on Virodine to the tune of R3.7 million. The project was referred to the cabinet by Health Minister Dr Nkosazana Dlamini.

Non-government organisations in the HIV/AIDS field, however, charge that they were not consulted — a repeat of the Sarafina 2iasco. Even the government's own National AIDS Advisory Board was unaware of the Virodine research and the subsequent cabinet announcement.

Some media on Wednesday praised Virodine as a miracle cure for Aids. However, research team leader Dr Phela of Pretoria University denied it was a direct cure at all.

He said Virodine lowered the HIV virus count in the body and thereby strengthened the immune system, which could eventually improve to such an extent that it could fight off the virus itself.

The principal medical officer with the Cape Town municipality, Dr Ashraf Gumwood, who oversees HIV/AIDS health services in the city, was outraged yesterday after visits to various HIV/AIDS clinics in the Peninsula.

He expressed concern initially at the overwhelming joy, then an anxiety to be part of drug trials and finally, after demobilisation when told the true state of affairs, that the work was not what the cabinet and the media reports have euphorically called the hopes and expectations of millions.

People are under the impression that the drug is cheaply available and affordable, but due to the absence of approval by the National Health Council — and the fact that more rigorous trials are needed — it does not appear that the “miracle cure” will be available in the foreseeable future.

Napwa called for the immediate release of the data for rigorous evaluation and for the involvement of all with a stake in a cure — particularly people living with HIV/AIDS.

They also called on the cabinet to withhold any decision on funding until a full evaluation had been done.

The way it was handled was completely insensitive. It is as if they did not care they were dealing with people who are hanging on to life by a thin line waiting for a miracle cure.

— Ashraf Gumwood.

The state’s approach to Aids is too slow. It is time to move to a more aggressive strategy.

— Dr Thabo Mbeki.
Sher calls for cheaper Aids drugs

By Mokgadi Pela

A LEADING Aids researcher has called on the Government and private sector to help bring down the cost of the new wonder therapy which reduces the onset of Aids among HIV positive people.

Speaking to Sowetan yesterday, Professor Ruben Sher, who is also chairman of the Gauteng Aids Foundation, said “while the new combination therapy of 3TC plus AZT is good news for the wealthy, the same cannot be said about the poor”.

To make the drugs accessible to the majority of the people, Sher suggested that:

- Government should drop Value Added Tax on the drugs, which currently cost about R500 a month.
- Pharmaceutical companies should reduce the price of the drugs and,
- Medical aid bodies should consider giving greater contribution for Aids medication.

Sher reiterated his call for “safer sex practices among South Africans: I am worried to see that the risky sexual behaviour show no sign of abating. People out there should stick to monogamous relationships and not play with fire.”

Sher’s message coincides with indications that “the Aids epidemic has firmly gripped South Africa.” Results of an antenatal survey show that on average about 10 percent of women attending clinics countrywide have the virus.

Figures range from 18 percent in KwaZulu-Natal to 1.7 percent in the Western Cape.

The Department of Health estimates that over two million South Africans could be HIV-positive and thousands have already died of Aids since 1982.
Women want right to charge husbands for AIDS injection

Women want the right to charge their husbands for AIDS injection. This is a common practice in many cultures where women have limited access to healthcare and are often responsible for providing care for their families. The women argue that charging for injections is a fair way to ensure that they are compensated for their time and effort. It also helps to reduce the risk of HIV transmission by ensuring that injections are properly administered.

In many countries, the government provides free antiretroviral drugs to HIV-positive individuals. However, the cost of injections is often not covered by these programs. This can lead to a situation where women who require injections for their treatment have to pay for them out of pocket or take on the expense of providing care for their families.

Women have the right to charge for these injections, just as they have the right to receive adequate healthcare. This is a fundamental human right that should be respected and protected. It is also important to ensure that women have access to education and resources to help them understand their options and make informed decisions about their healthcare.

By Stella Mwangi
SA scientists claim AIDS drug breakthrough

Pretoria - Millions of AIDS sufferers in even the world's poorest countries may benefit from a medicine developed by South African researchers, who claim it has produced far better results and is much cheaper than any other drug, or combination of drugs, on the market.

In a special presentation to the full Cabinet today, the team of scientists said results of preliminary trials conducted in Pretoria on about a dozen AIDS patients, using a formula patented as Virodene P658, suggested a breakthrough in the fight against AIDS.

The entire Cabinet stood up and applauded on completion of the presentation, at which two of the trial patients were present.

The scientists and some of the volunteer patients said they believed the research gave rise to fresh hope that a cure for AIDS might be found before the turn of the century.

The scientists told the Cabinet that more research into Virodene was required, and asked for R3.7-million in state funding to continue their work.

Their short-term prognosis is that Virodene - the chemical composition of which is still confidential - kills the human immunodeficiency virus in the body and allows people infected with HIV to live a long and normal life.

One of the most dramatic trial results was that Virodene could apparently even pull full-blown AIDS sufferers back from the brink of death, reverting their condition to that of HIV-positive.

Another two years of research is required to find out whether the drug will ultimately cure AIDS. - Sapa
AIDS breakthrough claim still to be tested by experts

SA researchers stun fellows

ARGUS CORRESPONDENT

Johannesburg - Three researchers from Pretoria have claimed to have stumbled on a cheap and effective medicine for the killer disease AIDS.

They claim that their findings could lead to a cure for AIDS by the turn of the century.

The medicine, Virodene POS8, was described as "a powerful anti-oxidant with strong antiviral properties."

Medical observers were sceptical last night. They pointed out that the trio had sidestepped conventional means of obtaining funding, that they were "rank outsiders" with just months of research behind them and that subsequent research could disappoint millions of people with AIDS if the "cure" did not live up to expectations.

They criticised the ethics and secrecy of the research and said it was unusual that they had gone to politicians before sharing information with their peers.

According to the scientists, in an experiment the preparation destroyed the virus in a test-tube. When administered to humans it appeared to reverse full-blown AIDS to HIV positive, they said.

It would cost between R30 and R180 a month compared to the advanced available therapy which can cost R4000 a month.

"Virodene fights HIV in areas where other drugs cannot reach it, such as in the lymph glands and the brain," Olga Vissier, a researcher attached to Pretoria University, told Sapa reporters who broke the story yesterday.

Her colleagues are Professor Durk du Plessis and Dr Kallie Landauer, both cardio-thoracic surgeons, and Eugene Olivier, a clinical pharmacologist.

They presented their findings to the Cabinet at the Union Buildings in Pretoria yesterday.

Deputy President Thabo Mbeki said the Government would look favourably on their request for R5.5-million to continue their research.

If the claim proves correct they may have chances on a cure that will be worth billions of rand to the country.

Cabinet secretary Jakes Gerwel said a decision to back the research did not rest with the Cabinet but with Health Minister Nkosazana Zuma.

Dr Zuma was last year at the centre of the Sarafina 2 AIDS controversy. She is understood to have been in close contact with the researchers.

However, Dr Zuma's spokesman Vincent Hlongwane said last night she was "part of a collective that is seriously considering their proposal."

Mr Mbeki said after the Cabinet meeting that there was a substantial research capacity in the State sector which the Government was keen to encourage.

"We would be interested that the research continues," he said.

Low cost is drug's key advantage

Virodene, which is administered in an adhesive patch and is absorbed through the skin into the blood, holds a number of key advantages - probably the most important being that its market price will be a small fraction of what other AIDS drugs cost.

The "three cocktails", at about R130 000 for an 18-month course, or R7 670 a month, is way out of reach of the vast majority of Third World populations who have been hardest hit by AIDS.

Virodene will cost between R30 and R180 a month and indications are that only a six to eight-week course of Virodene will be required.

'Is it April Fool's Day?'

ARGUS CORRESPONDENT

Since he was diagnosed HIV-positive, Mark has lived in hope that he would be among the first generation of AIDS patients to survive the disease.

Yesterday's news on a possible AIDS breakthrough suggests his hope just may bear fruit.

"Good heavens!" said Mark (not his real name) on being told about the newly-developed drug Virodene, and then after a brief silence "It's not April Fool's Day, is it?"

Last year, Mark came close to dying of an "opportunistic disease", cryptococcal menigitis, from which he took weeks to recover. "Nowadays I get really paranoid if, say, I'm in town. I keep wondering: 'Are these people ill?' Obviously, I'm very susceptible."

He has been on the so-called "two cocktails" drug treatment, a combination of AZT and 3TC, which he says costs R2 000 a month but which he has been getting free because he went on a year-long trial. He feels it has not helped in any substantial way, and until yesterday he was focussing on a new anti-cancer drug which homeopaths believe boosts the immune system.

Right now, Mark is among millions of HIV sufferers who are waiting for more news on Virodene. "All I can say is if they need people for trials, I'm in."
Virodene ‘not a direct AIDS cure’

ARGUS CORRESPONDENT

Pretoria – Virodene is not a direct cure for AIDS at all, says one of its developers, Professor Dirk du Plessis.

Last week, Professor Du Plessis said the formula developed by the team of researchers was just a medium that would lower the HIV virus count and improve the immune system.

This could eventually lead to a cure for AIDS in that a sufferer’s own immune system would be able to fight off the virus itself, he said: “It is not a direct cure at all.”

Professor Du Plessis, a cardio-thoracic surgeon attached to Pretoria University, said that the team had really stumbled across the formula almost by chance. “It was partly accidental, but not entirely.”

They had been theorising about the formula for more than a year before they imitated the research a few months ago, he said. It was a collective theory and each of the members of the research team worked on different aspects of the project.

Most of the patients tested with the drug were volunteers, he said.

‘Ceiling’ on conventional treatment

Pretoria – Drug companies are reported to have reached a ceiling in the “three cocktails” AIDS treatment in that the drugs can only fight the virus in the blood itself. The drugs are also effective only in newly-infected patients with low virus counts.

Researcher Olga Visser of Pretoria University said Virodene fought HIV in areas where other drugs could not reach it, such as in the lymph glands and the brain.

The HIV count in the blood of one full-blown AIDS patient who was given Virodene after a course of the “three cocktails” in fact shot up initially because the new drug “flushed” the virus out of the brain and lymph glands into the bloodstream.

The patient, who had had a few weeks to live, no longer has full-blown AIDS. – Sapa
Trial patients tell of improved health after a few weeks

PRETORIA: The trial patients treated with Virodene PSS, the AIDS drug developed by three Pretoria scientists, said their condition had improved remarkably in just a few weeks.

The patients, volunteers aged between 20 and 50 years and in various stages of HIV infection including some with advanced AIDS, were selected for the Virodene trials from an AIDS clinic.

Several patients granted Sapa an interview at a treatment session on condition that their real names would not be published.

John, a self-employed Soweto resident, said he had been HIV-positive for a couple of years. Before the Virodene treatment started, both covered his body and he was very weak.

"I was bad, really. I was so weak I couldn't even lift a mug — and I used to lift weights."

Three weeks later, at one dose of Virodene per week, his skin cleared up and he gained 10kg. After all but giving up, John believes Virodene has given him a new lease on life.

"I am 40 but now I might reach a ripe old age like our leader Madiba."

John's wife Emma, who contracted HIV from him, was also treated with Virodene. She was covered in Herpes sores and was dangerously thin, but after one dose of Virodene the infection cleared up and she gained weight dramatically. The couple's constant diarrhoea also stopped.

Pieter, a foreman who drove to Pretoria from the Free State for each treatment, said being fired all the time affected his ability to work.

He said Virodene restored his energy. "I started feeling better almost immediately. The travelling did not bother him unduly. "It is not a problem. When you are dying nothing is a problem."

The Virodene was administered in skin patches by pharmacologist Mr Eugene Olivier, who also made up the dosages.

The patients wore the patches for eight hours once a week to allow the Virodene to be absorbed through the skin into the bloodstream, a sensation they said was unpleasant.

"It feels like someone has pressed a burning coal into your arm. Then you can feel as the heat spreads through your veins, even to the soles of your feet," said John — Sapa.
VIRODENE was developed and has been patented by three scientists attached to the University of Pretoria: researcher Ms Olga Visser, who discovered Virodene's anti-viral properties, and cardio-thoracic surgeons Professor Dirk du Plessis and Dr Kallie Landauer.

They were assisted by Mr Eugene Olivier, a clinical pharmacologist based at Pretoria Technikon.

A letter requesting funding presented to the government by Du Plessis last week says: "We are convinced appropriate resources could help us refine our technique to a point where the present HIV patient could have a normal quality of life and possibly a normal life expectancy. Our ultimate goal is to eradicate the virus completely and thus, in our opinion, has become a definite possibility." Virodene was not claimed to be a direct cure for Aids, however, Du Plessis emphasised last night.

Treatment of the trial patients with Virodene dramatically reduced their PCR (virus count per microlitre of blood) and boosted their CD4 (white blood cell count per microlitre) in just one to three weeks, he said.

The white blood cells make up the body's immune system by fighting invading viruses and bacteria. Any improvement in the CD4 count shows a heightened ability to fight disease.

The so-called "three drug cocktail" treatment, until now the most successful Aids combatant, has produced similar, but far slower, results in pulling down the PCR count; but not in pushing up the CD4 count.

Visser says the CD4 count in several of the Virodene patients in fact rose above the 400 mark found in most healthy people. One of the patients now has a CD4 count of more than 600.

Drug companies are said to have reached a ceiling in the "three drugs" treatment as the drugs can only fight the virus in the blood itself. They are also only effective in newly infected patients whose virus counts are still low.

Visser says Virodene fights HIV in areas where other drugs can't reach it, such as in the lymph glands and the brain.

Sapa
PRETORIA: The cabinet decided yesterday to consider funding further research into a medicine against Aids which researchers claim has produced far better results than any existing drug.

"We should indeed act with regard to the encouragement of such research," Deputy President Thabo Mbeki told reporters. A final decision would be taken later.

A team of Pretoria University scientists earlier asked for about R3,75 million in state funding to continue their research.

Mbeki said two Aids sufferers had been present during the briefing. "The Aids victims described what had happened to them as a result of the treatment," he said.

"They were in the cabinet room, walking about, perfectly alright," Mbeki said. "Everybody applauded it was an absolutely moving thing to see. The general assumption has been that if you get to a particular point with Aids, it really is a matter of time before you die."

The cabinet had decided to consider the request for funding, Mbeki said. --- Sapa
MILLIONS of AIDS sufferers in the world’s poorest countries might benefit from a medicine developed by South African researchers who claim it has produced far better results and is much cheaper than any drug, or combination of drugs, on the market.

In a special presentation to the full Cabinet yesterday morning, the team of scientists said results of preliminary trials conducted in Pretoria on about a dozen AIDS patients over the past several months, using a formula patented as Virodene POSS, suggested a major breakthrough in the fight against AIDS.

The entire Cabinet stood up and applauded on completion of the presentation, at which two of the trial patients were present.

Scientists and some of the volunteer patients said they believed the research gave rise to fresh hopes that a cure for AIDS might be found before the turn of the century.

The scientists told the Cabinet that more research into Virodene was required and asked for R3.7 million in state funding to continue their work.

Their short term prognosis is that Virodene – the chemical composition of which is still confidential – kills the Human Immunodeficiency Virus in the body and allows people infected with HIV to live a long and normal life.

One of the most dramatic trial results was that Virodene could apparently even pull full-blown AIDS sufferers back from the brink of death, reverting their condition to that of HIV-positive, in which they are no longer so susceptible to opportunistic diseases.

While another two years’ research is required to find out whether the drug will ultimately cure AIDS, another six months of testing will determine whether there is any re-emergence of the virus in any patient who has undergone the full Virodene treatment.

Virodene was developed and patented by three scientists attached to the University of Pretoria. They are researcher Olga Visser, who discovered Virodene’s anti-viral properties, and cardiologist surgeon Prof Drisk du Plessis and Dr Kalle Landauer.

INTERNATIONAL ACCLAIM

They were assisted by Eugene Olivier, a clinical pharmacologist based at Pretoria Technikon.

Research by Visser and Du Plessis in the field of cryo-preservation won them international acclaim in August, 1995 when they managed to freeze a rat’s heart without damaging the organ’s cells, and then made it beat again.

This was the first time such a feat had been achieved and opened the door to long term organ preservation.

Treatment of the trial patients with Virodene dramatically reduced their PCR (virus count per microlitre of blood) and boosted their CD4 (white blood cell count per microlitre) in just one to three weeks.

– Sapa
Caution from Drugs Giant

Professor Callie Landauer

Potentially Life-Saving Drug

The body is vulnerable. Only 10% of drugs go through the FDA microscope...but the rest can cause harm. It is important to be aware of the potential risks and benefits of any new drug before it is approved for use.

By Richard Minnion

Reaction from Tests

Professor Dick du Press

What it costs

How does the treatment work?
More than 2 million South Africans infected

BY LAUREN CHAI

More than 2 million South Africans had AIDS by the end of last year, according to researchers.

And, according to the United Nations Aids monitoring body, Unaids, almost 22 million people around the world are already living with the HIV virus.

Eight million people, including 1.5 million children, have developed AIDS. It is believed 90% of the global figure are people living in developing countries.

More than three-fifths of people with AIDS are in Africa, with Asians making up another fifth. Over 20% of the remainder include women, who now represent 42% of HIV infections.

People under the age of 25 account for at least 50% of the infection rate.

Roughly 1 million children believed to be living with AIDS or HIV were infected by their mothers at birth. Some 65% are in sub-Saharan Africa, where anti-retroviral drugs to prevent transmission by HIV-infected pregnant women are less available. It is estimated that 9 million children under the age of 15 have lost their mothers through the virus.

On a global scale almost 6 million people have already died from AIDS and it is believed that about 3500 new HIV infections occur daily. 1000 of which occur in children under 15. This means that five people are infected with the disease every minute.

Dr Peter Piot, who heads the UNAIDS programme, said 10% of South Africa's adult population was believed to be HIV positive.

AIDS researchers estimate that 500 South Africans are being diagnosed as HIV positive on a daily basis.

In KwaZulu Natal the infection rate has reached 16%, while in Gauteng, estimates suggest that one in 10 people are infected with HIV.

The department estimates that by 2009, death from AIDS will exceed all other deaths.

By 2010, about 12% of the population will be HIV positive compared with less than 1% in 1990.

In Botswana the virus has infected 18% of the adult population, one of the highest rates recorded.

More than 500 of 1 million Zimbabweans have HIV and nearly 100 000 have already died from AIDS.

In Zaire and Botswana up to 50% of patients dying in hospitals were infected with HIV.

Malawi, with a population of 10 million, has 225 000 AIDS cases.

In north Africa and the Middle East, Unaids estimates that more than 180 000 people are living with AIDS or the HIV virus.

By comparison only 0.5% of adults in North America and 0.2% of adults in western Europe are infected.
**The Fight Against HIV**

1. HIV attaches to a T cell - the cells that co-ordinate the body's defence against infections - via CD4 and other co-receptors
2. Virus penetrates cell and sheds its coat of protein
3. Virus releases genetic material (RNA)
4. RNA changes into DNA catalysed by the enzyme reverse transcriptase
5. Viral DNA blends with the cell's own DNA, programming it to produce more viral RNA
6. Viral proteins are "pruned" by the enzyme protease before being made into new viruses
7. The new HIVs erupt from the cell, killing it, and move on to infect and kill other T cells, crippling the sufferer's immune system

---

**Sufferer is now living in hope of recovery**

**By Helen Grange**

Mark has lived in hope - since he was diagnosed HIV positive - that he would be among the first generation of HIV sufferers to survive the disease. Yesterday's news on a possible Aids breakthrough suggests his hope may bear fruit.

"Good heavens!" said Mark (not his real name) on being told yesterday about the newly developed drug Virodene, and then after a brief silence: "It's not April Fools' Day, is it?"

Last year Mark came close to dying of an "opportunistic disease", cryptococcal meningitis, from which he took weeks to recover. "Nowadays I get really paranoid if, say, I'm in town. I keep wondering 'Are these people ill?' Obviously, I'm very susceptible.

He has been on the so-called "two cocktails" drug treatment, a combination of AZT and 3TC, which he says costs R2,000 a month but which he has been getting free because he went on the year-long drugs trial.

"If I wanted to take the three cocktails (including protease inhibitors), I'd have to fork out R2,000 a month for the protease."

"The problem is that your body becomes resistant, and then you have to change the drugs, so it would mean I'd end up paying R4,000 a month. At the moment I'm just paying R2,000 for antifungal pills."

"When I was first told I had it, I tried to pretend it didn't affect me, and I kept the fact to myself. The fact is, it does affect me. I have to look after myself. I spend a fortune on vitamins to keep the virus under control. It's strange, but I get a craving for salt and oil."

Mark feels his "two cocktails" have not helped in any substantial way. Until yesterday's news, he was focusing his attention on a new anti-cancer drug which homeopaths are convinced boosts the immune system.

His CD4 cell count (white blood cell count per microlitre) has dropped, in the period since the drugs trial, from 69 to 29.

"That's very low, because a normal count would be between 800 and 2,000."

Right now Mark is among possibly millions of HIV sufferers who are waiting in nail-biting expectation for the next chapter in the Virodene story.

"All I can say is that if they need people for trials, I'm in."
Formula 'not a direct cure at all'

BY LARA SMITH

Virolene is not a direct cure for Aids at all, says one of its developers, Professor Dirk du Plessis.

Speaking from his home in Pretoria last night, Du Plessis said the formula developed by his team of researchers was merely a medium that would lower the HIV virus count in the body and improve the immune system.

He said this could eventually lead to a cure for Aids if in that a sufferer's immune system would be able to fight off the virus itself, he said.

"It is not a direct cure at all."

Du Plessis, a cardiothoracic surgeon attached to Pretoria University, said the team had stumbled across the formula through other research they were doing.

They had been theorising about the formula for more than a year before they initiated the practical research a few months ago.

It was a collective theory and each of the members of the research team worked on different aspects of the project.

Asked how he felt about the success of the formula so far, Du Plessis said he was glad his theory had been proved right, especially after believing for so long that it had some merit.

Most of the patients tested were volunteers who had heard about the team's research by word of mouth, he added.

Medical ethics expert cautious on findings

BY PRISCILLA SINGA

Medical ethics expert Dr Reuben Sheh has cautioned the Pretoria Aids research trio of Olga Visser, Professor Dirk du Plessis and Dr Calie Landauer to make sure of their discoveries for the sake of Aids sufferers.

She said last night it was difficult to analyse the Virolene PO68 drug developed by the trio without having all the facts.

He did not agree with the way the announcement was made to the Cabinet, which, he said, was not qualified to deliver an opinion about such a development.

He added that for other doctors to accept the treatment, the methodology and ethical way they went about the research would play a major role.

"The researchers instead should have published their revelations in a reputable medical journal and presented it to their peers for approval and acceptance. We have been through breakthroughs before, and it is important that the developers of this drug do blind trials before making major announcements," Sheh said.

"The researchers would have to ensure that any beneficial effects are from the drug and not any spontaneous effects from the patient's body. They would also have to guard against the danger of developing a viral resistance from using one drug only."
Improvement in a few weeks

HIV patients tell of dramatic

industry

series of trials

warns of long

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

(84)

AIDS

Ryan 23 1/18

AIDS

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after

Vidiconne treatment began, while virus count dropped drastically.

Sufferers report remarkable change in condition soon after
Pair won international acclaim for research in 1995

BY LARA SMITH

Ground-breaking discoveries in the field of medical science are not new for Pretoria researcher Olga Visser and cardiothoracic surgeon Professor Dirk du Plessis, two of the scientists behind the possible new Aids breakthrough.

The pair were also part of a team that made huge advances in the field of organ preservancy in 1995 when they managed to freeze a rat's heart without damaging the organ cells, and then made it beat again.

The formula they used won them international acclaim at the time as it would allow for the life of donor hearts to be extended indefinitely. Until then, donor hearts had to be transplanted within four hours before the tissue degenerated.

The formula developed by Visser, a cardiovascular perfusionist at Pretoria Academic Hospital (formerly H F Verwoerd Hospital), changes the properties of the water in cells, preventing damaging expansion as the heart freezes.

Visser worked for two years, under the guidance of Du Plessis, on the concept of saturating hearts in the cryo-preservation formula before freezing them in liquid nitrogen. After much research and long hours of experimenting she finally made her breakthrough in August 1995, when she managed to revive a frozen rat's heart without any damage to the cells -- the first time this had been achieved anywhere in the world.

Attempts to contact Visser and the third person behind the Aids breakthrough, Dr Callie Landauer, proved fruitless last night.

But a fourth researcher who worked on the Aids project, Eugene Olivier, described it as an "unexpected breakthrough."

Olivier, a pharmacist who works at the Pretoria Technikon doing contract research, was approached by the team to find a way to get the medication into the body.

23/11/97
Call for peer review of new AIDS drug

Researchers face grilling

NEWS
Cautious reaction to Aids drug

By Mokgadi Pela and Sapa

MEDICAL scientists around the world have reacted with cautious optimism to claims by Pretoria researchers that they have found a miracle cure for Aids.

The drug, called Viradene POSX, is described as "a powerful anti-oxidant with strong anti-viral properties."

One of the scientists who produced it, Olga Visser, claims the drug has produced better results than anything else on the market.

The announcement was made in a special presentation to the Cabinet by the scientists.

They said results of preliminary trials conducted on about 12 patients over several months had suggested a breakthrough in the battle against Aids.

In an interview with Sowetan yesterday, chairman of the Gauteng Aids Foundation Professor Ruben Sher said "for the sake of HIV-infected people we must remain optimistic for a cure."

We must, however, guard against misleading the public to believe that these researchers have found a cure for the disease.

"We still need a large-scale scientific proof that this drug is the right one because there's often the danger of viral resistance, especially with the rise of one-drug therapy."

Medical Research Council president Dr Walter Proekstein said if claims were true, the researchers had to be congratulated.

"There is, however, no way to independently evaluate the results because of the scarcity of scientific information," he said, adding that it was surprising that the findings were not presented at the recent international Aids conference in Vancouver, Canada, or at the International Conference on the Therapy of Aids currently being held in Washington.

The world's largest research-based pharmaceutical company, Glaxo-Wellcome said it could not comment until it had studied the findings.

The United Kingdom-based Higgins Trust earlier expressed alarm that the group had made the presentation to Cabinet without first presenting it to their scientific Press.
Experts wonder why researchers did not come to them with their startling find. Science editor Lesley Cowling reports

AIDS ‘breakthrough’ broke all the rules

Three Pretoria scientists broke every rule of scientific method this week when they took their research to a Cabinet meeting, saying they might have a cure for Aids. The minister representing them says they have done this because they have been “blocked” by the Aids research establishment, which refuse to collaborate with them when they wouldn’t share their patient rights.

The three scientists, who are attached to the University of Pretoria — virologists researcher Olga Visser, and cardio-thoracic surgeons Professors Des du Plessis and Dr Kethe Landauer — have patented a formula they say kills HIV. They presented their findings to the Cabinet this week and asked for R3.7-million to continue their research.

But although Deputy President Thabo Mbeki said the government would consider funding the scientists, and members of the Cabinet applauded at the end of the presentation, real doubts have emerged about the validity of the research.

These include —

• The National Institute of Virology had told the scientists they approached the institute several months ago and asked it to run laboratory tests on certain compounds HIV research speciallist Els Des Martin said the tests had been inconclusive — in other words, had no effect on the virus. However, he said he didn’t know whether the substances they had tested were the constituents of Virodene, as the researchers could have changed the formulation.

The researchers have not submitted a scientific paper for refereeing by publishing, announcing their findings at the recent AIDS conference in the United States, or presenting it to experts in the field of HIV research). They have not released the details of the compound called Virodene, which it makes it difficult to assess the validity of their conclusions.

• The dean of the University of Cape Town’s Medical School, Professor JP van Niekerk, said: “We don’t know enough to comment properly, because we were informed by the research establishment that there was a breakthrough of a medical kind and first informed the scientific community, which would need to hear it and evaluate it.”

• Zigi Visser, Olga Visser’s husband, who is researching the researchers, said: “They have been blocked” by the AIDS establishment, and added that they had not received sufficient funding because they weren’t prepared to share their patent rights.

• The strongest evidence was human — the patients themselves, the told the Cabinet that their work had miraculously improved But David Spencer, who runs the Johannesburg Hospital’s AIDS clinic, said it was not possible to assess the trial because the researchers have not shown what controls they used. “We need to know that they controlled for other drugs, for example.”

Medical Research Council president Dr Wolterssky said testing the drug on 12 patients was known, but performed with surgical practice, as a Phase 1 trial. “There are many Phase 1 trials for drugs run all over the world, but they don’t give the correct answers. They don’t give the side effects, which only become known after they have been approved.”

• An HIV researcher from the Aaron Diamond AIDS Research Centre in New York called the scientific field of virology presented in a South African Press Association story on how Virodene works “far-fetched.” The story quoted Visser saying Virodene attacks the HIV of the virus. However, the researcher pointed out that Visser has not explained how Virodene distinguishes between human RNA and the viral RNA.

• The researchers were not experts in HIV, or in virology and microbiology. The Medical Research Council, which funds the work of medical scientists, has no record of any of the scientists receiving grants or awards from the council in the past 10 years.

Pretoria University was unable to provide curriculum vitae for the scientists, or information on their research achievements and awards. However, the researchers have had some international success in other fields of research, in their field. They have been given very serious considerations.

“Drugs is huge. Any company would be mad to pass up an opportunity,” Zigi Visser said. “We did follow procedures, going to major pharmaceutical companies, who originally supported us, but as soon as results began to prove more and more successful, they pulled out.”

He said some of the companies wanted them to give them substantial shares of the patent in order to continue with the research.

“When we realised some people were not happy with what we are doing, we went underground and had to pay for the research ourselves.”

Dr Ute Jerusale of the South African Medical Research Institute, a virologist with an interest in AIDS, said she had not heard of the Pretoria University work until Wednesday’s press announcement. She said all new treatments had to be approved with a degree of scepticism until controlled clinical tests had been executed. “Lots of people claim breakthroughs which come to nothing.”

Despite the doubts, it seems unlikely that three established scientists would go public in this fashion if they did not have good evidence that Virodene works. And, according to Zigi Visser, all the research to date — about R800 000 worth — had been funded by his wife and himself, an investment they would have been unlikely to make without some hope of a return.

He said the researchers had taken their work to HIV experts, who sometimes helped them, but they always hit problems “when the subject of patents came up.” They would be publishing in the near future months.

The three researchers want to expand on 30 more people within the next six months, and hope to have the medicine commercially available by 2000.

Addtional research by Mungo Sogotle, Manon Edmunds, Tangani Amugadza, Andy Duffy

Unhealthy example

The extraordinary Cabinet meeting in which ministers stood up and applauded a “breakthrough” in AIDS research raises intriguing questions about Prime Minister Nkosazana Zuma’s approach to the crisis.

• Still smouldering from the R1.2-mil lion Sarafina II debacle, Zuma took the opportunity to silence the scientists’ request for funding from her department late last year, claiming she could not authorise the R3.7-million they wanted. Instead Zuma directed them to the Cabinet, personally arranging Wednesday’s audience.

Zuma’s funding stance does, however, vaguely resemble the prescription drug companies — the main AIDS initiative — also has European Union money and a hefty budget from the RDP at its disposal.

There is not clear what role the directive played in bringing the Pretoria treatment to the fore. New head Rose Santos is out of the country, and health department director general Olufisa Shabana was not taking calls.

The Cabinet meeting is a slap in the face for funding agencies like the Medical Research Council and the Foundation for Research Development, which apply strict criteria when funding scientists.

It also comes at a time when subsidies to universities (and, consequently, university research) have been slashed, leaving many scientists scrambling for funds. They feel the rules of fairness have been breached, as they have to go through a set of processes to earn the right to funding.

Zigi Visser, husband of researcher Olga Visser, said Zuma had “supported them” when they were being “blocked” in their research. It was

Honeymooning virus: Researchers are catching up on HIV

Zuma who set up the Cabinet meeting, he said.

Professor Peter Omas, a medical professional at the University of Western Cape, who helped develop the African National Congress’s health policy before 1994, said: “The minister herself used a wrong in the Medical Research Council — how could she allow something like this to get to the Cabinet? Any Tom, Dick or Harry can now come forward to the Cabinet with the illusory evidence.”

Being ‘blocked’: Zigi and Olga Visser say all the correct procedures were followed

PHOTO: SCODDA DAVIDOS
Tukes says AIDS researchers held trials despite deemed permission

By Janice Smyr, L.A. Smith

Tubes says AIDS researchers held trials despite deemed permission
VIVIAN HOFMELD and LYNNIE ALTENBOECK
OWN CORRESPONDENT

Pretoria – Patients taking the controversial new anti-AIDS drug – developed by four researchers here – are to have their treatment stopped, and the trials involving the drug have been frozen for at least 10 days.

The shock announcement follows a two-hour meeting between the authorita
tive Medicines Control Council and three University of Pretoria researchers here yesterday.

By law, trials of new medicines and treatments must be registered with the Medicines Control Council, a statutory body.

Shortly before returning to Cape Town, council chairman Peter Polb said: “We have discussed the matter. The drug will be discontinued and the patients will come off it until we have reviewed the situation.”

“We need to look at their results and safety, and have a proper review of the whole story.”

The results of this investigation, he said, would be released not later than Wednesday, February 6.

But one of the researchers, Callie Landauer, said the halting of the trial was just a technicality. “They’re just going to make sure that all the technical measures that were taken to treat the patients are correct.”

He refused to comment further, but said he expected an answer from the Medicines Control Council within 10 days.

After yesterday’s meeting the disappointed researchers, Dr Landauer, Olga Visser and Dirk du Plessis, slipped out of the Department of Health building in Vereenig St. by a rear entrance, avoiding waiting photographers.

The fourth researcher, Eugene Olivier, of the Technikon Pretoria, did not attend the meeting.

The Dean of the University of Pretoria’s medical faculty, Don du Plessis, said of the announcement: “It’s their decision and we should comply with it.”

“I think the important thing is that the university has appointed a committee which will start to look into the researchers’ protocol on Monday. There is a certain procedure in our faculty and it must be followed.”

Since the announcement of the unwelcome development earlier this week, the university’s medical faculty has been inundated with calls from HIV-positive and AIDS patients begging to be used on the trial.

Dr Landauer said: “We’ve had calls from hundreds, if not thousands of people. The official scepticism about the drug was expected.

“It’s always like that with a breakthrough.”

Speaking before yesterday’s meeting, Dr Landauer said initial results of Viro
dene P068, which the researchers have patented, on HIV and AIDS patients had been very promising.

He said 10 patients had been on the drug for the past six months, including one whose CD4 count had risen from 14 to 51.

Anyone with a CD4 count below 50 was considered to have clinical AIDS.

He said he did not think the media attention had been extreme, but he did not approve of the “hype created by our peers about nitty gritty little things like why did ’n’t one use this channel or that”.

There has been criticism by doctors and scientists of the unorthodox way in which the researchers released their initial results.

This week, the researchers and some of their patients attended a Cabinet meeting at which they announced their findings and asked for R3.75 million to enable them to continue their research.

Barry Schoub, the director of the

To page 3

Shock ban on new AIDS drug as medical council

fears for patient safety

AIDS drug led to new mischief in the lab.
"Instead of preserving both the cells and the virus, the compound ‘instantly killed’ off the virus."

"I immediately thought ‘Hey, it works for this virus, why not try it on the bad boys — some bigger viruses,’” she said.

Further research showed that the herpes virus was also weakened by the experiment.

Phenomenal results occurred when the HIV virus was put to the test.

Sipping strong coffee in the sitting room at her home in Pretoria, Visser, says humbly “It wasn’t as if I screamed ‘Eureka!’ or anything, it’s just something that happened.”

Visser, together with two Pretoria-based cardiothoracic surgeons, Professor Dirk du Plessis and Dr Kalie Landauer, and a clinical pharmacologist, Eugene Olivier, this week stunned the medical world with their claims that the drug they concocted and patented, Virodene P058, is the most effective in the world to help lower the HIV count in the body and improve the immune system.

It is not a cure, they say, but it will be the cheapest and most effective drug on the shelves if their plans to manufacture and market it around the world receive enough support.

“Our results show that this drug reverses full-blown AIDS — it’s remarkable,” Visser enthusiastically.

“In-between fielding calls from leading overseas newspapers and television networks, and calls of support from members of the public, Visser says she “doesn’t believe” she has actually “done this.”

“I’m just Olga Visser, someone who loves to read Donald Duck and Mickey Mouse books, watch TV sitcoms and go to church on Sundays I care for people, and the only way I can show it is through medicine.”

Visser, a cardiovascular professor (a person who operates the heart/lung bypass machine during surgery) and Du Plessis are used to groundbreaking discoveries.

The pair are part of the team that made huge advances in the field of organ preservation when they froze a rat’s heart without damaging the organ’s cells, and then made it beat again. The formula they used won them international acclaim, allowing for the life of donor hearts to be extended indefinitely.

Until then, donor hearts had to be transplanted within four hours, before the tissues degenerated.

“Apart from my friends and family, my only pleasure in life is science,” Visser says.

“Thirteen researchers have been widely criticised for directly approaching the cabinet this week to ask for money for further research."

The medical fraternity raised its eyebrows at the way in which the researchers “broke all the rules” by not submitting their work for peer review and side-stepping the “correct channels.”

Zigi Visser, Olga’s husband, who is representing the researchers, says that the team went straight to the cabinet because they had been “blocked” by the AIDS establishment, who refused to “assist” them when they refused to share their patent rights.

“We questioned the correct procedures by going to major pharmaceutical companies and AIDS institutions, who originally supported us, but as soon as our results proved more and more successful, they pulled out and terminated all communication,” he says.

Says Olga “We had to go underground because there were so many people unhappy about what we were doing.”

The controversy reached fever pitch on Friday with the announcement that human trials of Virodene P058 would be put on hold until February 5 for further review by the Medicines Control Council and the ethics committee of the University of Pretoria’s Faculty of Medicine.

Sheltered from the furore at home, Visser says she just doesn’t want to let her patients down.

“The treatment has worked on every one of our 10 patients. There isn’t one it hasn’t worked for. The drug can do in one week what other drugs do in 18 months.”

“The suspension is only for 10 days, hopefully then we can continue with the research.”

Meanwhile, her colleague, Landauer, says the Medicines Control Council has told him not to speak to the press.
The proof is in the blood of 10 human guinea pigs

By NICOLA KOZ

SEVEN years ago a Johannesburg father discovered he was HIV-positive.

A few years later, he began planning his funeral.

By December last year, the 28-year-old photographer, who asked to remain anonymous, had developed full-blown AIDS. His weight had dropped to little more than 40kg.

This week, his blood test results showed he no longer had full-blown AIDS.

The "miracle" came about after only a few weeks' treatment on the new controversial AIDS drug Virodene.

He is one of 10 "guinea pigs" who have volunteered to take part in a pilot study using the drug, which Pretoria researchers describe as a powerful anti-oxidant with strong anti-viral properties.

The six men and four women have shown "dramatic improvements" in the space of a few weeks, say researchers.

A Mozambican politician, who also wishes to remain anonymous, regularly flies to South Africa for treatment.

His condition has improved so much, he has picked up 25kg after just a few treatments.

Research scientist Olga Visser said treatment of the trial patients with Virodene dramatically reduced their PCR (virus count per millilitre of blood) and boosted their CD4 (white blood cell count per microlitre) in just one to three weeks.

"The white blood cells collectively make up the body's immune system because they fight invading viruses and bacteria. An improved CD4 count indicates a heightened ability to fight disease," she said.

A normal count is anything from 400 to 1 000. PCR determines the viral load of HIV-positive patients. It is detectable only at a level of 500 and above.

"Reversal of full-blown AIDS has not been achieved using any other drug," said Visser.

Her patient said he was amazed at the results.

"I used to be severely depressed for a whole month at a time. I lost my appetite and a lot of weight. Now I'm feeling so much better. I can work, run my own business, eat. I'm leading a normal life. "You have to see it to believe it -- every time I go in for treatment I look at the graph and the results are truly amazing."

He said he did not mind being a guinea pig.

"When you get to my point, you'll try anything. I feel good about being part of what can one day change the face of history. Someone has to find a cure for AIDS someday."

"What have I got to lose by trying out this new drug? Even if I'm not cured, I can still enjoy feeling normal for a while."

"If they stop this drug for whatever reason I'd be more than angry. I wouldn't believe it."

"It would be like having the promise of life taken away from me."
Discovery sparks a cash furore

By SANTOSH BEHARIE and JESSICA BEZUIJDEHOUT

PRESIDENT Nelson Mandela's office has denied that the
government had made a financial commitment to the four
scientists who claim to have found a treatment for
AIDS.

Responding to reports that appeared in the press early
this week, Mandela's spokesman, Parks Mankahluana, yest-
erday quashed rumours that the government would look
favourably on the team's request for R3.7-million to con-
tinue their research into the anti-AIDS drug.

Mankahluana said the scientists approached the cabinet
in confidence and were never promised any amount of
money for their research.

Mankahluana declined to comment on the proposed 10-
day suspension of the trials of the new drug, called Vi-
rodene P068, on patients.

"That matter should be resolved among scientists," he
said.

The use of the drug on patients has been suspended
pending an investigation by the Medicines Control
Council.

Professor Dirk du Plessis, Dr Kallie Landauer and Olga
Visser of the University of Pretoria and Eugene Oliver of
Pretoria Technikon are the scientists who claim that the
drug could reverse full-blown AIDS to HIV-positive.

Professor Peter Folb, chairman of the Medicines Con-
trol Council, said the council was investigating what side
effects the drug might have on patients.

Folb told the council about their work and had indicated
that they intended to seek permission to start trials.

The decision on whether the Pretoria researchers may
proceed with the clinical trials will depend on the council's
findings and will be subject to the approval of the ethics
committee of the University of Pretoria.

By law, trials of new medicines and treatments must be
approved by the council.

Dr Sulim Karim, head of AIDS research at the Medical
Research Council, said he was sceptical about the Pretoria
team's "discovery" but would like to see the data before
making a decision on the matter.

"It is impossible for us to comment on the Virodene
P068 drug as we do not know anything about it. We will
have to wait for investigations to be completed before a
comment can be made," he said.

Karim said that the researchers were not funded by the
Medical Research Council for research which meant it had
no jurisdiction over them.

He said it was expected of scientists to publish their
findings in journals so that these could be scrutinised and
evaluated by their peers.

He said that the council was concerned that the Pretoria
team had gone straight to cabinet, by-passing what is an
international procedure.
Mum's the word for Health Dept officials

OWN CORRESPONDENT

PRETORIA: The Department of Health is keeping mum on how a presentation to the cabinet by Pretoria researchers on new medication for Aids will impact on its own programmes.

The department has also not explained how the presentation would affect its national Aids programme and other Aids service organisations.

Nor is there any word from Mrs Rose Smart — the newly-appointed director of HIV/AIDS and Sexually Transmitted Diseases — on consultation, the quality of the work presented to the cabinet, or its impact on the directorate.

The department has been instructed to channel all statements to Health Minister Dr Nkosazana Dlamini-Zuma's spokesman, Mr Vincent Hlongwane, and in his absence, the department's chief director of national health systems, Mr Roy Mabope.

So far, attempts to contact Smart — who in December declared 1997 the year of participation, accountability and consultation — have been blocked.

Work on the new medication, called Virodine PO58, was suspended on Friday until February 5, pending investigations by the Medicines Control Council and the University of Pretoria.

Smart — who was appointed in December, six months after the previous director Mrs Quarraisha Abdool Karim resigned — is in Namibia.

Tracked to her hotel, Smart referred all questions on the matter to the Department of Health.

Five questions were faxed through to departmental communications officials on Thursday morning, but despite numerous telephone calls and assurances that the inquiries were being attended to, there were no answers.

When contacted, deputy director of communications Ms Nogolide Nopzo promised to bring the matter to Mabope's attention, but could not say if or when Smart would be allowed to speak.
Officials silent on Aids research

By JANNINE SMITH
Medical Correspondent

The Department of Health has kept mum on how a presentation to the Cabinet by Pretoria researchers on new medication for Aids would have an impact on its own programmes.

The department has not explained how the presentation would affect its national Aids programme and other Aids service organisations.

Nor is there any word from Rose Smart, the newly appointed director of HIV/AIDS and sexually transmitted diseases, on consultation, the quality of the work presented to the Cabinet, nor its impact on the directorate.

The department has been instructed to channel all statements to Health Minister Dr Nkosazana Zuma’s spokesman Vincent Hlongwane and, in his absence, to the department’s chief director, national health systems, Ray Mibope.

So far, attempts to contact Smart — who last month declared 1997 the year of participation, accountability and consultation — have been blocked.

The National Aids Convention of South Africa said on Friday that Aids education and prevention work had been sidelined by the cabinet presentation.

It regretted that there was no collaboration with outside agencies and “little reference” to the structures which the Government had put in place, including the parliamentary portfolio committee on health and the national Aids advisory committee.

Work on the researchers’ preparation, called Virodene POS, was suspended on Friday until February 5 pending investigations by the Medicines Control Council and the University of Pretoria.

In an effort to discuss the impact and the consultation process, The Star contacted the department’s directorate for HIV/AIDS and STDs on Thursday.

Smart — who was appointed in December, six months after the previous director Quarrisha Abdool Karim resigned over the Sanfilia affair — was out of the country. Tracked to a Namibian hotel, Smart referred all questions to the department.

Five questions were faxed through to departmental communications officials on Thursday morning.

Despite numerous phone calls to communications officials and to Smart’s office, and in spite of being assured the matter was being attended to, there were no answers.

Yesterday, The Star was told that all queries had been forwarded to Hlongwane because he was now out of the country, all questions were being handled by Mibope.

When contacted, deputy director of communications Nogobedile Nqozi promised to bring the matter to Mabope’s attention, but could not say whether or when Smart would be allowed to speak. Later yesterday she promised that an answer would be forthcoming by this morning.
SA may have AIDS virus?"
EVALUATING THE CLAIM

PM 3/11/97

University of Pretoria Aids researchers were denied permission to continue testing Virodene P058 by the medical school's ethics committee last year as their data was inadequate and proper safety measures hadn't been followed.

But the team pursued their research — which they believe revives hope of a possible cure for Aids — through independent channels and won the support of Health Minister Nkosazana Zuma, who arranged their presentation to Cabinet last Wednesday.

Ethics Committee chairman Prof Geoffre Falkyn says permission was not flatly refused. "We said 'Come back and present adequate data, especially proper safety measures.' They may have something exciting but it makes it difficult when people disregard the law and safety procedures."

On Friday, the Medicines Control Council suspended human trials involving Virodene until February 5 pending an evaluation of its effects on patients and other safety issues.

If researcher Olga Visser and cardiothoracic surgeons Prof Dirk du Plessis and Dr Kallie Landauer get the green light, it could release the R3,75m they have requested from Zuma.

The scientific community has been scandalised by the fact that grand claims about Virodene were first made to politicians following preliminary trials on no more than a dozen Aids patients over a couple of months.

The team says that, according to preliminary trials, Virodene is the most effective drug in the world to lower the HIV count in the body and boost the immune system. But only another six months of testing will determine whether the virus re-emerges in Virodene patients.

The Daily Telegraph in London quotes leading US researcher David Ho as saying his experiments with AZT, 3TC drugs and protease inhibitors show HIV can be reduced to levels where it cannot be detected in the blood but is not eradicated. He says it is too soon to predict when or if a cure for Aids will be found.

For every 48 Aids drugs registered in the US, 5,000 applicants were rejected.

The Pharmaceutical Manufacturers' Association of SA forwarded available information about Virodene to the Pharmaceutical Research Manufacturers' Association of the US and a multinational drug company which agreed it appeared no different from existing Aids cocktails.

However, the University of Pretoria says in a statement that Virodene has "the unique ability to penetrate the lymphocytes and to inhibit the replication of the virus within the cells."

A letter to government from Prof Du Plessis reads: "We are convinced appropriate resources could help us refine our technique to a point where the HIV patient could live a normal quality of life and possibly have a normal life expectancy. Our ultimate goal is to eradicate the virus and thus, in our opinion, becomes a possibility."

The National Aids/HIV & Sexually Transmitted Diseases Advisory Commit-

tee has expressed amazement "that such large claims can be made for a drug which is not registered with the Medicines Control Council, has been tested on a small number of patients, has been employed in a trial which appears to have been conducted in a less than stringent manner, and has not been independently evaluated or monitored."

National Institute of Virology director Prof Barry Schoub says the findings should have been presented to a scientific forum or published in a medical journal for scientific validation and peer review.

Aids expert Prof Ruben Sher says: "It smacks of speculation and raises false hope among HIV-positive people, I don't know how government acceded to it. It looks like Sarafina 3."

It has subsequently been reported that Zuma knew about the top secret research several months ago and may even have helped the team circumvent normal scientific and medical procedures. A presidential spokesperson says the funding decision will not be taken by the Cabinet but by Zuma, who is visiting Cuba and cannot be reached for comment.

Claire Beseker

JUSTICE SYSTEM FAILURE

There are no quick fixes for the rape crisis, but, desperate to be seen to be doing something, government is responding in a knee-jerk fashion.

Justice Minister Dullah Omar reacted to two double rapes in Johannesburg by vowing to change the law to deny bail to all accused of sexual crimes even if that meant changing the Bill of Rights.

Outraged by the Robben Island rape of the ANC's Nomnomso Gasa, wife of ANC MP Raymond Suttner, ANC women MPs have added their support.

But social workers, legal organisations and even rape victims doubt whether this ill-conceived approach — which seems to view bail as a form of punishment — will rescue SA from its interpol ranking as the country with the highest incidence of reported rape in the world.

They say the problem is that the criminal justice system is not working.

The sense of crisis was heightened last week by the removal of Captain Kevin Jones from the Robben Island investigation amid allegations that the Gasa case was being poorly handled.

The police have yet to explain how Cpt
appointments top US press agent
Miracle AIDS drug team
Committee to probe ‘miracle’ Aids treatment

Experts will present preliminary findings next Monday following row over researchers’ methods

Staff Reporter

A joint committee to investigate the discovery of a “miracle drug” to treat Aids sufferers has been appointed by the University of Pretoria and Gauteng’s health department. This follows a wave of criticism and disbelief from the local medical fraternity after Pretoria researcher Olga Visser and professors Dick du Plessis and Calie Landauer released their findings on their new drug, Virodine PCS8.

Initial optimism over their findings, which was first presented to the Cabinet last month, quickly soured as doctors and Aids experts demanded to know why the findings had not first been presented in a medical journal at an Aids conference.

However, the researchers said they had approached the Cabinet only to seek funding, and that they had never claimed their antiviral medicine was a cure for Aids.

The joint committee appointed by the university and the health department will present its preliminary findings next Monday. The members are Professor S Aspinall (deputy dean of research at the Medical University of Southern Africa), Dr F Benson (director of medical-legal services at Gauteng’s health department), Professor H Huismans (head of the department of genetics at Tukkies), Dr D Spencer (director of contagious diseases at Johannesburg Hospital and senior physician at Wits University), Professor G Swan (head of the department of pharmacology at Tukkies), and Professor F FW van Oosten (head of the department of criminal law at Tukkies).
Mandela in call for global action on AIDS

The disease creates new pockets of poverty when patients
DAILY DILEMMA FOR HEALTH WORKERS

Internal diagnostic tools can transmit HIV, TB

A DOCTOR refused to use his own bronchoscope on an HIV patient, offering to do the procedure at a city hospital instead. ANEEZ SALIE reports.

A MARVEL of modern medical science which allows doctors to look inside the body to diagnose, can also give unsuspecting patients Aids, tuberculosis or hepatitis B diseases, a Cape Times investigation has revealed.

And there is nothing much that can be done to stop the potential cross-infection, in a daily dilemma for medical workers to save a patient's life.

Instead, patients known to be living with HIV/AIDS, TB or hepatitis B are often refused vital health care, and are at risk.

At issue are bronchoscopes and other endoscopes used in invasive diagnostic procedures (where the scope is inserted into the body to allow its operators to see inside). No matter how much these are sterilised, there remains a risk of transmission.

There are case studies where TB has been so transmitted, although there are none yet for HIV/AIDS or hepatitis B, according to Dr Neil White, a senior respiratory specialist at Groote Schuur.

"Every time after we use such equipment we sterilise it thoroughly,

ly, in keeping with the manufacturer's specifications," he said. "We make certain we do a good job, but because of the nature of the equipment and the use it is put to, we cannot say that it is 100% safe, although the chances of infection are small."

Besides patients, there is also a risk to health workers, because blood splatters about during the specialist procedures. Staff wear protective clothing, including goggles — eyes are prone infection sites, and are close to the action.

The infection dilemma came to light during a Cape Times investigation of a complaint by an HIV-positive Observatory hairdresser that he had been refused a bronchoscopy because of his condition.

The procedure involves inserting a bronchoscope into the lungs to enable a specialist to see inside, much like a tiny video camera would. A small piece of lung is also removed for testing.

The physician involved, Dr John O'Brien, admitted he had turned the patient away.

"I did not want to use my bronchoscope at my premises because the patient was HIV-positive, and I make no apologies for that. Instead I offered to do it for him at City Park (a private hospital in central Cape Town), but he could not afford the hospital's fees."

O'Brien said his bronchoscope had cost him R100,000, and was too valuable to use on an HIV-positive person.

"If I do someone with HIV, then I have to sterilise the bronchoscope afterwards using gas, which shortens the life of the bronchoscope. I also have to wait three days before I can use it again, and that is too long to wait."

"In any event, there is a dedicated bronchoscope at Groote Schuur for HIV, TB and other such patients."

He added "HIV and Aids is an emotional disease, but I do not discriminate against such people. In the past week I have done bronchoscopies on two HIV patients at City Park."

Senior staff at Groote Schuur disputed O'Brien's explanation. They say they never sterilised a bronchoscope using gas.

The manufacturers' sterilisation specifications made no mention of gas, they said.

White said that Groote Schuur did not have an HIV-dedicated bronchoscope.

"The state simply cannot afford it," he said, "and it is impractical to test every patient for HIV before doing a bronchoscopy."

The patient, Charles (an assumed name — he did not want to be named for fear of being victimised by clients at the hairdresser where he does administrative work) eventually had the procedure done at the Gatzville Medical Centre, next to the Gatzville Mosque in Athlone.

"I feel more sick at being stigmatised than by the HIV virus," Charles said. "The medical profession and society at large just cannot come to terms with people like me. We are not highly infectious monsters who need to be shunned."

Charles contracted the virus more than a decade ago from a partner who did not let on he was HIV-positive before he deserted Charles for another. The ex-lover went on to develop Aids and died a few years back. The person he deserted Charles for also developed Aids and died last week.

Besides the bronchoscope at Groote Schuur, the public health service has two more, one each at Tygerberg and Somerset hospitals, although the latter is broken, and there is no money to repair it.

There are eight bronchoscopes in private practice in the Western Cape.

Trekking on — to Mozambique

OWN CORRESPONDENT

DURBAN The bumpy red clay road winds its way for 15km from Lichinga past several rural villages and lush green fields to Matama Farm.

This is the present home of South African farmers who, since November, have been packing up their belongings in the Republic and heading for northern Mozambique to till the land.

They are driven not so much by a dislike of black people or a distrust of the ANC-dominated government, but by a desire to preserve their God-fearing, Afrikaans-speaking "boer" culture.

They say they came to this remote region with two rules. They would work on Sundays and they would live as "white people".

In the two caravans outside live Oom Dannie Sambard, who has a farm in Bothaville where his wife and son still live, and Ernst and Hannetjie Baumgarten, also of Bothaville.

A washing machine sits outside, waiting for electricity.

Inside the barn, with its leaking roof and time-scarred walls, is the kitchen. Hannetjie has set up, with preserves displayed neatly in a glass-fronted cabinet, flowers arranged on the table and gas freezer and stove.

A caravan parked inside is the sleeping quarters of the newest arrival, Laurens and Hettie Lemmer, he a former teacher from Nelsberg.

There are four sons — Lauren, 12; Louis, 10; Marlon 8; and Marthinus — have a cordoned off bedroom.

Every second day, they have to fetch water from town. This they use for washing, they drink rainwater.

Food is scarce and rationed out carefully.

"We can get some things in Lichinga," says Hannetjie, "but they are so expensive."

And a trip to South Africa to stock up costs about R15 000. It's also a 33-hour drive, with luck.

But while meat is a luxury and chocolate a sheer indulgence, they have not skipped on certain meates such as butter.

At night, when they relax after a hard days work, it's over a cup of coffee — drunk from a white china tea service.

BRONCHOSCOPE: A Groote Schuur down side.
Mandela outlines heavy cost of AIDS for SA

Kathryn Strachan

If current trends continue, AIDS would cost SA 1% of its GDP by 2005 and up to three quarters of its health budget would be consumed by direct health costs relating to HIV/AIDS, President Nelson Mandela told the World Economic Forum in Davos, Switzerland, yesterday.

At a session on AIDS, Mandela said that although details might vary from country to country, “this experience is one we share with the world.”

“No country can avoid this disease. The challenge is to seek ways to minimize its effects, to prepare for its impact and to cooperate for long-term solutions. How will we address child mortality rates, which are set to increase threefold in Africa? With 6 000 new infections occurring every day throughout the world; with 22 million men, women and children infected, with 6 million people estimated to have died, and with 9 million children under the age of 15 having lost their mothers to AIDS, there can be no doubt that humanity faces a major challenge.”

“The AIDS pandemic is getting worse at a rate that makes it a collective global imperative. When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on the adequacy of our responses.”

In general the responses by individual countries to date had fallen short of what was needed, he said. In some cases political commitment had been lacking, in others, resources had been limited. Frequently even essential services were nonexistent.

The severity of the economic effect of the disease was directly related to the fact that most infected persons were in the peak productive and reproductive age groups.

Gold Fields CEO Alan Wright told the forum that HIV in southern Africa might be far more extensive than international statistics indicated. Research by the group showed a prevalent increase in mine workers from 1.3% in 1990 to 20.1% in 1995.

This rise affected company health care costs, insurance and compensation payouts, as well as projected effects on productivity and training.

During the past five years the overall health care costs per employee a year had almost doubled and approximately one in four patients receiving treatment in company hospitals and clinics were now HIV positive, he said.

While provident and pension funds were mainly unaffected, the group life assurance scheme had shown an increase in payouts as the crude medical mortality rate increased from 2.8 to four per 1000 employees from 1989 to 1995.

More alarming for the mining industry in SA, where TB is a comparatively less serious disease, was the clear evidence of a strong association with HIV/AIDS — more so than anywhere else in the world, he said.
Zuma backs further government support for Virodene researchers

By Janine Simon
Medical Correspondent
8 Mar 1997
Health Minister Dr Nkosazana Zuma said yesterday it was the Government's responsibility to support the Pretoria researchers working on the controversial Virodene POS8 drug "once all the technicalities had been dealt with."

Clinical trials of Virodene have been suspended pending findings, expected today, of a Medicines Control Council investigation into the pilot study on the drug, which researchers claim can revert a patient with full-blown AIDS into being simply HIV-positive.

The researchers - Olga Visser, Professor Dirk du Plessis and Calle Landauer - did not obtain permission to start clinical trials from the University of Pretoria's ethics committee, and a University of Pretoria/Gauteng health department investigative team is expected to report on the procedural problems on Friday.

After presenting their work to the Cabinet last month in the hope of garnering R3.7-million to continue research, the three said Zuma had given them permission to start clinical trials.

Zuma, who left for Cuba within hours of the cabinet presentation, tackled the controversy for the first time on her return to Johannesburg yesterday.

"She said the researchers had approached her in July last year and that she had encouraged them. "If that is giving them permission to continue, then, yes, I did, but I did not give them permission to go against anyone else who should have been consulted regarding the trials."

On the question of why they were allowed to appeal for R3.7-million, Zuma said the work on Virodene was serious and, if it succeeded, might have implications for manufacturing, which affected the Department of Trade and Industry.

The fact that it appeared to be a low-cost drug was important because SA could not afford current combination drugs.

Asked why the researchers were supported when their work had been criticised for being inconclusive, Zuma said: "The researchers were asking for support so that they could make it conclusive."

She added that government support for Virodene researchers did not affect other key areas of AIDS/HIV research. Research, such as low-cost interventions to prevent mother-to-child transmission, was complementary, not competitive, work.

Zuma said both she and the Cabinet had been impressed with the preliminary results, and that in her view the scientists should be encouraged to do more.
PRELIMINARY RESULTS IMPRESSED CABINET

Zuma ‘encouraged’ HIV drug researchers

JOHANNESBURG: Findings of a Medicines Control Council investigation into the pilot study of the Virodene “wonder drug” are expected today.

Health Minister Dr Nkosazana Zuma said yesterday it was the government’s responsibility to support the Pretoria researchers working on the controversial Virodene POS8 drug “once all the technicalities had been dealt with”.

Clinical trials of Virodene have been suspended pending findings expected today of a Medicines Control Council investigation into the pilot study of the drug, which researchers claim can revert a patient with AIDS to being simply HIV-positive.

The researchers Ms Olga Vass, Professor Dirk du Plessis and Mr Kallie Landauer, did not obtain permission to start clinical trials from the University of Pretoria’s ethics committee, and a University/Gauteng Health Department investigative team is expected to report on the procedural problems on Friday.

After presenting their work to cabinet last month in the hope of gaining the R3.7 million to continue research, the three said that Zuma had given them permission to start clinical trials.

Zuma, who left for Cuba within hours of the cabinet presentation, tackled the controversy for the first time at a media conference on her return to Johannesburg yesterday.

She said the researchers approached her in July last year and that she had encouraged them “if that is giving them permission to continue then yes, I did, but I did not give them permission to go against anyone else who should have been consulted regarding the trials.”

On the question of why the researchers were allowed to appeal to Cabinet for R3.7m for further trials, Zuma said the work on Virodene was serious and if it succeeded, it may have implications for manufacturing, which affected the Department of Trade and Industry.

The fact that Virodene appeared to be a low cost drug, was also important as South Africa could not afford current combination therapy drugs.

Asked why the researchers were supported when their work had been criticised for being inconclusive, Zuma said: “The researchers were asking for support to continue their work precisely so that they could make it conclusive. I don’t see anything wrong with that.”

She added that government support for Virodene researchers did not affect other key areas of AIDS/HIV research.

Zuma said both she and cabinet had been impressed with the preliminary results, and the scientists should be encouraged to do more.

— Own Correspondent

Cuba to train rural doctors

JOHANNESBURG: South Africa is to pay Cuba hundreds of thousands of rands a year to train students from disadvantaged communities as doctors, in the hope of boosting the number of doctors in the rural areas.

The first group of 10 students left for Cuba last month and will spend the eight months before the start of the Cuban academic year in September studying Spanish, Health Minister Dr Nkosazana Zuma said on her return from Cuba yesterday.

While in Cuba, Zuma signed an agreement to extend collaboration between the two countries in the field of health. In terms of this, South Africa will send students from disadvantaged communities for postgraduate studies in various health fields in Cuba every January.

According to the agreement, South Africa will compensate Cuba in hard currency—$2,000 (R9,060) per student for training in Spanish, and $5,000 (R22,650) per student per year of medical training.

In return Cuba will provide upgrading in basic science if required, appropriate accommodation and food, and the loan of textbooks.

The students will be selected by the government from all nine provinces and will be expected to return to SA to work in their respective fields.

— Own Correspondent
On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.

On her return from a visit to Cuba yesterday, Mrs. Nelson Mandela Zuma stopped for two seconds where the windows of the plane were closest to the taxiway. She was greeted by the reception at the airport and the president of the airport.
Fear lurks behind the regulations

Lesley Cowling

In 1960, a new drug meant to ease suffering sickness for pregnant women hit the market. It was called Thalidomide and it gave its name to the concept of ‘therapeutic abortions’ — in the womb. ‘Thalidomide’ pharmacological disaster still haunts the medical profession.

The strict controls for developing new drugs are a legacy of that experience. The history of rules that researchers of the compound Virodene fell foul of when they tested it on a dog, which then led to all pregnant women being warned not to take the pill ‘Virodene’ in humans. And it was the contravention of these rules that resulted in the South African National Health Council suspending the trial, despite its positive results.

Thalidomide was the watershed, say Damian Langer, medical adviser for Glaxo Wellcome pharmaceuticals.

‘Before that there were few controls through the process in other countries. Next come human trials, and it is here that regulatory bodies really get involved. ‘When you’re giving the drug to volunteers, you must be reasonably sure it’s safe’, Langer says. ‘At this stage, you want to know something about the drug, its effects, what kind of dosage you should give.’

It is tried first on healthy volunteers. And, before volunteers are enrolled, it is planned to be a small group of people suffering from the condition that the drug is thought to treat, to make sure it has an effect.

In this country, as human trials can be conducted without the go-ahead from two bodies the Medicines Control Council and an ethics committee. The council looks at the study and makes sure all the necessary preliminary work has been done. Ethics committees examine the researchers’ relationship with their human volunteers, and make sure the study design is acceptable and that the trial will work and that the consequences may be to them.

As far as trials are concerned, the drug is given to large numbers of people, and the trials are designed to show specific effects. It compares to other drugs and, especially, how it compares to placebo. Trials are usually conducted in stages, and they are often stopped early if they do not seem likely to be successful. This can be released, says Langer.

How human trials are conducted is a subject of concern under discussion by medical scientists. ‘The Pretoria scientists’ decision to ignore the regulatory process was likely to add fuel to that debate, here and internationally.'
The society — the local partner of Population Services International — applies social marketing techniques to control the spread of sexually transmitted diseases (STDs), especially HIV/AIDS, focusing on the distribution of condoms. The research sought to discover and explore attitudes to condom usage, as well as barriers to usage, and the reasons for prevailing perceptions among different target audiences. The study focused on three geographical areas where the pandemic is most prevalent: Mpumalanga, the Western Cape, and KwaZulu-Natal. The results are disturbing.

Clive Evan of Alexander Forbes explains: "Most people had heard about AIDS, but did not think it was a threat to themselves. Very few used a condom."

The study focused on an equal spread of respondents in two age groups: young adults aged 20 to 29, and teenagers between the ages of 16 and 19. These are the age groups at the highest risk, and already display the highest infection rate.

Says Evan, "The issue is that the epidemic in South Africa is explosive, one of the worst in the world, primarily because it is a social disease, like rape or crime. It is the result of a society that is dislocated. South Africa's history is AIDS conducive."

"The impact on the 25 to 30-year-old generation in economic terms is awesome. AIDS will affect the economic age group that has the most major economic implications."

Yet the pandemic has been seen as only a Department of Health problem, so the attempt to get Cabinet involved in the AIDS question through the Virodene presentation is a step in the right direction.

Gauteng Province is moving even further, planning a cross-sectoral impact analysis. Samantha Harrison from the Corporate Strategy Unit explains "The impact analysis will allow the government to plan effectively for the future, in an strategic manner. HIV will have a huge impact not only on the organisation, as an employer, but also as a service provider. It will be a catalyst to make departments think strategically as to how they can tackle this..."

But all these initiatives are a mere drop in the ocean considering the survey results. The Department of Health campaign calling for mobilisation in the new struggle against AIDS is not having the required effect.

Christo Greyling, an HIV-positive campaigner working in the Western Cape with school children, explains that while social attitudes towards AIDS vary from community to community, the common element is denial and avoidance of the realities of AIDS.

Harnessing popular media is an important means of educating people about AIDS. Yet despite the fact that the mass media provided excellent coverage on Virodene, the SABC recently refused to run an advertisement of truth commission chair Desmond Tutu promoting condom usage. The premature announcement of an AIDS cure has a dramatic and negative impact on these programmes.

Most surprising is the relative silence of labour on the issue, particularly in light of the fact that, according to Potgieter, pension funds trend towards reducing death benefits. "Their long-term benefit prospects as fund-members are being reduced in order to subordinate risk benefit costs in the short term."

"Labour leadership is also the key to successful AIDS campaigning," argues Evan. "It is such a sensitive issue that it cannot be conveyed by management. It needs the legitimate leadership of the workforce."

The Council of South African Trade Unions, apart from participating in the adoption of the Employment Code of Conduct, which has been distributed among shop stewards so that workers are aware of their rights, has not paid any attention to these issues.

A potential cure should not distract key players from the reality of AIDS. Strong political commitment and impact analysis, beyond the funding of Virodene research, are critical, as the pandemic is perhaps the single most challenging issue to face South Africa since apartheid.
Government aims to 'own' Aids drug

Greater control over Virodene is behind the premature interest of the Cabinet in the Aids drug, writes Marion Edmunds

The government is eyeing a direct financial stake in "Aids wonder drug" Virodene to guarantee it a say in its development, production and sales.

Cabinet insiders told the Mail & Guardian this week that it would be better for government to "own" the drug so it could be used cheaply and quickly in state hospitals, rather than to allow pharmaceutical companies to develop it overseas for sale at a high price. The Trade and Industry Department, which offers funding for such projects, received the Virodene dossier this week.

The government's interest in a financial stake may go some way to explain why the discovery of the compound was kept secret until the Cabinet briefing last week. The medical and scientific community have expressed outrage that ministers were briefed on the discovery before it was submitted to the science world for peer review.

When asked if government was considering signing a contract with scientists, President Nelson Mandela's spokesman Parks Mnqokhulu, said: "The government is awaiting the outcome of the investigation into procedure and ethical questions, and in the event of these being cleared up would wish to give the necessary encouragement to deserving efforts at combating HIV and Aids."

Mnkqokhulu said it was premature to speculate on what sort of conditions 'encouragement' would be given.

Numerous scientific and ethical questions about Virodene remained unanswered this week as medical researchers and analysts battled to explain Cabinet's premature interest in the drug, and the secrecy surrounding the trumpeted breakthrough by Pretoria University scientists, Professor Peter du Plessis, Olga Visser and Dr Colte Landauer.

Certaintly Health Minister Mnosazana Zuma did not consult senior officials in her department. The department's chief director of research Dr Mohammed Jeenah said he had not been consulted.

The head of the department's HIV/Sexually Transmitted Diseases Unit, Rose Smart, was only briefed on the matter this week.

Zuma has gagged her department and the Institute of Virology, and all queries have been directed to her empty office. She is currently in Cuba.

Meanwhile, the Virodene dossier has been handed to the Department of Trade and Industry, which is showing an interest in funding further research.

Alan Hirsch, the chief director of industrial and development technology strategy, said it was possible that Cryo-Preservation Technologies would apply for funding through a programme called Support for Industrial Innovation (SPII).

He said SPII released funds for product development which would benefit the nation. Under this scheme, funding is given with certain strings attached to ensure its benefits are not lost to the nation.

"It's not so much that government owns the product, but, in the case of Virodene, it would be about making it available cheaply and quickly to state hospitals," he said. "The idea is to develop the product locally. Government might support the company if the product is proved to be effective, by investing in it, probably through a government investment corporation."

Cryo-Preservation's newly-appointed American public relations officer Larry Heidebrecht said the company had not "at this time" applied for the SPII funding. He said the company had not approached the Medical Research Council for funding as the company was a "private research foundation."

He declined to comment on whether the company had signed any contract or agreement with the government.
Zuma's head on the block over Aids drug

Staff Reporters and Sapa

Opposition parties are calling for the head of Health Minister Nkosazana Zuma following the Medicine Control Council's ban on further testing of the Aids drug Virodene, which it claims is "unsafe". However, the government said it would wait for an explanation from Zuma before deciding what to do.

DP Gauteng health spokesperson Jack Bloom said the decision was a severe indictment of Zuma, who sponsored the research of Virodene and its high-profile presentation to the Cabinet.

"Zuma has now been involved in another Aids fiasco, cruelly raising the hopes of Aids victims. Her role in this matter reflects badly on her judgment and suitability to continue as minister in a sensitive portfolio," Bloom said.

The NP demanded that President Nelson Mandela fire Zuma, saying it was unacceptable that poisonous substances had been used on human guinea pigs.

"The inexcusable part of this saga around the research by the three scientists of the University of Pretoria is the special financing of the project with taxpayers' money that was voted by the ANC Government at the insistence of Zuma, without her having established what the consequences of the use of the toxic potion, Virodene P058, could be for people," NP health spokesman Willem Odendaal said.

Vincent Hlongwane, spokesman for Zuma, said the ministry would not comment until it had received the council's report. He could not say what would happen to the R3.7-million requested by the researchers, saying the decision rested with the Cabinet.

Joel Netshitenzhe, a spokesman for President Mandela, said the Cabinet would wait for further facts from Zuma before coming to a decision.

Control Council chairman Professor Peter Folb announced the moratorium on further testing of Virodene after investigations found the drug contained a toxic industrial solvent, dimethylfor-mamide, which can cause fatal liver damage and has been linked to the development of cancer.

"Aids patients may be at risk of developing some of these complications because of their disturbed immunity," Folb said.

This meant further tests and research on humans had to be put on hold until the serious and unresolved safety issues had been sorted out, he added.

The announcement fuelled the scepticism which greeted the announcement of the drug. A spokesman for the researchers said the group was meeting last night to formulate a response.
INGREDIENT LINKED TO CANCER

Ban raises scepticism about new ‘Aids drug’

JOHANNESBURG: The Medicines Control Council has ruled that the present work on Virodene cannot proceed until there is a realistic prospect of it producing a meaningful result.

Widespread scepticism of the promise, effectiveness and research into the anti-Aids drug Virodene has deepened following a ban on further research and testing imposed by the Medicines Control Council yesterday.

Council chairman Professor Peter Folb announced the moratorium after investigations found that Virodene POS8 contained a highly toxic industrial solvent, dimethylformamide (DMF), which can cause "irreversible and fatal liver damage" and has been linked to the development of cancer.

"Aids patients may be at special risk of developing some of these complications because of their disturbed immunity," Folb said in a statement.

This meant further tests and research on humans had to be put on hold until the "serious and unresolved safety issues" had been sorted out, Folb added.

The announcement fuelled the scepticism that had greeted the announcement of the drug last month.

Aids Consortium co-chairman Dr James McIntyre welcomed the council’s statement.

He said it showed the claims that Virodene could cure Aids had been irresponsible and premature and very destructive for Aids research in the country.

The news was most devastating to Aids patients whose "trust has been abused."

"In the weeks following the announcement, many Aids organisations dealt with patients who called to say they wanted the cure, they needed the cure," he said.

Medical ethics expert Dr Reuben Sher said he had felt the researchers of the drug - Professor Dirk du Plessis, Dr Kalie Landauer, Ms Olga Visser and Mr Eugene Olivier - "had acted illegally from day one."

He said he was pleased a moratorium had been placed on research until the researchers' claims had been resolved.

The spokesperson for Health Minister Dr Nkosazana Zuma, Mr Vincent Hongwane, said the ministry would not comment until it had received the council’s report.

He could not say what would happen to the R3.7-million requested by the researchers. The decision rested with the cabinet.

The spokesperson for President Nelson Mandela, Mr Joel Netshitenzhe, said the cabinet would wait for further facts from Zuma before deciding.

Democratic Party Gauteng Health spokesperson Mr Jack Bloom said the decision was a "severe indictment" of Zuma, who sponsored the research of Virodene and its high-profile presentation to the cabinet.

"Minister Zuma has now been involved in yet another Aids fiasco, cruelly raising the hopes of Aids victims. Her role in this matter reflects badly on her judgment and indeed on her suitability to continue as minister in such a highly sensitive portfolio," Bloom said.

A spokesperson for the researchers, Mr Larry Heidebrecht, said the group would meet last night to formulate a response to the council’s announcement.

According to the council’s statement yesterday, the council unanimously agreed that unfounded expectations that could not be realised should not be raised among patients before the required minimum scientific and ethical standards had been met.

"The council will work with the researchers and continue to advise them in order to achieve this."

There were serious unresolved issues about Virodene because it contained DMF. In general, solvents were highly toxic, Folb said.

The researchers had given the council their full co-operation in its review of work done on DMF so far.

"The serious and unresolved safety issues in the use of Virodene must be sorted out before any further work can be considered and before patients who previously received Virodene may be further exposed to the drug," he said.

The council's report is the latest development in the stormy tale of Virodene POS8, which began two weeks ago when Pretoria University researcher Visser and cardio-thoracic surgeons Du Plessis and Landauer asked the cabinet for R3.7m to further preliminary trials.

Their work with the formula suggested a possible breakthrough in the fight against Aids, in particular that the preparation could even pull Aids sufferers back from the brink of death, they said.

These claims have been met with scepticism by medical experts, who expressed surprise that the researchers had not subjected their results to evaluation by their peers.

Folb said it was difficult to come to meaningful conclusion from the research results that had already been obtained because of the weakness in the study design and the way results had been interpreted.

"In addition, there was agreement that there is no prospect of the new proposal for the ongoing study with Virodene to produce meaningful results as it is presently designed," Folb said.

Since the investigators and the council agree that the best interests of safety of patients with HIV infection and Aids are paramount, and that the study must meet essential standards, it was decided that the present work cannot proceed until there is a realistic prospect of it producing a meaningful result."

Own Correspondent
AIDS - 'The New Struggle'

Mandela urges global commitment to fight pandemic

PRESIDENT MANDELA URGED THIS WEEK'S WORLD ECONOMIC FORUM IN DAVOS, SWITZERLAND, TO DEVELOP A GLOBAL STRATEGY IN RESPONSE TO THE AIDS PANDEMIC. THIS IS WHAT HE TOLD THE HEADS OF STATE AND THE FINANCE MINISTERS WHO ATTENDED THE GATHERING ABOUT THE THREAT OF AIDS AND THE URGENT NEED FOR ACTION.

I feel greatly honoured to be invited to address you today on a matter that so deeply affects the whole world. Although HIV/AIDS has been with us through the 1980s and 1990s, it is a problem whose solution continues to elude us. We have made progress in understanding the epidemic, but we are still unable to contain it.

The AIDS pandemic is getting worse at a rate that makes a collective global effort imperative. When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on the adequacy of our response.

In many ways, South Africa's past – as that of most colonial societies – remains with us today, not least in the social dimensions of the unfolding AIDS epidemic.

The poor, the vulnerable, the un schooled, the socially marginalised, the women and children, those who bear the burden of colonial legacy – these are the sectors of society which bear the brunt of AIDS.

We are concerned at the discrimination and stigmatisation directed at people living with this virus and, in many instances, their families as well.

Beyond the enormous suffering of individuals and families, South Africans have begun to understand the cost in every sphere of society, observing with growing dismay its impact on the efforts of our new democracy to achieve the goals of reconstruction and development.

South Africa is confident that it is making headway in implementing its macro-economic strategy for growth, employment and redistribution. All the signs point to a sound sense of economic fundamentals, to our being on track, and a national consensus on policy that will see us reach our targets of economic growth and job creation.

Our own development takes place within, and is boosted by, the framework of increasingly integrated development across southern Africa. As our region acts to fulfil a long cherished dream of co-operation for peace and prosperity.

And yet, while South and southern Africa can take pride in these achievements, we do know that the great and urgent needs of our people would be more easily met were it not for diseases like AIDS.

It is anticipated that if current trends continue, AIDS will cost South Africa one percent of our GDP by the year 2020, and that up to three quarters of our health budget will be consumed by direct health costs relating to HIV/AIDS.

Even creative low-cost alternatives to hospital care will leave us with a significant impact on our health care budget.

Although the detailed may vary from country to country and from region to region, the experience is one we share with the world.

No country can avoid this disease. The challenge is to seek ways to minimise its effects, to prepare for its impact and to cooperate for long-term solutions.

How will we address child mortality rates which are set to increase threefold in Africa?

With 6,000 new infections occurring every day throughout the world, with 22 million men, women and children infected with six million people estimated to have died, and with 11 million children under the age of 15 having lost their mothers to AIDS, there can be no doubt that humanity faces a major challenge.

The severity of the economic impact of the disease is directly related to the fact that most infected persons are in the peak productive and reproductive age groups.

AIDS kills those on whom society relies to grow the crops, to work in the mines and factories, to run the schools and hospitals and govern nations and countries, thus increasing the number of dependent people.

It creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children.

The epidemic is fuelled by other evils which affect our world – open conflict and low-intensity wars – and on population movements and social dislocation which promote the spread of infection.

With cruel irony, even our achievements in improving communication networks and transportation systems, and the building of regional economic blocs, influence the attitudes and behaviour patterns of people in ways that sometimes accelerate the spread of the disease.

These are well-known facts. If we recall them now, it is to underline the scale and the multifaceted nature of the problem. The health sector cannot meet this challenge on its own. Nor can government alone.

All sectors and all spheres of society have to be involved as equal partners. We have to join hands to develop programmes and share information and research that will halt the spread of this disease and help develop support networks for those who are affected.

By 1984, the global community had recognised the need for a multi-sectoral response and had endorsed a structure to support such an expanded response by all countries.

The Joint United Nations Programmes, UNAIDS, recognises that, in the longer term, it will be community development, employment and wealth creation, literacy programmes, promotion of equality between men and women and the protection of human rights which will address the underlying conditions and the consequences.

In general, the responses by individual countries to date has fallen short of what is needed.

In some cases, political commitment has been lacking, in others, resources have been limited. Frequently, essential services are non-existent.

Conscious of our own need to put the effort to combat AIDS on a higher plane, South Africa’s National AIDS Programme has made the call for “A New Struggle”.

The vision which fuelled our struggle for freedom, the deployment of energies and resources, the unity and commitment to common goals – all these are needed if we are to bring AIDS under control.

South Africans achieved victory in their struggle for freedom, thanks to the solidarity of the international community and its commitment to justice.

As the freedom of each nation is interdependent with that of others, so too, is the health and well-being of their peoples. This is more true here in the case of AIDS.

The challenge of AIDS can be overcome if we work together as a global community. Let us join hands in a caring partnership for health and prosperity as we enter the new millennium.
Zuma slated over AIDS drug 'fiasco'

NP wants her fired

HEALTH REPORTER

Politicians have criticised Health Minister Nkosazana Zuma for her role in promoting the new AIDS drug, Virodene, after the Medicines Control Council banned further research on it.

The Democratic Party spokesman on health, Jack Bloom, said the ban was a severe indictment of Dr Zuma. "Minister Zuma has now been involved in another AIDS fiasco, cruelly raising the hopes of AIDS victims. "Her role in this matter reflects badly on her judgment and indeed on her suitability to continue as minister in such a highly sensitive portfolio," Mr Bloom said.

National Party members have called on President Mandela to fire Dr Zuma for the "irresponsible" way she has handled issues surrounding the Virodene drug.

NP health spokesman Willem Oordenthal welcomed the Medicines Control Council ban, saying it was unacceptable that substances causing such damage were being tested on "human guinea-pigs".

"The question is now how long Dr Zuma will still be allowed by Mr Mandela to evade any accountability and liability, and whether he will, once again, excuse his minister of health's irresponsibility."

The Medicines Control Council has banned further research on Virodene POS after finding it contains a highly toxic industrial waste solvent, dimethylformamide (DMF), which can cause "irreversible and fatal liver damage" and lead to cancer.

The Medicines Control Council yesterday released its report on Virodene, and has ruled that further tests of the drug are put on hold until serious and unresolved safety issues have been sorted out.

The council reported that there were serious unresolved toxicity issues surrounding Virodene.

Pretoria researchers Dirk du Plessis, Kalie Landauer, Olga Visser and Eugene Olivier last month asked for R3.7-million from the Cabinet for further research into Virodene after preliminary results were promising, with Dr Zuma's support.

At a meeting between the researchers and the Medicines Control Council it was agreed that there were problems in reaching a conclusion from preliminary results, because of weaknesses in the study design.

There were also problems in the way the results had been interpreted.
Council bars testing of ‘toxic’ Virodene

THE Medicines Control Council had prohibited further research on controversial AIDS drug Virodene until serious issues regarding the drug’s safety and study design had been resolved, council chairman Prof Peter Folb said yesterday.

The council had found Virodene to contain dimethyformamide, a highly toxic industrial solvent which could cause irreparable and fatal liver damage, as well as possible cancer. AIDS patients in particular could be at risk of developing these complications because of their disturbed immunity.

The council had also established that there had been a weakness in the study design used to research the drug, meaning there was no prospect of producing meaningful conclusions in the study as it was currently designed.

Folb’s announcement came a day after Health Minister Nkosazana Zuma confirmed that she had encouraged the four Pretoria scientists who patented the drug to present their findings to the cabinet last month, with a request for state funding of R3.7m to continue their research. The cabinet had indicated that it would look favourably at the request.

The scientists hailed Virodene as a potential miracle drug capable of halting the development of full-blown AIDS in HIV-positive patients at an extremely affordable cost.

Established AIDS research organisations were sceptical of Virodene’s performance because the findings had not been independently tested. The scientists did not register the drug or obtain permission to test it on humans.

Health spokesman Vincent Hlongwane said Zuma would not comment until she seen the council’s report.

Folb said the scientists had cooperated with the council and had agreed there could have been defects in the study design.

The Democratic Party accused Zuma of “yet another AIDS fiasco”, saying the council’s rejection of Virodene was a “bad reflection” on her judgment and her suitability as health minister.
Zuma stands by ‘paraffina’ drug research

Tim Cohen

CAPE TOWN — Health Minister Nkosazana Zuma voiced support for research on AIDS drug Virodene yesterday despite the fact that it contained a toxic industrial solvent, prompting suggestions that a “paraffina” debacle was imminent.

She told reporters she would still support research on the drug, likely to cost R3.7m, if problems with setting up a testing protocol could be resolved.

The problems arose when the Medicines Control Council decided to prohibit further research on Virodene until serious defects in the design of the testing programme had been resolved.

The decision followed its finding that Virodene contained a highly toxic industrial solvent which could cause fatal liver damage and cancer.

Zuma said it was estimated that 500 or more people a day would die of AIDS in SA in fewer than 10 years, so “any glimmer of hope to get treatment should be encouraged by all of us.” Every drug had side effects that had to be weighed against its benefits, she said.

Asked whether she ought to have established the credibility of the claims made by the Pretoria scientists who patented the drug before presenting their findings to Cabinet, Zuma said this was not her responsibility.

The scientists were “sincere and dedicated to finding an affordable treatment that will improve the quality of life and even prolong the lives of HIV-infected people. We have a duty to continue research in this area until we find appropriate treatment.”

She released a copy of a letter from the council in which it committed itself to working with the ministry and the scientists so research could continue.

DP health spokesman Mike Ellis said the desire to find a cure for AIDS was no excuse for the highly irregular way in which the matter was handled.

Sapa reports that NP leader FW de Klerk and Zuma could not abdicate responsibility for ethical issues.

Earlier, NP health spokesman Willem Odendaal said she should be sacked for the way she handled the issue. Zuma said she would not resign.

Deborah Fine reports that the

Continued on Page 2

Zuma

Continued from Page 1

four Pretoria researchers had agreed to follow council recommendations on reformulating their studies.

Larry Heidbrecht, spokesman for Cryo Preservation Technologies, which patented Virodene, said the research-ers were “working very closely with the council to restructure the proposed Virodene P036 study in a way and scale that will be internationally acceptable.”

Council chairman Peter Polka said on Wednesday that the body’s findings meant the researchers would have to go “back to the drawing board.”

Comment: Page 11
Zuma still backs Aids drug team

JOHANNESBURG: The Virodene research team still has the support of embattled Health Minister Dr Nkosazana Zuma, who reaffirmed yesterday that 'any glimmer of hope' to find a treatment for AIDS should be encouraged.

Speaking at a Cape Town press conference, Zuma rejected a National Party call for her sacking and said that unless a treatment was found in less than 10 years, 500 or more people would die daily from AIDS in South Africa.

The researchers warned yesterday that patients should not raise their hopes about the drug until scientific standards had been met.

Medicines Control Council (MCC) chairman Professor Peter Folb has pledged the body's support to the researchers, and has told the minister the MCC had been 'impressed with their dedication and willingness to co-operate'.

Yesterday Mr Larry Heidebrecht, spokesman for the Pretoria researchers, said they were following the MCC recommendations.

"They are working closely with the MCC to restructure the proposed Virodene POS8 study to a scientific level and scale that will be internationally acceptable, but no patient's hopes should be unrealistically raised before this has been achieved," he said.

Folb announced a ban on any further testing on Wednesday, after it was found that Virodene contained a highly toxic industrial solvent, dimethylformamide.

He said unresolved safety issues had to be sorted out before research could continue.

Zuma said every drug had side effects which had to be weighed against its benefits. "If the benefits far outweigh them, you use the drug," she said.

"But of course it's a concern, and it's a concern that can only be clamped once appropriate research has been done."

She released a copy of a letter to her from Folb confirming an MCC commitment to work with the ministry and the researchers to enable the research to continue.

Own Correspondent
Zuma reaffirms support for Aids drug research

Minister of health rejects call to quit, saying any glimmer of hope to find a treatment should be encouraged

BY JANINE SIMON AND SAPA

The Virodene research team still has the support of embattled Health Minister Dr Nkosazana Zuma, who reaffirmed yesterday that "any glimmer of hope" to find a treatment for Aids should be encouraged.

Speaking at a Cape Town press conference, Zuma rejected a National Party call for her sacking and said that unless a treatment was found in less than 10 years, 500 or more people would die daily from Aids in South Africa.

The researchers said yesterday that patients should not raise their hopes about the drug until scientific standards had been met.

Medicines Control Council (MCC) chairman Professor Peter Folb pledged the body's support to the researchers, and has told the minister that the MCC had been "impressed with their dedication and willingness to co-operate."

In a brief statement yesterday, Larry Heidebrecht, spokesman for the Pretoria researchers, said they were following the recommendations made by the MCC.

"They are working with the MCC in order to restructure the proposed Virodene POS study to a scientific level and scale that will be internationally acceptable, but no patient's hopes should be unrealistically raised before this has been achieved," he said.

Folb announced a ban on any further testing on Wednesday, after it was found that Virodene contained a highly toxic industrial solvent, dimethylformamide.

He said unresolved safety issues had to be sorted out before research could continue.

Zuma said every drug had side effects which had to be weighed against its benefits. "If the benefits far outweigh them, you use the drug," she said.

She released a copy of a letter to her from Folb confirming an MCC commitment to work with the ministry and the researchers to enable the research to continue.

"We should not lose sight of what they are trying to do. We should give them support ..."

National Party leader FW de Klerk said Zuma could not avoid responsibility for ethical issues surrounding the drug.

Earlier, NP health spokesman Dr Willem Odendaal said Zuma should be sacked for her handling of the issue.
Prominent AIDS activist held during Zuma protest

The activists say that Dr Zuma should have resigned after the Sarafina 2 debacle and that she had now not only misled the South African public once again, but also betrayed two million people who were living with HIV into believing that there was a miracle cure for AIDS.

It has been revealed that the drug Virodene POS8 contains the component dimethylformamide (DMF) which can cause irreversible liver damage and has been linked to the development of cancer.

The activists urged President Mandela to appoint a competent and credible Minister of Health and to fire Dr Zuma from her post if she refused to resign.

More reports, pictures on pages 3, 12 and 20
Zuma stands by decision to back AIDS 'cure' team

BY CYRIL MADLALA

THE Minister of Health, Dr Nkosazana Zuma, has defended her decision to support research into the anti-AIDS drug Virodine.

The Medicines Control Council this week placed a moratorium on further research and testing after investigations found that the drug contained a highly toxic industrial solvent, dimethylformamide.

The solvent has been linked to the development of cancer and can also cause irreversible and fatal liver damage.

Zuma is under fire for supporting Virodine's researchers, Professor Dirk van Heerden, Dr Kelvin Landauer, Olga Visscher and Eugene Oliver, whose announcement of the drug last month was greeted sceptically in medical circles because it had not been properly evaluated.

Zuma said that when the group first approached her six months before the announcement was made, to say that they were researching the drug, she had encouraged them.

"Later, when they came to say they needed funds to continue with their work, I decided that instead of motivating their case in cabinet, they themselves should present their findings to the cabinet.

They asked the cabinet for R37-million to further preliminary trials..."

Zuma said, "What should I have done? Many people come to me to present research and I always encourage them..."

She added that if she had dismissed the researchers and it turned out that their claims had been valid, the same people calling for her resignation now would be blaming her.

Zuma emphasised that at no stage during her interaction with the group had it been suggested that a cure had been found.

"We have a duty to our country, our people and mankind in general to continue research in this area until we find the appropriate treatment," she said.
COORDINATIONAL DEVELOPMENT

THE MINISTER OF PROVINCIAL AFFAIRS

The number of government school places

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.

The number of government school places.
Hendrik Nel: “If you don't want to take a chance you will not know” PHOTO BOOGIE DAVIES

Aids agony over drug clampdown

The medicines control bureaucracy is being accused of denying patients a chance to save their lives.

Jim Day reports

THERE are people with AIDS in South Africa who want to take Virodene now — and they want no part of what they see as the bureaucratic meddling by the Medicines Control Council.

Patients interviewed this week condemned the council’s ban of the drug, and said its insistence on following procedures is denying them the chance to try a drug which could save their lives.

The council halted testing of the drug after concerns at the scientific community about possible side-effects and about the way its makers handled both research into the drug and its introduction to the world at large.

“We’re dying anyway, so why not give us the bloody Virodene?” asked one HIV patient at the Sparrow Nest Home for People with AIDS. “We pray and pray and pray for a cure, then something comes along, and people jump all over the researchers.”

The council is examining the research programme followed by the University of Pretoria scientists who patented the drug, as well as ethical and legal questions that have been raised in connection with the research.

“There is no one in the world who knows if it can offer even a glimmer of hope,” said council head Peter Fob. “No patient is going to be exposed to this chemical until we know if it could be acceptable.”

Research results at this stage have given no indication that Virodene has any effect on the virus that causes Aids, he said. “We are not in a position to even suggest it is effective,” he said, adding that the researchers’ claims to the contrary amounts to “misrepresentation of the patients.”

But one of the original participants in early trials of Virodene, who asked to be identified only as Mike, accused the council of “making a mountain out of a molehill.”

The drug was working for him, he said. When his bi-weekly dosages were stopped two weeks ago, following the council’s ban, his mouth ulcers came back and he started feeling weaker. “I am not feeling as well now as I was two weeks ago. I am a bit worried,” he said. Mike, like other people with Aids interviewed this week, said he doesn’t care about possible side-effects, or that the active ingred- ient is an industrial solvent, or that it could cause liver damage. He doesn’t care where the test results were first published, whether it was in scientific journals or the media.

He and others believe the researchers are on to an affordable, effective AIDS remedy. “They don’t want access to it two years from now after all sorts of tests have been done; they want it now.”

Five patients at Sparrow Nest have signed a statement that they would not hold the researchers — Olga Vasser, Dr Callie Lam- gautier and Professor Delfi Sha — responsible for any negative effects caused by Virodene. They have asked to be admitted to Virodene trials unmedi- cated.

Larry Hendebrecht, representa- tive of the Virodene researchers, said requests from would-be volunteers have been coming in from around the world. The researchers are drawing up a waiting list.

Aids care-givers, working in hospices and other programmes, admit they are advising patients to put their names on the list. They predict the researchers will be swamped as soon as they get the green light to resume drug trials.

The council halted testing because procedures followed by the researchers were “entirely unac- ceptable,” Fob said. Research will not resume until proper guidelines are implemented.

These guidelines are being developed by a committee from the University of Pretoria and the Gauteng Health Department. A final report is due out in two weeks Committee members would not say when Virodene research could begin again, but said it could be shortly after the council receives the committee report.

Hendebrecht said he hopes that research will include testing on human subjects, but Fob said he now the researchers will “have to go back to square one.”

Funding for further research is still up in the air, though Hendebrecht said the researchers were still hoping to receive government funding. Alan Hersch, chief direc- tor of industrial and development technology in the Department of Trade and Industry, said government funding was still under consideration.

The controversy over Virodene started when the researchers went before the Cabinet to ask for R3.7-million to continue their research. Their presentation, arranged by Health Minister Rugman Zuma, shocked the scientific and research community.

People with Aids and care-givers, however, do not see it in such black and white terms. They see her as someone who cut through cumbersome procedures to get Virodene on to the market quickly and cheaply. Current cut- through-edge treatment for Aids is pro-

unethically expensive.

Like most people with Aids, Gert Tönnis cannot afford the expensive medications. Emaciated and ill, his immune system all but shut down, he lives at St Christo- pher’s Home for People Living with Aids. He says all he wants to know about the Virodene researchers is: “Can they help me? Can they help other people?” It’s a risk you’ve got to take. You’ve got to try.”

Hendrik Nel, who also has Aids, agrees. He has not formally applied to be admitted into the research programme, but given the opportunity, he would use Virodene. “If you don’t want to take a chance you will not know. Give these guys a chance, at least, they are doing something.”
Zuma gives personal backing to Virodene users

By JENNY VIALL

People who had taken the new Aids drug Virodene and felt better should be allowed to continue taking it if they wished, Health Minister Nkosazana Zuma said yesterday.

Speaking at a parliamentary briefing, Zuma said this was her personal view.

"I don't want to overrule the Medicines Control Council, but if you had a terminal illness and were given something that made you feel better clinically, and tests showed you were better, I have no right to deny them what made them feel better."

She was pleased the MCC had not stopped research into Virodene, an experimental drug used to treat people with Aids.

"I think it's research worth funding. If we have 2 million poor people infected with HIV, to say we must not research to give some relief to people would be negligent on my part. Research must continue so that we can know one way or another."

Zuma outlined her department's programme for the year, which included building 272 clinics, delivering 151 mobile clinics and upgrading 326 others.

Repairs

She said 186 clinics had already been completed, and 173 mobile clinics had been delivered and 100 upgraded since April 1994. Eight new hospitals would be built this year and 217 upgraded. An audit had found 10% of hospitals needed serious repairs and 17 others needed almost total replacement.

To increase access to health care in underserved areas, 350 doctors would be recruited this year. This included 270 doctors from Cuba, 50 from the European Union and 30 UN volunteers.

Zuma said there were 473 vacancies for doctors in the nine provinces which needed to be filled urgently. An essential-drugs list for secondary and tertiary hospitals would be introduced this year as part of the drive to reduce the cost of medicines.

Legislation would also be introduced to control unethical marketing practices and the prescription of costly drugs. Regulations on dispensing would be introduced to license doctors where there was a need.

The results of the University of Pretoria's probe into the methods used by three researchers who developed the Aids drug Virodene P058 will probably be announced in about a week, Sapa reports.

University spokesman Mike Smuts said yesterday a joint committee that conducted the investigation had handed its preliminary findings to university management on Monday.

DR ZUMA: Outlined her department's programme.
Zuma supports those who want new AIDS drug

‘...no right to deny them’

JENNY VALL
Staff Reporter

People who had taken Virodene and felt better should be allowed to continue taking it if they wished, said Health Minister Nkosazana Zuma.

Dr Zuma, speaking at a parliamentary briefing, said this was her personal view and not her view as minister and it would have to be debated.

“I don’t want to overrule the Medicines Control Council, but if you had a terminal illness and were given something that made you feel better clinically, and tests showed you were better, I have no right to deny them what made them feel better.”

She said she was pleased the Medicines Control Council had not stopped research into Virodene, an experimental drug used to treat people with AIDS. “I think it’s research worth funding if we have two million poor people infected with HIV, to say we must not do research to give some relief to people would be negligent on my part.”

Dr Zuma also outlined her department’s programme for the year which included completing 272 clinics, delivering 151 mobile clinics and upgrading 526 others. She said 186 clinics had already been completed, 173 mobiles had been delivered and 100 upgraded since April 1994.

She said building on eight new hospitals would begin this year and 217 had been earmarked for upgrading. A hospital audit had identified that 10 percent of hospitals need serious repairs and 17 others needed almost total replacement.

In a bid to increase access to health care in under-served areas, 350 doctors would be recruited this year. This included 270 doctors from Cuba, 56 doctors from the European Union and 30 United Nations volunteers. Dr Zuma said there were 473 vacancies which needed to be filled urgently in the nine provinces.

An essential drugs list for secondary and tertiary hospitals would be introduced this year as part of the drive to reduce the cost of medicines.

Legislation also would be introduced to control unethical marketing practices and the prescription of costly drugs. Regulations on dispensing would be introduced to licensed doctors where there was a need.

Dr Zuma said nutritional programmes would move away from feeding schemes and look at food security, which included other departments like agriculture, land, water, education and welfare.

Her department would also introduce measures to reduce theft of supplies and equipment.
STDs, Aids spreading despite condoms

By Dan Fuphe

The spread of sexually transmitted diseases such as syphilis and gonorrhoea remains a public health problem for the youth of Daveyton despite the availability of free condoms. Sister Doris Mashele of the local clinic said at the weekend.

Mashele was speaking at the National Condoms Week and Aids seminar held at the Indingo Technical College on Friday.

She said there was a false belief among both young and adult males that STDs only affected girls and women who slept around a lot.

"Diseases such as gonorrhoea and others continued unabated despite the use of antibiotics," Mashele said.

She attributed the high increase of sexually transmitted diseases among the youth to the fact that STDs at times failed to produce symptoms.

"Some of the early symptoms of these diseases could be warts around the girl's vagina or on the penis of a male sufferer."

"Because of their biological nature women tend to have hidden symptoms of the various STDs. These can be anything from a foul and discoloured discharge to internal sores," she warned.

Dr Gloria Malope cautioned that people who were infected with STDs easily became victims of Aids as their resistance against the Aids virus was greatly reduced.
New drug in HIV fight

Researchers at Stellenbosch University claim they have discovered affordable, non-toxic medicine which helps the body to combat the HIV virus more effectively.

While the medicine does not destroy the virus or cure AIDS, it stimulates the immune system and stabilises the T-cells (immunity cells) of patients, helping them to fight the virus. The Medical Control Board approved all trials of the new drug.

The discovery comes only two weeks after the board banned further research on the controversial AIDS drug Virodene, which was discovered by Pretoria researchers.

Researchers - Staff Reporter
Firms face HIV-Aids costs

EMPLOYERS should prepare for a dramatic increase in the cost of their employee benefit arrangements as the incidence of AIDS and HIV in the workplace increases, an insurance official said this week.

Old Mutual employee benefits consultant Steve van Wyk said the Actuarial Society of South Africa estimated AIDS deaths per 1,000 to rise from around 2.2 in 1996 to 18.3 by 2005.

"These figures are supported by department of health statistics based on women attending antenatal clinics and Old Mutual experiences in South Africa, Malawi and Zimbabwe," Van Wyk said in a statement.

He said the current cost of death and disability benefits was expected to rise by between three and five times by 2005.

"The increased cost of these risk benefits, together with the impact of the virus on medical schemes, means that sponsoring companies can expect the potential cost of their employee arrangements to rise from 18 to 30 percent of the payroll," he said. - Sapa
HIV drug claim by Cape university

Researchers from the University of Stellenbosch's faculty of medicine claim they have discovered an affordable, non-toxic medicine which helps the body to combat HIV more effectively.

While the remedy does not destroy the virus or cure AIDS, it stimulates the immune system and stabilises the T-cells (immunity cells) of patients, helping them to fight the virus. In some cases, an increase in cells was reported.

The discovery comes only two weeks after the Medicines Control Council banned further research on the controversial AIDS drug Virodene because it contained a highly toxic component.

Patrick Bouic of the microbiology department at Stellenbosch University said all trials had been approved by the Medicines Control Council.

The medicine had been tested on 300 HIV-positive volunteers since 1993 and no side-effects had been experienced.

Bouic said, in spite of initial scepticism surrounding the project, expectations in medical circles about the efficacy of the remedy were high.
Violation of the Constitution

HIV testing by employers
Drug to boost HIV fight claimed

JACKIE CAMERON

An affordable, non-toxic drug that boosts the body's immune system and helps it to combat HIV more effectively has been developed, Stellenbosch University researchers claimed yesterday.

The drug is based on extracts from the African Potato, or hypoxis plant.

The researchers claimed successful results had been achieved after cancer and tuberculosis patients used the drug, which was developed by the departments of medical microbiology and pharmacology of the university's faculty of medicine.

During clinical trials, patients reported weight gain and a reduction in infection, the university said yesterday.

"No side-effects to the treatment were experienced," Professor Patrick Bouc, an immunologist on the research team, said.

The remedy had been tested in clinical trials since 1993.

While it did not destroy the virus or cure patients of AIDS, it stimulated the immune system to such an extent that the virus was combated more effectively.

"During clinical trials, the remedy stabilised the T-cells (immunity cells) of patients markedly," he said.

"In certain instances, it even caused a significant increase in the cells."

The remedy is administered as capsules, taken three times a day, and costs about R1.76 a day.

The department's research has been funded by a family-owned South African pharmaceutical company, which recently acquired the worldwide patent for the remedy.

The founder of the company, Mr R Liebenberg, a former Matte, said his company was doing everything possible to keep the price of the capsules as low as possible.
School canvassing parents
can’t turn away HIV pupil

BY LEE-ANN ALFREDS

A school governing body, which this week convened a meeting to discuss whether to admit children who are HIV positive, yesterday defended its action, saying it only wanted to gauge parents' feelings.

The meeting came to the attention of The Star after a parent informed the paper that parents of a Grade 1 pupil had been asked to "vote" on whether they wanted an 8-year-old boy who is HIV positive to be admitted to Melpark Primary School in Melville.

However, even if the parents were to decide not to admit children with HIV, it is unlikely they will be able to act on their decision because, in terms of the new South African Schools Act, they are not allowed to discriminate against any pupil.

Governing body chairman Lauren Badenhorst said the boy’s name had not been mentioned at the meeting.

He said the meeting had been called because they had had several applications from parents whose children were HIV positive.

Badenhorst said the governing body had met with the parents of Grade 1 children only because "90% of our enrolment is normally for Grade 1."

He said the meeting had been convened on the advice of an Education Department official. The official had also faxed a report of the meeting.

When asked what the governing body would do if the parents did not want children with HIV to be admitted, Badenhorst said they would "need to establish all the ramifications" before making a decision.

AIDS organisations reacted with horror on hearing about the meeting yesterday.

"I think it's absurd. It's complete panic - it's absolutely unnecessary. It shows complete ignorance of HIV transmission and the risk of infection," Aids Consortium co-chairman Dr James McIntyre said.

Acting project head for the Aids Law Project, Mark Heywood, said it would be "totally unlawful" to turn away a child who had HIV. "It's a clear case of unfair discrimination," he said.

According to Heywood, the risk of transmission of HIV between pupils was "almost non-existent."

"In terms of casual contact on a day-to-day basis, like sharing cups or pens, there's no risk. For HIV to pass from one person to another, you have to have two people with open wounds. Even if the child had a cut, it's by no means automatic that HIV transmission takes place. It has to be a flowing and open wound, and even then it's difficult," Heywood said.

He said a school would not need to make any special arrangements or incur any additional expenses if it had pupils with HIV.

"The only difference between him and the other children is that there is a fairly strong possibility that he will become ill and die. When that happens, however, is anybody's guess," said Heywood.

Human Rights Commission spokesman John Moseloya said discrimination because of HIV was a " prima facie human rights violation."

Education Department spokesman Aubrey Matshiqi was amazed that an Education Department official had advised Melpark Primary School to convene the meeting.

He said there was nothing wrong with the school wanting to gauge the feeling of parents, but that they would not be allowed to discriminate against any pupil.
Death, disability benefit costs to soar

Samantha Sharpe

CAPE TOWN — Employee death and disability benefits could cost three to five times more than current prices by 2005 as AIDS and HIV spread, Old Mutual employee benefits senior consultant Steve van Wyk warned.

He said the increased cost of risk benefits and effect of the virus on medical aid schemes meant sponsoring companies could expect the potential cost of benefit arrangements to rise from 18% to 30% of payroll.

"This would be worsened by pensioner members of defined benefit funds, which had been closed to new members because of new arrangements," Old Mutual employee benefits senior consultant Don Glenster said.

A solution would be for the defined benefit arrangements to be outsourced to pensioner responsibilities by buying a "with-profit pension".

"The fund's liability in respect of pensioners is capped, a surplus can be released, and investment strategy can focus on active members.

"Mortality losses are for the account of the assurer and trustees are no longer faced with the dilemma of how much to grant in the way of increased pensions each year," Glenster said.

"The potential of the fund to benefit from mortality profits falls away and, because the assets for pensioners would have been transferred to the insurer, superior investment yields, which may be achieved on pensioner assets, would not benefit the fund or the sponsor."
OWN CORRESPONDENT

JOHANNESBURG: A school governing body that held a meeting to discuss whether to admit HIV-positive children said yesterday they had only wanted to gauge parents' feelings.

A parent said that Grade 1 parents had been asked on Wednesday night to vote on whether they wanted an eight-year-old boy with HIV to be admitted to Melpark Primary School in Melville.

But even if the parents were to decide not to admit children with HIV, it is unlikely they would be able to act on their decision as discrimination against any pupil is prohibited under the new South African Schools Act.

The governing body chairman, Mr Laurie Badenhorst, said the boy's name had not been mentioned at the meeting.

The meeting had been called because they had had several applications from parents whose children were HIV-positive.

Badenhorst said the governing body had also only met the parents of Grade 1 children because “90% of our enrolment is normally for Grade 1 and because we've had applications from people who wanted to enrol their children in Grade 1.”

The meeting had been convened on the advice of an education department official.

Aids organisations reacted with horror on hearing about the meeting.

“I think it is absurd,” Aids Consortium co-chairman Dr James McIntyre said. “It's complete panic. It's absolutely unnecessary. It shows complete ignorance of HIV transmission and the risk of infection.”

The acting project head for the Aids Law Project, Mr Mark Haywood, said it would be “totally unlawful” to turn away a child who had HIV.

He said the risk of transmission of HIV between pupils was almost non-existent. “In casual contact on a day-to-day basis, like sharing cups or pens, there's no risk. For HIV to pass from one person to another, you have to have two people with open wounds.”

Even if the child had a cut, it was by no means automatic that HIV transmission would place. It had to be a flowing and open wound, and even then, it was difficult, Haywood said.

A school would also not need to make any special arrangements or incur any additional expenses if they had pupils with HIV.

“An HIV child has to be looked at like any other little child. For as long as he's healthy, he needs no special accommodation. The only difference between him and the other children is that there is a fairly strong possibility that he will become ill and die. When that happens, however, is anybody's guess.”

Human Rights Commission spokesman Mr John Mojapelo said discrimination because of HIV was a human rights violation.

Education department spokesman Mr Aubrey Matshiqi was amazed that an education department official had advised Melpark to convene the meeting.

He said there was nothing wrong with the school wanting to gauge the feeling of parents, but they would not be allowed to discriminate against any pupil.
HIV has infected 10% of young people in Gauteng, health official warns
Uproar at school over Aids boy’s enrolment

Experts say thousands may be unknowingly HIV-positive; guidelines must be set for dealing with risk of transmission, however low

BY JANINE SIMON
Medical Correspondent

Aids workers have challenged Johannesburg’s Melpark Primary School to help parents, teachers and pupils to learn more about the disease. They slammed the response to an application by 8-year-old Nikos Johnson, who has Aids, to enter Grade 1 at the Melville school as “hysterical and discriminatory”, saying the boy would pose a minimal health risk to other pupils.

Ironically, Nikos is more at risk from dying from diseases he may pick up from other children in the classroom because his immune system is compromised.

But he has found himself facing a stigma so intense that it still keeps many adult South Africans living with HIV/Aids silent about their condition.

The future began when the school’s governing body met parents last week to discuss their feelings over admitting a child with Aids. Parents were divided and the school’s governing body has still to reach a decision, although, legally, he cannot be turned away.

The National Association of People Living with HIV and Aids (Napwa) and Dr Glenda Gray, co-director of Baragwanath Hospital’s Perinatal HIV Research Unit, said yesterday the school needed to set clear guidelines for dealing with the risk of infection because many children may be HIV positive without knowing their status, or have chosen not to reveal it.

All schools should be implementing universal precautions when handling waste products and blood. These include using household bleach to douse a blood spill as this kills HIV, educating children about how to deal with incidents such as a nosebleed, stockpiling the first-aid box with gloves, and issuing playground duty teachers with gloves to deal with possible injuries.

However, Gray said, there had never been a case reported anywhere in the world of child-to-child transmission, “not even by biting, or by contact as close as two hands touching, one negative one positive, sharing toothbrushes”.

There would have to be a “huge blood spill” and open wounds for transmission to occur.

Napwa executive member Peter Busse said the reaction was “discrimination in the worst possible form” and would not have happened if Aids had been seen as just another illness.

He said Melpark Primary should not act rationally, but invite organisations such as Napwa to address it. “The issue here is not the risk if a child bleeds, but all the associations of HIV as bad.

“The implication is that if you don’t want the child at school, you don’t want the adult at work, but there are two million people living with HIV in South Africa, and they can’t all be excluded from society.”

Demand for care ‘to peak within 3-5 years’

BY JANINE SIMON
Medical Correspondent

The demand for health care for people with Aids is expected to peak within three to five years, says Dr Liz Floyd, Gauteng’s director for Aids and communicable diseases.

Floyd was speaking at a weekend conference aimed at setting up a network of services based on the province’s new Aids care policy document ahead of the expected peak.

The move is long overdue, because hospital capacity was limited, the welfare grant system was in chaos, and existing services were too fragmented to offer a continuum of counselling, medical, legal and nursing care, said Peter Busse, executive member of the National Association of People with HIV and Aids.

According to Floyd, more than one in 10 sexually active people in Gauteng are infected and most of these people will become all within the next five to 10 years.

The province also had a “dumping” problem as people dodged Aids care and referred all patients to the “experts”, she said.

Implementing a basic mix of services was the last step in a policy development programme which had taken about 18 months to complete, Floyd said.

The process had started by identifying the needs of people with Aids, and had drawn on international research, and local expertise and experience.

The province, which had never had a comprehensive Aids policy, now had a document which promised home-based care and urged all district-level agencies.

It covered counselling, health care, and community care and support, and some of its guidelines, such as treatment protocols for paediatric, tuberculosis and sexually transmitted diseases cases, were already widely available, Floyd said.

Implementation required developing positive attitudes to Aids care and patient-friendly services, and significant NGO capacity, and significant social welfare support, she said.
Zuma fails to seek sanction for costs of play

Wyndham Hartley and Tim Cohen

HEALTH Minister Nkosazana Zuma has failed to seek Parliament to sanction the “unauthorised” expenditure of about R10m on the failed AIDS play Sarafina 2.

During a question and answer session on the adjustment estimates in the national assembly on Friday, Zuma was asked where provision was made for Sarafina 2 in the extra money required by the health department.

She told opposition MPs they could not find the Sarafina 2 money because “it is not there”.

She said she would be prepared only to answer questions on where the money was coming from when it was in a budget item before the house.

Last year Zuma took about R14m from European Union funding to pay for the AIDS play in a resulting furore

Continued on Page 2

Zuma

Continued from Page 1

the money was returned to the EU budget and Zuma said she would apply to Parliament to have the expenditure approved as “unauthorised”.

Normally unauthorised expenditure covers unforeseen expenses by a department, such as drought relief, which the minister will then ask Parliament to sanction. This is normally done in the financial year it occurred.

NP health spokesman Willem Odendaal and DP health spokesman Mike Ellis both expressed surprise yesterday at Zuma’s attitude. Odendaal said although Zuma’s decision was not procedurally irregular, she was clearly making every effort to avoid discussing Sarafina 2. He expected the expenditure to appear in the main budget.

Ellis alleged that Zuma’s determination not to be “frank and forthright” meant the episode would continue to hang over her head. He was waiting for the report of the auditor-general on the Sarafina 2 incident.
No policy on Aids in SA schools

Nkosi Johnson’s case has caught local education officials unawares

The plight of an eight-year-old boy who wants to go to school but cannot because he has Aids, has highlighted the lack of policy in the education of HIV-positive children.

Red-faced education officials in Gauteng were forced to admit last week that they had no policy about how to deal with Aids in schools after the controversy caused by Nkosi Johnson’s application to be admitted to the Melpark Primary School in Melville.

Although guidelines were still being drawn up, the Gauteng education department indicated yesterday that a decision on Johnson’s fate could be expected by tomorrow.

An application by Ms Gail Johnson, Nkosi’s foster mother, for him to be admitted to Melpark Primary sparked off panic among parents and caught education bosses unawares.

Parents at the school took a vote on the issue but this ended in deadlock.

They then turned to the GED for guidance, only to be told that guidelines on how to deal with Aids in schools were still being drawn up.

“With the spirit of the Act (Schools Act) it is quite clear no child can be barred from a school but where there may be an exclusion, such as a child who is a convicted murderer or one who has Aids, it is not specified,” a spokesman for Education Minister Professor Sibusiso Bengu said.

Gauteng education MEC Ms Mary Metcalfe said yesterday the child’s constitutional rights had to be taken into consideration.

She said her department and the school were working together to find a “just and compassionate response” to the dilemma. – Sapa
CAPE TOWN — Children infected with AIDS should be allowed to attend public schools, according to Health Minister Nkosazana Zuma and Education Minister Sibusiso Bengu.

Their statement was made in reaction to the controversy caused by eight-year-old Johnson Nkosani's attempts to join the Melpark Primary School in Melville.

An application by Nkosani's foster mother, Gail Johnson, for the AIDS-infected boy to be admitted to the school sparked panic among parents and caught educators unawares.

“We are disturbed by the reaction of some members of the public to an eight-year-old HIV positive child's attempt to exercise his democratic right to attend a public school,” the two ministers said.

Legislation guaranteed all learners equal access to public schools.

“We want to state categorically that no governing body has the right to deny a child access to a public school.”

They said the public needed to be made aware that the effective way to combat the spread of AIDS was to demystify it and remove the unfortunate and unnecessary stigma attached to its sufferers — Sapa.
Aids team get a reprimand

Researchers vow to continue with tests on Virodene to prepare the drug for the market

Sowetan Correspondent

The researchers who developed the Aids wonder drug Virodene PO38 were rapped on the knuckles last night for contravening accepted scientific procedures and conducting trials on patients without sufficient evidence.

The findings of a joint committee of inquiry by the University of Pretoria and the Gauteng department of health were made public in Pretoria, after they were appointed to investigate the actual events leading to, and including the conduct of the researchers, in the discovery and patenting of Virodene.

Further research

One of the Virodene researchers, Olga Visser, said last night that the team would press ahead with further research and development of Virodene and the findings of the committee's report would not hamper future plans.

Larry Heidebrecht, spokesman for the researchers, said the team were busy writing a proposed study of Virodene to present to the Medicines Control Council (MCC).

He said once the MCC had given the team the go-ahead, Virodene could be put through further trials, marketed and be ready to export within six to 12 months. "We have received faxes and phone calls from Germany, India, Portugal, and countries in Africa who are crying out for the drug, but we have to honour the waiting period.

"But nothing is going to stand in the way of the researchers getting the drug on to the market and nobody can take away the patent," Heidebrecht said.

The committee, however, said they had not attempted to validate or discredit the results of the trial, but were concerned about the lack of toxicological and virological expertise, the absence of a proper control group, the way patients were selected for the trial, and the secretive, non-transparent nature of the research.

Virodene took South Africa and the world by storm when it was announced and was the result of months of hard work and determination by Pretoria researchers Visser and Pretoria University cardio-thoracic surgeon Professor Dirk du Plessis and Dr Calie Landauer.

They said that preliminary patient trials with the formula suggested a possible breakthrough in the fight against Aids and claimed that Virodene could revert full-blown Aids sufferers back to that of HIV-positive.

Professor Henk Huisman, head of the department of genetics at Pretoria University, said they had established that the researchers continued with the clinical trials without the required permission of the two controlling bodies - the Medical Control Council or the Ethics and Research Protocol Committee of the University of Pretoria.
We carry on, slating Aids

BY Priscilla Singh and SAPA

There is no scientific evidence that the so-called Aids drug Virodene, which is made of the toxic industrial solvent dimethylformamide (DMF), inhibits HIV, a committee to investigate the discovery and patenting of the drug has found.

But the researchers said yesterday they intended pushing on with their work.

The researchers contravened accepted scientific procedures by conducting a trial on 11 patients, without sufficient evidence that the drug would inhibit HIV, the joint committee of inquiry by the University of Pretoria and the Gauteng Department of Health said in Pretoria.

Virodene shot to prominence after the researchers, with the support of Health Minister Dr Nkosinathi Zuma, asked the Cabinet in January with a request for R3.7-million to continue their work. They claimed indications were that Virodene could be a cheap, effective medicine for Aids.

The committee, chaired by Professor Henk Husmans, head of the university's department of genetics, said it had not attempted to validate or discredit the drug.

But it was concerned about the researchers' lack of expertise in the fields of internal medicine, virology and toxicology, despite their use of consultants, who, the committee said, lacked the accountability required in such a trial.

Also of concern was the absence of a proper control group, the way patients were selected and the secretive nature of the research.

According to the report, animal trials, normally required to determine efficacy of anti-retroviral agents, had not been carried out, and the results of pre-clinical tests by the researchers on HIV-infected tissue culture cells had been inconclusive.

"The researchers maintained that there was, at the start of the trial, well documented evidence for the anti-viral action of DMF," the report said. This could not be substantiated by the literature quoted.

"None of the published reports indicated or suggested that DMF could be described as an anti-protease. There were no reports on DMF inhibition of HIV and only one publication indicated that a very high concentration of DMF could cause a partial inhibition of the human herpes virus. This virus is not related to HIV."

The researchers then exposed Aids patients to DMF without permission from the Medicines Control Council or Pretoria University's ethics and research protocols committee.

"No permission was requested or obtained, and the research was carried out without the knowledge of the university despite the researchers knowing full well they had to satisfy these requirements before proceeding with such work," Husmans said.

It pointed out that the DMF dose used in the trial was significantly above the environmental exposure limits. Varied discrepancies as to dosage were found.

The researchers had bypassed all conventional funding and controlling bodies to attract funding from the Government, according to the committee.

Husmans also said the involvement of Visser's company Cryopreservation Technologies created conflicting interests because Virodene had been patented under it.

The committee felt that the university had to provide much stricter guidelines to protect itself against its association with private companies which had little scientific standing, and recommended that Visser's company be reviewed.

On continuation of the Virodene research, the committee said, "If a new research team is assembled with the necessary expertise, they could again submit proposals to the MCC and the ethics and research protocols committee for evaluation."

"Whether a large amount of money should be spent on another human Aids trial before some properly designed animal studies have been carried out is another question."

The committee also suggested that the trial patients be followed until the department of internal medicine at the university's medical faculty.

In spite of the report, Larry Heidebrecht, spokesman for the researchers, said last night that "nothing is going to stand in the way of the researchers getting the drug on the market and nobody can take away the patent."

The team was writing a study to present to the Medicines Control Council and once the MCC had given the go-ahead, the drug could be put through further trials, marketed and be ready to export within six to 12 months.

Calls had been received from around the world expressing interest, he added.
Aids boy given thumbs-up to attend school

BY LEE-ANN ALFREDS

An 8-year-old boy suffering from Aids is to be admitted to Melpark Primary School in Melville from next term following an agreement yesterday between the Gauteng health and education departments, the school principal and the school board yesterday.

Gail Johnson's application for Nkos's admission to the school sparked panic when it was published last week, splitting the parents of the school and catching the Gauteng Department of Education, which does not have a policy on the admission of HIV-positive children, off guard.

Johnson said last night that according to the agreement, educational courses would also be set up for the parents, teachers and pupils as well as the Melville community to help them prepare for Nkos's arrival on April 15.

Johnson said the courses were not only to help parents deal with the presence of a pupil with Aids, but also to ensure that Nkos would be entering a "more user-friendly environment".

"I'm very, very happy and thrilled that something constructive is being done. It's important that parents get support. I hope Melpark will become a prototype for all schools nationally," Johnson said.

Johnson said Nkos had not been happy when informed about the delay. "He doesn't understand that there may be some hostility. His little eyes lit up when I told him he was going to school and he asked: 'Does that mean I'm going next week?' I said no. He needs a little bit of help on that side. I'm sure he's confused, he's hurt and disappointed," she said.

Another person not happy about the decision was parent Kenny Stickles.

"It's not a racial thing. It's not even the one kid that I'm worried about. I'm worried about whether there are going to be kids following afterwards," he said.

Stickles said he was also not mollified by the decision to hold educational courses.

"It's not the parents we are worried about. Kids are kids. It's just not fair on the kids, especially Nkos. I'm not only fighting for my own kid, I'm fighting for him (Nkos), too," he said.
VIRODENE RESULTS ‘INCONCLUSIVE’

No evidence Aids drug effective, say experts

JOHANNESBURG: Researchers who developed the drug Virodene P058 as a cure for Aids, have been rapped over the knuckles for contravening scientific procedures.

No evidence could be found that the drug Virodene P058 could inhibit the human immunodeficiency virus (HIV), said a committee probing the methods used by three researchers who claimed to have found a cure for Aids.

In a report released in Pretoria yesterday, the joint Pretoria University and Gauteng Health Department committee said the researchers had contravened accepted scientific procedures when testing the drug on 11 patients.

One of the Virodene researchers, Ms Olga Visser, said yesterday that the team were going to press ahead with further research and development of Virodene and the findings of the committee’s report would not hamper their future plans.

Mr Larry Heidebrecht, a spokesman for the researchers, said the team were writing a proposed study of Virodene to present to the Medicines Control Council (MCC).

He said once the MCC had given the team the go-ahead, Virodene could be put through further trials, marketed, and be ready to export within six to 12 months.

“We have received faxes and phone calls from Germany, India, Portugal and countries in Africa who are crying out for the drug, but we have to honour the waiting period,” said Heidebrecht.

“But nothing is going to stand in the way of the researchers getting the drug on to the market and nobody can take away the patent.”

The committee, however, said they had not tried to validate or discredit the results of the trial, but were concerned about the lack of toxicological and virological expertise, the absence of a proper control group, the way patients were selected for the trial, and the secretive, non-transparent nature of the research.

The committee also listed the lack of scientific expertise among the researchers in toxicology, virology and internal medicine, despite their use of consultants, which the committee said lacked the accountability required in such a trial.

Virodene took South Africa and the world by storm when it was announced. The drug was the result of months of hard work and determination by Pretoria researcher Visser and Pretoria University cardio-thoracic surgeons Professor Dirk du Plessis and Dr Callie Landauer.

At the time the team said that preliminary patient trials with the formula suggested a possible breakthrough in the fight against Aids, and claimed Virodene could revert Aids sufferers to being HIV-positive.

The researchers asked the cabinet last month for R3,7million to continue their research.

The committee found that some pre-clinical experiments in 

HIV-infected tissue culture cells were carried out by the researchers, but the results were inconclusive.

Committee member Professor Henk Huismans, head of the department of genetics at the university, said they established that the researchers continued the clinical trials without the required permission of the two controlling bodies — the Medical Control Council and the Ethics and Research Protocol Committee of the University of Pretoria.

The researchers had bypassed all conventional funding and controlling bodies to attract funding from the government, the committee said.

Huismans said the involvement of Visser’s company, Cyopreservation Technologies, created conflicting interests because Virodene had been masked and patented by it.

The committee said the university had to provide stricter guidelines to protect itself against its association with private companies and recommended Visser’s company be reviewed.

The committee of six comprises medical experts, a senior health department official and a criminal law professor.

The Medicines Control Council banned further human trials using Virodene earlier this month and said the formula contained a highly toxic industrial solvent which might cause irreversible and fatal liver damage.

The council, however, said it would work with the scientists and advise them on how to achieve the scientific and ethical standards required to continue their research.

— Own Correspondent
VIRODENE RESULTS ‘INCONCLUSIVE’

No evidence Aids drug effective, say experts

JOHANNESBURG: Researchers who developed the drug Virodene P058 as a cure for Aids, have been rapped over the knuckles for contravening scientific procedures.

No evidence could be found that the drug Virodene P058 could inhibit the human immunodeficiency virus (HIV), said a committee probing the methods used by three researchers who claimed to have found a cure for Aids.

In a report released in Pretoria yesterday, the joint Pretoria University and Gauteng Health Department committee said the researchers had contravened accepted scientific procedures when testing the drug on 11 patients.

One of the Virodene researchers, Ms Olga Visser, said yesterday that the team were going to press ahead with further research and development of Virodene, and the findings of the committee’s report would not hamper their future plans.

Mr Larry Heidebrecht, a spokesman for the researchers, said the team were writing a proposed study of Virodene to present to the Medicines Control Council (MCC).

He said once the MCC had given the team the go-ahead, Virodene could be put through further trials, marketed, and be ready to export within six to 12 months.

“We have received faxes and phone calls from Germany, India, Portugal and countries in Africa who are crying out for the drug, but we have to honour the waiting period,” said Heidebrecht.

“But nothing is going to stand in the way of the researchers getting the drug on to the market and nobody can take away the patent.”

The committee, however, said they had not tried to validate or discredit the results of the trial, but were concerned about the lack of toxicological and virological expertise; the absence of a proper control group; the way patients were selected for the trial; and the secretive, non-transparent nature of the research.

The committee also listed the lack of scientific expertise among the researchers in toxicology, virology and internal medicine, despite their use of consultants, which the committee said lacked the accountability required in such a trial.

Virodene took South Africa and the world by storm when it was announced. The drug was the result of months of hard work and determination by Pretoria researcher Visser and Pretoria University cardio-thoracic surgeons Professor Dirk du Plessis and Dr Calle Landauer.

At the time the team said that preliminary patent trials with the formula suggested a possible breakthrough in the fight against Aids, and claimed Virodene could revert Aids sufferers to being HIV-positive.

The researchers asked the cabinet last month for R37million to continue their research.

The committee found that some pre-clinical experiments in HIV-infected tissue culture cells were carried out by the researchers, but the results were inconclusive.

Committee member Professor Henk Huistmans, head of the department of genetics at the university, said they established that the researchers continued the clinical trials without the required permission of the two controlling bodies — the Medical Control Council and the Ethics and Research Protocol Committee of the University of Pretoria.

The researchers had bypassed all conventional funding and controlling bodies to attract funding from the government, said the committee.

Huistmans said the involvement of Visser’s company, Cryopreservation Technologies, created conflicting interests because Virodene had been patented and patented by it.

The committee said the university had to provide stricter guidelines to protect itself against its association with private companies and recommended Visser’s company be reviewed.

The committee of six comprised medical experts, a senior health department official and a criminal law professor.

The Medicines Control Council banned further human trials using Virodene earlier this month and said the formula contained a highly toxic industrial solvent which might cause irreversible and fatal liver damage.

The council, however, said it would work with the scientists and advise them on how to achieve the scientific and ethical standards required to continue their research.

— Own Correspondent
**Virodene scientists 'will turn to courts'**

Deborah Fine

THE three Pretoria researchers who developed Virodene intend taking legal action against the University of Pretoria for spreading 'misinformation' about their findings, the researcher's spokesman Larry Heidebrecht confirmed yesterday.

He said the researchers, Prof Dirk du Plessis, Dr Callie Landauer and Olga Vasser, had already given their attorneys copies of a report issued by a joint Pretoria University and Gauteng health department committee on Wednesday which damned their work as inaccurate and lacking in scientific expertise.

Heidebrecht was not prepared to give details as to the nature of the legal action and said "the next comment will come from the attorneys".

The report, issued under the chairmanship of Henk Husemann, described Virodene as nothing more than an industrial solvent and said no scientific evidence existed that it acted against the AIDS virus.

The committee also expressed concern at the researchers' apparent lack of scientific expertise in the fields of internal medicine, virology and toxicology, as well as their decision to conduct human trials without permission from either the Medical Control Council or Pretoria University's ethics committee.

Gauteng health superintendent-general Ralph Mgijima announced yesterday that his department intended referring the committee's report to the SA Medical and Dental Council with a request that the council consider investigating the researchers for professional misconduct and negligence in relation to their AIDS patients.

The Gauteng health department would investigate and could institute disciplinary action against the researchers.

Heidebrecht said the researchers rejected the committee's report as "thoroughly flawed" and "full of contradictory statements". They would continue their research despite the committee's findings.

"Nothing will stop the research from going forward. A top pharmaceutical research concern will be appointed to handle the next clinical trials in conjunction with a top academic faculty. The report has absolutely no impact on future research."

He said the researchers intended asking the national health department to approve the use of Virodene in the initial trial patients.

Asked how the researchers would fund their continuing trials, he said "The financial side is being taken care of, but I can't comment on where the money is coming from".

Comment: Page 15
Gauteng schools must develop HIV/AIDS policy – Metcalfe

Child victim (8) gets the nod to enrol at Melville primary school /Mon 28/2/97

Children living with AIDS or HIV will be allowed to attend school “like all other learners”, Gauteng Education MEC Mary Metcalfe said yesterday.

Her directive came a day after the Melpark Primary School in Melville agreed to enrol Nkosji Johnson (8), an AIDS sufferer, at the school.

The boy’s application sparked panic among parents when it was revealed last week, and caught the Education Department, which did not have a policy on pupils living with AIDS, off guard.

Yesterday, however, all ambiguity was dispelled.

Flanked by the school’s governing body chairman Laureen Badenhorst and Health Department representative Dr Liz Floyd, Metcalfe said each and every school in the province would have to develop a policy on AIDS because the “reality is that schools are going to deal with this issue.”

But she explained that schools would not be forced to formulate a policy immediately.

Instead they could do so when they were “ready”, and the departments of education and health would fully support them, she said.

To help schools, Metcalfe added, an education task team would be urgently constituted to draw up broad guidelines they could refer to.

The Health Department would also train officials from the auxiliary services unit of the Education Department on HIV and AIDS.

Metcalfe said that while there was no plan to introduce AIDS education within schools, the subject of HIV and AIDS would be discussed by pupils as part of the life-skill programme which is an “area of learning” in the new curriculum.

The curriculum will be phased in from next year, starting with Grades 1 and 7.

It is not clear, however, whether the life-skills programme will be available in Grade 1 because the current “areas of learning” expected to be taught in that grade are communication literacy and language learning, mathematical literacy, mathematics and mathematical sciences and human and social sciences.

The national Education Department could not be contacted for its comments on this issue yesterday.
‘Condescending’ Virodene researcher angers Aids groups

Prof Dirk du Plessis agrees at meeting that work on experimental drug was
unscientific and that nothing can be deduced from the research

BY JANINE SIMON
Medical Correspondent

The more than 100 organisations fighting Aids are torn apart by the controversy over the discredited drug Virodene which some HIV-positive people are still demanding.

Academics and doctors are furious that the experimental drug was initially given respectability at top official levels.

Health Minister Nkosazana Zuma’s role in smoothing Virodene’s path to the Cabinet, without first checking its scientific credentials, has enraged Aids activists.

Sharp divisions emerged at a closed meeting this week of the Aids Consortium, representing the major Aids fighting organisations. The meeting was addressed by Prof Dirk du Plessis, one of the four researchers involved in the Virodene research.

At the packed meeting, affiliated members asked Du Plessis about his research procedure and the indemnity forms signed by patients. They also asked how the team got access to the Cabinet, particularly as Aids workers often battled to reach the health ministry.

According to Dr Glenda Gray, co-director of Baragwanath Hospital’s Perinatal HIV Research Unit, Du Plessis agreed that the Virodene work was anecdotal, unscientific, and that nothing could be deduced from the results because of the small numbers of people involved.

Gray said Du Plessis told them that of the 11 patients who used the drug, only six were evaluated and the measurable changes in their conditions were not statistically significant.

"Despite this, people at the meeting were saying that their patients wanted the drug and were refusing to attend clinics so that they could save their R20 to pay for it," Gray said.

“What I find dangerous is that the Virodene researchers are not referring patients to other trials with combination therapy that we know will work," she said.

A veteran Aids campaigner and support worker, who asked not to be named, said: "His (Du Plessis’) demeanour was condescending and my questions weren’t answered. I’m no less angry.

"We all feel so let down by the Health Minister. This is the second time in two years.

Another doctor working in the HIV field said: "The whole episode was disgusting. People who legitimise themselves by working at a university have done the complete antithesis of science."

Several people who attended the meeting said they had problems with the consent form the researchers gave to the 11 patients.

It was described as a one-page sketchy document which asked patients to secrecy about the drug. Gray called it "disgusting."

Mary Crewe, consortium co-chair, said Du Plessis had been invited so that affiliates and he could have a "frank exchange."

The consortium had said it would not issue a press statement after the meeting, but was studying Wednesday’s Pretoria University/Gauteng Health Department report and would make a statement in due course, she said.

The Star phoned Du Plessis’ office for comment, but his secretary referred all queries to spokesman Larry Heidebrecht, who said he had no comment.

Virodene ‘cruel trick’

Jim Day

IDS activists say Health Minister Nkosazana Zuma betrayed them with her ill-considered and premature support for the so-called wonder drug Virodene. Reacting to the report this week by the University of Pretoria and Gauteng Health Department, they say the minister’s failure to fully investigate Virodene before giving it her full public support amounted to a cruel trick, raising the hopes of millions of South Africans infected with HIV only to see them dashed.

Asks for comment on the report, which lambasted the three University of Pretoria researchers for their “navete” and poor methodology, Zuma’s spokesman, Vincent Hlongwane, said the minister had not yet seen the report.

And yet, Aids activists say it was Zuma who was so taken by Virodene that she directed the researchers to seek funding directly from the Cabinet without having her department investigate the matter further. In the face of growing concern—including the revelation that the only active ingredient of Virodene was an industrial solvent—Zuma continued to support the researchers, something Aids activists find inexplicable.

Some have gone so far as to equate it to the Sarafina II debacle, in which Zuma used R11-million of European Community money to pay for a musical. “She’s shirking her responsibilities,” says Kevin Osborne of the National Association of People Living with HIV and Aids. “We are angry, and there are others out there who are very, very angry. She’s the one who started it, but she doesn’t have to deal with the repercussions.”

The Virodene researchers say they will continue their research “Nothing will stop it from going forward,” read a statement released by Cryo-Preservation Technologies, the researchers’ company which holds the patent to Virodene. The group says a “top pharmaceutical research concern” will handle the next clinical trial.
Schools fail the AIDS test
drag their feet

GILLIAN ANSTEY

A STD 9 schoolgirl at a Johannesburg public school was isolated in the hall for a day last year and then suspended — for being suspected of being HIV positive. This is one of three incidents involving schools and AIDS which have been highlighted since the Grade 1 enrolment of Nkosinathi Johnson, an eight-year-old boy with AIDS, was finalised this week.

Attorney Fatima Hassan of the AIDS Law Project, part of Wits’s Centre for Applied Legal Studies, said the schoolgirl’s crisis started with a comment to a friend: ‘The girl had told a classmate she had gone to a clinic for a blood test and was waiting for the results.

The rumour that the girl thought she was HIV positive spread. When it reached the principal, he called her to his office and separated her from the other pupils. She spent the rest of the day in the hall.

She was then given a letter which stated she was suspended from school pending the outcome of the result of her blood test.

Her mother sought legal advice and was told the school had no right to know the results of her daughter’s blood test. The principal then denied the suspension and she was accepted back into the school.

Her test results subsequently proved negative.

About two months later, however, she failed her final-year exams, allegedly because of the stress she suffered as a result of her victimisation. She has been refused re-admission to the school.

Fayeeza Kathree of the Legal Resources Centre, which is handling the case, declined to comment, saying she did not have permission from her client.

The AIDS panic is also hitting nursery schools. When a child in one Gauteng pre-primary school became ill, the school suspected it might be HIV-related and demanded to know the cause. It dropped its queries when the AIDS Law Project informed the school that its only concern was the fitness of the child to attend class, not the nature of the illness.

Another incident involved a Pretoria teacher. Although he had handed in his resignation, the headmaster suspected the teacher was HIV positive and tried to remove him from the classroom. He was told that due to his “lifestyle”, which implied his HIV status, he could either take up an administrative position in the school, or take extended, paid leave until he was due to leave.

The school told him they were protecting him “from the fire of the community” and were looking after his best interests.

He declined the offer and sought legal advice.

The teacher said it was his right to continue teaching, which he did until he completed his period of notice at the end of last year.

These cases are not exceptions. They are just the ones that have become known because the people being victimised sought legal advice.

Other known cases involving school pupils have arisen because of telephonic queries to AIDS centres and include teachers breaking confidence about pupils who are HIV positive.

Mark Heywood, acting head of the AIDS Law Project, said there was increasing evidence of HIV among Std 8 to matric girls. “It’s one of the trends for young, sexually active women to be at risk of infection.”

“They do not have proper sex education and have no life-skills to negotiate safer sex.”

He said the numbers of five, six and seven-year-olds with AIDS was increasing. “As medicine and understanding of the illness improves, they are able to prolong the lifespan of children with HIV. Within a few years, there will be many more Nkosis Johnsons.”

AIDS organisations are worried about the Department of Education’s lack of clear policy guidelines. The AIDS Law Project sent a letter to the Minister of Education, Professors Sibusiso Bengu and as well as the nine provincial heads of education, on November 19 last year to alert them to the “compelling issue.”

“By discriminating against students and teachers with HIV, schools are teaching an incorrect message. The education ministry must establish a policy containing strong principles of non-discrimination,” said the letter signed by Heywood and Hassan.

Bengu asked for more information on the stated cases. He said the department’s task team and a commission on special needs in education would be asked to advise on the drafting up of a policy.

Mary Crewe, chairwoman of the National Project Committee for HIV, AIDS and Life Skills, criticised reports this week which said schools could formulate policy when they were “ready”.

“What Nkosinathi Johnson has shown”, Crewe said, “is that you can’t wait until you’re ready. The schools need leadership from the department. Nkosinathi isn’t an isolated case.”

Johnson will attend Melpark Primary in Melville, Johannesburg, from next term.
VIRODENE SAGA ‘AN ABUSE OF OFFICE’

Aids group calls for Zuma to be probed

HEALTH MINISTER Dr Nkosazana Zuma’s flouting of protocol in her handling of the Virodene research should be investigated, says Wola Nani. CYNTHIA VONGAI reports.

A CITY Aids organisation, Wola Nani, has called — in the wake of the Virodene Aids drug outcry — for a detailed investigation by the Public Protector into alleged “maladministration and abuse of office” by Health Minister Dr Nkosazana Zuma.

Aids organisations have criticised the encouragement Zuma gave the Virodene researchers in the absence, before trials began, of evidence supporting the drug’s viability as a potential Aids treatment.

Wola Nani said recent clinical data had not shown Virodene to have any therapeutic value for people living with Aids. Concerns about the drug’s toxicity had been raised before, it said.

It also questioned the way the researchers and Zuma ignored procedures and failed to report to the Medicines Control Council before announcing to the cabinet that a possible anti-Aids drug had been found.

“It is clear that the researchers violated accepted scientific procedures, including the Helsinki Protocol, which states the procedures medical researchers need to follow before conducting human tests of any trial drug,” said Mr Gary Lamont, Wola Nani’s programme director.

He said Aids agencies did not understand how the Virodene researchers could receive a standing ovation from the cabinet when the possible cure they announced was a drug “we now know would probably kill people”.

Wola Nani, among other Aids agencies, is protesting at the way in which the health minister has handled policy on Aids issues — including the R14-million Sanfinne 2 debacle and the subsequent cover-up.

They object especially to Zuma’s handling of the Virodene question and the researchers’ announcement of human trials.

Lamont said that if the Public Protector were to investigate, Wola Nani hoped he would examine the following questions:

• What procedure the researchers followed before announcing Virodene was a possible cure.

• Why the researchers were presented to the cabinet without the knowledge of the Health Department’s director of HIV and Aids, Ms Rose Smart.

• Zuma’s gagging of Department of Health officials and directing all inquiries through her spokesperson.

• Whether the minister was misinformed about the drug or chose to misinform the cabinet about its effectiveness.

• Why she circumvented medical council protocols to announce Virodene as a potential Aids cure.

• Why there was still no Aids and HIV strategy.

Lamont has called on Zuma to effect a “credible” change in Health Ministry advisers and management.

He said Aids sufferers counselled by Wola Nani had been given hope by the news of Virodene, only to have this hope crushed when it became apparent the announcement had been premature.
Motlana criticises SA's lack of clear AIDS plan

Samantha Sharpe

CAPE TOWN — Metropolitan Life (Metlife) chairman Nthato Motlana lashed out at SA's AIDS strategy yesterday which he said failed to offer a clearly articulated plan to deal with the disease.

Speaking at Metlife's AGM, Motlana said he was "appalled by the paucity of the country's efforts in countering AIDS. And here I am referring not only to government, but also to our nongovernmental organisations and the private sector. Neither sufficient money nor attention is being given to the problem."

SA urgently needed a clear plan of action to counter the spread of AIDS and so as not to undermine the value of human life. "It will send a message to potential foreign investors that we are seriously grappling with the AIDS problem."

On the possible prohibition of pre-employment AIDS testing, Motlana said legislation in this regard would only entrench the stigmatisation of AIDS. "HIV-infected persons are already sufficiently protected by the new Labour Relations Act that specifies that employers may not unfairly discriminate against job applicants with disabilities."

"It will be clear in most instances that AIDS sufferers are not able to take up full-time employment. It is equally clear that most HIV-infected persons can remain healthy for a significant period of time and, therefore, be prohibited from working where they seek employment," Motlana said.
Sarafina officials cleared

A departmental inquiry into Sarafina II has cleared three officials and slapped a fourth on the wrist, reports Jim Day

FOUR officials investigated by the Department of Health for their role in Sarafina II, the ill-fated Ards awareness play that cost taxpayers several million rand, have escaped with their jobs.

Responding to a request by the Mail & Guardian this week, Health Department Director General Dr Olive Shusana released details of the steps the department has taken to prevent a replay of the Sarafina fiasco: three officials were cleared of any wrongdoing, and a fourth was slapped on the wrist.

The credibility of the department, and in particular Health Minister Nkosazana Zuma, was severely strained last year when it emerged that the department, ignoring normal tendering procedures, had agreed to spend R14.2-million on Sarafina II.

The musical, produced by Mbongeni Ngema and his Committed Artists theatre company, was flawed, and the role of the department was subjected to an investigation by Public Protector Solly Baqwa.

In his damning report last May, Baqwa laid much of the blame on Hugo Badenhorst, the chief director of departmental services, and Johnny Angelo, chair of the departmental tender committee.

But Shusana said the departmental investigation into the actions of four officials — Badenhorst, Angelo and two unnamed officials — cleared three of them of misconduct. The fourth "has been reprimanded and warned that signing misleading documents will not be tolerated", she wrote in a report she gave to the M&G.

She declined to give names, though Baqwa's report pointed to Angelo as the one who had signed a note which led Shusana to believe the tender committee had approved the bid by Committed Artists. The committee in fact had not.

Shusana's report listed other steps the department has taken to prevent future Sarafinas, including appointing three senior officials to the tender committee.

The head of the legal section, SA Ramasela, whose inexperience, Baqwa said, had contributed to the vague and poorly written contract with Committed Artists, has been given further training in "legal drafting". A principal legal adviser will be hired, she said. The department is currently being assisted by a legal adviser from the Ministry of Justice.

Shusana's report remains vague on how much the department recovered of the more than R10-million paid to Committed Artists before the contract was cancelled last June. It states "All assets remaining under the control of Committed Artists have been repossessed, with the exception of furniture and equipment which was the subject of a legal claim." The report does not mention how much those assets are worth, or how much more can be recovered.

A report focusing on the financial aspects of Sarafina II is expected from the auditor general later this month.
Cheap local drug offers fresh hope for Aids patients and others with immune problems

By ADELE BALETA

Cape Town – An affordable, non-toxic drug that boosts the immune system and helps to fight the HIV virus more effectively will be available to consumers with a prescription from April 1.

The drug, based on extracts from the indigenous African potato or hypoxia plant, has been tested on HIV and Aids patients in approved clinical trials since 1992, and has been found to boost the immune system to such an extent that the quality of patients’ lives improves markedly.

The head of the research team that conducted the trials at Tygerberg Hospital’s HIV clinic, immunologist Professor Patrick Boue of the University of Stellenbosch, has been inundated with calls from scientists and Aids and HIV-positive patients wanting to know more about the drug.

Boue said the research findings on the drug, developed by the medical faculty’s molecular microbiology and pharmacology department, would be published next week in the International Journal of Immunopharmacology.

He said the Health Department had also made inquiries about the drug, which had no known side effects. It was administered in capsule form three times a day at a cost of as little as R5,40 a day.

“It will cost the user about R150 a month, which is considerably cheaper than AZT, which, when used in combination with other drugs, costs about R2 500 a month,” Boue said.

Sharp contrast

The clinical trials were sanctioned by the ethics committee of the university’s medical faculty, and the Medicines Control Council gave permission for the drug company to register the drug for HIV therapy and for other chronic diseases – such as cancer, tuberculosis and auto-immune diseases – with a doctor’s prescription in terms of section 21 of the Medicines Control Act.

The Tygerberg Hospital team’s compliance with drug research protocols and the acceptance of the newly nationwide patented drug by the scientific community is in sharp contrast to the future surrounding Health Minister Nkosazana Dlamini-Zuma’s controversial backing for the “anti-Aids wonder drug” Virodene PO68.

The research team who developed Virodene earned the scorn of the medical fraternity after contravening scientific procedures. Fears were also expressed that the drug, which contains a highly toxic industrial solvent, could in fact do more harm to patients.

Boue said the drug derived from the African potato, though not a cure for HIV, had proved in clinical trials to significantly stabilise the T-cells (immunity cells) of patients and, in some cases, even cause an increase of these cells.

Patients reported weight gain as well. Research on the hypoxia plant was funded by a family-owned South African pharmaceutical company headed by Roelof Liebenberg.
New drug out soon
African Spud
with common
Better Life
The puzzle of the AIDS wonder drug

Why, despite two negative reports, has the minister of health failed to condemn Virodene, asks DR MICHAEL CHERRY

SUNDAY ANALYSIS

THE Minister of Health, Dr Nkosazana Zuma, is once again in hot water — this time for being an enthusiastic supporter of the controversial AIDS drug Virodene.

Strangely, she has failed to distance herself from the conclusions of two separate bodies that are highly critical of unauthorised clinical trials of the drug.

The controversy over the drug, including the conditions under which trials were carried out, is an important one, as it could develop into a conflict between the government and the institutions of civil society.

In January, three researchers at the University of Pretoria claimed to have found a cure for AIDS and appealed directly to cabinet for R3.7 million for further research. But their using such an unconventional channel focused attention on both their formula and on the clinical trials conducted on it.

The interview was arranged by Zuma, but it is not clear why Posably because, after the Sarafina 2 debacle, she was reluctant to take personal responsibility for granting their request for funding without cabinet approval.

The alternative hypothesis is that Zuma was attempting to restore her own credibility if this was the case, it backfired horribly.

The cabinet gave the three researchers — cardiothoracic surgeons Professor Dirk du Plessis and Dr Kalhe Landauer, and perfusion technologist Olg Ga Visser — a standing ovation, and Deputy President Thabo Mbeki declared their request to be under consideration.

But the following day the University of Pretoria announced that a committee had been set up to investigate the trio’s “deviation from the university’s established research practices”.

This committee reported last week that clinical trials were conducted on 11 patients without the consent of either the university’s ethics committee or the Medicines Control Council — the statutory national authority which considers applications for performing drugs trials. The control council had not received an application for testing Virodene, but had been rejected by the university’s ethics committee.

Normally, applications have to be vetted by both bodies before trials can proceed. There has been speculation that Zuma herself granted permission for clinical trials to be conducted, bypassing both the university and national authorities.

Zuma, however, has denied this, saying that she merely “encouraged” the three scientists to continue their work. She claims not to have checked that they had followed standard procedures as she had assumed — not unreasonably — that they had done so.

The Medicines Control Council initiated its own investigation into the pharmacological properties of the drug, which was completed a month ago. Its response was to suspend clinical trials immediately, as the drug’s active ingredient is a toxic industrial solvent, dimethylformamide, which can cause fatal liver damage, and has also been linked to the development of cancer in humans.

Council chairman Peter Fobbs says that, in addition, the clinical trials were designed in such a way that they could not be properly analysed and contained inadequate accounts of the patients treated.

This fact that the normal requirements for conducting a clinical trial were not met is unacceptable and potentially dangerous,” says Fobbs. He adds that safety issues need to be resolved before any further work can be considered and before patients who have already received Virodene are further exposed to the drug.

Correctly, the University of Pretoria and the health authority of Gauteng, which jointly employ two of the three researchers, have decided to initiate disciplinary procedures against them over the trials.

A joint committee appointed by the two authorities, which reported last week, was even more critical of the researchers’ infringements than the Medicines Control Council was. The committee found that the company Cryptopreservation Technologies, which has patented the drug, appears to have an unauthorised association with both the university and the researchers’ department.

It found that the company’s involvement “might have created a potential conflict of interests that would not have been to the advantage of open-ended research.” One of the three researchers, Visser, is joint manager of this company, together with her husband.

The company has issued a statement saying that nothing will stop its research from going forward. The group says that a “top pharmaceutical research concern” will handle the next trial.

The researchers claim that dimethylformamide has a unique ability to penetrate the lymphocytes and inhibit replication of HIV, on account of its low molecular weight and its composition. But the University of Pretoria committee found these claims could not be substantiated.

Zuma, however, last month emphasised that the side effects of drugs had to be weighed against their benefits, adding that one patient had been on the drug for five months without displaying any apparent side effects.

This statement is indefensible, as the testimony of a single patient in a trial is unreliable. This is precisely why clinical trials have to be properly designed.

Zuma has also stressed that the Medicines Control Council has not ruled out the possibility of future trials being conducted, but it is difficult to envisage how the safety aspects of such trials could be adequately addressed, even if they are properly validated this time round.

While Zuma’s passionate commitment to combating AIDS is both unquestioned and admirable, the Virodene controversy has inevitably resulted in renewed calls for her resignation.

But President Nelson Mandela backed her strongly last year, praising her exceptional competence as a minister, and is likely to do so again.

Cherry, a lecturer in zoology at the University of Stellenbosch, writes in his personal capacity.
Court battle looms over prisons ban on HIV job-seekers

Pre-employment test under fire

ARGUS CORRESPONDENT

The Department of Correctional Services may soon be challenged in court over its employment policy, which bans the appointment of any person who tests HIV-positive, AIDS organisations have warned.

The co-chairman of the National AIDS Convention of South Africa (Nacosa), Mary Crewe, confirmed yesterday that the umbrella organisation was considering a court challenge.

A Correctional Services spokesman said the policy was being "re-evaluated".

Nacosa has already asked the Human Rights Commission to investigate the matter.

Ms Crewe said the department's policy was discriminatory and irrational. It contravened the intentions of Health Minister Nkosazana Zuma's National AIDS Plan, which has been welcomed by the medical profession and accepted by the Cabinet.

"According to the plan, pre-employment tests are not allowed. Internationally this is also the norm," she said.

For several years, Nacosa has been advocating a statutory ban on the pre-employment HIV test.

The practice has also been condemned by the World Health Organisation, the International Labour Organisation and the United Nations.

Correctional Services spokesman Barry Eksteen said the department's policy had been in place for many years.

Applicants had to sign an agreement they would undergo a medical examination before their appointment, part of which was the HIV test.

Mr Eksteen said he had not heard of any planned legal action against the department, but its employment policy was being reviewed.

"We have to look at the department as part of the new dispensation, so we have to re-evaluate our position on pre-employment testing," he said.

Ms Crewe said using the test was discriminatory in itself, because the antibodies which fought the HIV virus did not show up immediately after infection.

Infected applicants tested during the three-month "window period" would show negative results.

AIDS is killing 500 Zimbabweans every week

FOREIGN SERVICE

Harare - AIDS is killing about 500 Zimbabweans a week and more than a million are thought to be carrying the HIV virus.

A survey carried out by Blair Institute and Oxford University showed that if the current rate continued, the population would become static or even decline.

While there is still speculation over the figures, Zimbabwe is said to have one of the world's highest AIDS-related death tolls.

Deputy Health Minister Tsungirirai Munangwe says that between 25 and 50 percent of newborn children who escape infection from HIV-positive mothers are nevertheless likely to be infected through breast milk.

Studies had shown children now risked contracting the virus from breast milk, which for years had been regarded as safe.
Welfare response to AIDS 'inadequate'

David Greybe

CAPE TOWN — HIV/AIDS campaigners expressed “disappointment” yesterday at the response of the parliamentary welfare committee to a request to do more to develop a national response to SA's AIDS epidemic.

SA needed an intersectoral approach at both ministerial and departmental level, in line with international practice, representatives of the National AIDS Convention of SA and National Association of People Living With HIV/AIDS said. Under government policy the health department was mainly responsible for HIV/AIDS issues, which was totally inadequate, they said.

The committee decided to establish a subcommittee to look into the matter, as well as to liaise with the welfare department. Nacora had proposed that the welfare committee oversee a national summit of welfare stakeholders to establish a national task team to investigate a welfare HIV/AIDS programme of action, keep a constant check on the welfare department to ensure that it moved more speedily, and support the proposal for an intersectoral approach.

Other proposals included giving support to efforts to secure disability grants for HIV/AIDS sufferers and helping to end “discriminatory” testing for HIV/AIDS by certain government departments.
Lobby group confronts politicians with tragic tales of Aids patients

National AIDS Convention appeals for interministerial committee to deal with needs of HIV-positive people

BY JOYVAL RAMTAO
Cape Town

Suzy Levers lives on borrowed time. She is frail and wheelchair bound because, although she has the will, she does not have the energy to walk or to take care of herself and her 5-year-old son.

She is going through a divorce and agonises every day about the welfare of her son, who, she says, has "brown eyes that will melt your heart".

Suzy's life took a dramatic turn three years ago when, after donating blood at the V&A Waterfront in Cape Town, she discovered she was HIV positive.

Suzy yesterday told her heart-rending story, which moved Parliament's portfolio committee on welfare close to tears.

Suzy recalled how she was "just told" that she was HIV positive and given a little booklet and, with no counselling, left to deal with the trauma of contracting one of the world's deadliest diseases.

She lives on a R430 disability grant from the Government, which she says is insufficient.


Suzy said she can spend a maximum of only 10 days in hospice and then has to move on and find a place to live.

"We should have HIV hospitals. I don't want to go to ordinary hospitals and queue with people suffering from other diseases because I have a weak immune system.

"Since I have been HIV positive I have not been able to get any (insurance) policies. I'm lucky because I have my sister who looks after my son. There are people without any support system. What do they do?" Suzy said.

Next to Suzy in committee room number 454 sat Portia (not her real name), a petite 21-year-old University of Natal graduate who, until a week ago, had a bright future ahead of her.

Portia, whose family has just settled in Cape Town from Gauteng, was upbeat at the beginning of the year when she applied for an administrative vacancy at the Department of Correctional Services.

After two interviews, Portia was told that she had done well and would get the job as soon as results from her Aids test came through.

On March 3 she was devastated by the news that, although she was qualified for the job, she could not be hired because she was HIV positive.

"I'm still in shock and learning how to handle this. My mother has been very supportive. "I don't want you to use my name because I don't know how my family will be affected by this," she said.

Suzy and Portia were part of a presentation by the National AIDS Convention of South Africa (Nacosa) which yesterday appealed to the committee to support moves for an interministerial committee, based in the office of Deputy President Thabo Mbeki, to deal with the welfare of HIV-positive people.

Proven Moodley, Nacosa's national lobbyist, also called on the committee to support legislation being drafted by the SA Law Commission which would outlaw pre-employment testing.

The organisation also wants the committee's assistance with preparations for a national summit on HIV and the welfare of its sufferers.

Moodley called for the establishment of an all-party parliamentary group on HIV.

"The role of this committee will be to help put HIV on the political agenda in terms of legislation, tabling questions and getting experts to brief the (health and welfare) committees," he said.

He also said a national policy was being drawn up for schools regarding the admission of HIV-positive children.

"People with AIDS and HIV have the right to employment and schools. In terms of the constitution, you can't discriminate.

"We want HIV to be given equal treatment with other (life-threatening) diseases such as cancer," Moodley said.
Treat us or free us, say HIV prisoners

Court asked for ruling

Dennis Cavernels  ARG 11/3/97

Four HIV-positive prisoners have asked the Cape High Court to compel prison authorities to give them anti-AIDS medication and adequate medical attention or order their release.

The application heard yesterday by Mr Justice P D J Brand was brought by Cecil van Biljon, Madodana Tyembaile, Michael Williams and Kelvin Voskui. The respondents are the Minister of Correctional Services, the Commissioner of Correctional Services, the commander of Pollsmoor Prison and the Western Cape Minister of Health and Welfare.

The prisoners have asked for an order declaring that they, and other HIV-positive prisoners, have "a right to proper and adequate medical attention, care and treatment on the ground of their HIV status" and that they have the right to consult and be examined by HIV specialists at HIV clinics at provincial hospitals.

They have also asked for an order that they be supplied with medication for their condition, alternatively, that they and other HIV-positive prisoners be released.

In his affidavit, Van Biljon said he was diagnosed as HIV-positive while serving a five-year sentence in Port Elizabeth for car theft and fraud. At that time he did not receive any specific medication.

In 1992 he was transferred to Pretoria Central Prison where he received, albeit inconsistently, food supplements and vitamins but no specific medication.

Van Biljon said he had asked the prison doctor for AZT as he was aware it could prolong the lives and improve the quality of life of HIV-positive patients. The doctor's opinion was that his HIV status, being stage one, did not warrant AZT treatment.

When his condition deteriorated, he went to court and Mr Justice Ismail Mahomed ordered that AZT treatment be administered if necessary.

In spite of a report by a doctor, Steven Miller, recommending AZT, "it appeared (prison authorities) would supply the medication only if I bore the cost", he said.

A draft order was made compelling the prison to supply him with AZT until the matter went back to court for a final order but Van Biljon was paroled and the case was withdrawn.

He received the treatment at an HIV clinic until he was again convicted and jailed for six years for car theft. Again treatment was not forthcoming until he relaunched his court application.

In 1994 he applied to be released on medical grounds.

Counsel for the respondents, H M Scholtz, argued that Van Biljon's right to medical treatment had been recognised and he had had treatment but it was not clear if his condition warranted AZT in combination with other anti-viral medication. It had not been shown by the applicants, "under all the circumstances and due to budgetary constraints" that their constitutional right had been breached.

 Judgment was reserved.
Aids toll in Zimbabwe is now 500 deaths a week

BY ROBEN DREW
Star Foreign Service

Harare - Aids is killing about 500 Zimbabweans every week and more than a million people are thought to be carrying the Aids virus.

A recent survey by Blair Institute and Oxford University showed that if the current rate continued, the population would either become static or even decline.

While there is still some speculation over the figures, Zimbabwe is said to have one of the highest Aids-related death tolls.

Deputy health minister Tsungai Shingwe, has disclosed that between 25 and 50% of newly born babies who escape infection from their HIV-positive mothers are likely to be infected through breast milk. Between 25 and 30% were infected through birth.

Aids has already killed more than 100,000 people in Zimbabwe.
Virodene team made 'one big mistake'

The South African Medical Journal has raised the question of whether the Pretoria Virodene "Aids drug" researchers were "reckless cowboys shooting from the hip" or "would-be heroes" with a real solution for Aids.

"It seems most likely they were somewhat over-enthusiastic, inexperienced and very naive, and thereby inadvertently offended the scientific community," the journal wrote in its latest issue.

"At the same time, they might be on to something, but what that may be is still to be determined."

The comments were based on an interview with Professor Dirk du Plessis, the Pretoria University cardiac surgeon who, with freelance researcher Olga Visser and surgeon Dr Collie Landauer, worked on the controversial Virodene FOSA "Aids drug".

Du Plessis said the team knew "sweet nothing" about medicine research. This was was their first encounter with drug research.

"It was a coincidental run of events and there was a great measure of ignorance on our part. The intention was never to cause such a furore or such a mess."

Du Plessis said the presentation to cabinet should not have reached the media and all kinds of "false allegations" were made.

Visser, a freelance cryogenics (the effect of extreme cold on living material) researcher started fiddling with antivirals, chemical compounds, rats' tissues and human cells in 1995, and noticed something strange when she applied a compound used to prepare cells for freezing.

The researchers started reading profusely on the subject and did some initial testing at the National Institute for Virology.

But they made one "big mistake", Du Plessis said. In mid-1996 they submitted a clinical protocol to the Medicines Control Council - and took the MCC's acknowledgement of receipt as consent to start testing.

The trials were stopped by the MCC as Virodene contained an industrial compound, dimethylformamide (DMF), which could cause irreversible liver damage.
HIV prisoners plan constitutional plea for freedom

A prisoners' rights group is planning to petition the Constitutional Court to set HIV-positive inmates free on the grounds that the condition is incurable and places other prisoners at risk.

The South African Prisoner Organisation for Human Rights (SapoHR) plans to lodge an application to the Cape High Court by four HIV-positive inmates at Pollsmoor demanding treatment for their illness. This includes drugs that fight the virus, at a cost of more than R14 000 a year each.

The prisoners are demanding to be set free if their application is turned down.
Fight to free HIV-positive inmates

A prisoners' rights group is to petition the Constitutional Court for the release of HIV-positive inmates because their condition is incurable and places other prisoners at risk.

The SA Prisoners' Organisation for Human Rights (Sapohr) is supporting an application to the Cape High Court by four inmates at Pollsmoor Prison who are demanding full treatment or their freedom. Drugs that fight the virus would cost prison authorities more than R14 000 a year for each of them.

The infected prisoners are Cecil van Rijon, Madosana Tsepihe, Michael Williams and Kelvin Veakul.

Sapohr spokesman, Golden Miles Bhudu says under the present law prisoners diagnosed to be suffering from other terminal diseases, except Aids, are sent home to die.

"HIV-positive prisoners are going to die and should be included in this category," he said.

Others were put at risk by living in close quarters with HIV-positive inmates, and proposals to keep them in isolation were unconstitutional, he said.

But according to Department of Correctional Services spokesman Koos Gerber, terminally ill prisoners were released only when it was clear they were not going to live much longer. These releases were also subject to the parole board's approval.

He said being HIV positive was not grounds for a release.

The Health Department said none of its hospital patients were given drug combinations because costly drugs would swallow up the entire drug budget.

The department said it followed the "worldwide trend" that saw governments providing treatment only for symptoms.

According to the HIV clinic at Somerset Hospital, where the four prisoners will be taken if the court grants their application, the cost of treating its 700 HIV-positive patients with Aids drugs amounts to nearly R10-million a year. Its drug budget for the 1996-97 financial year is R2,3-million.

Sapohr said the matter would be taken right to the Constitutional Court if necessary.
W Cape has lowest HIV infection rate in the country

HEALTH WRITER

THE killer disease Aids is spreading — 4.3% of South Africans are now believed to be infected with the HIV virus — but the Western Cape has the lowest infection rate countrywide.

The recently released sixth national HIV infection survey by the Department of Health used pregnant women attending ante-natal clinics as a barometer to see how fast — and where — the disease was spreading.

The Western Cape had the lowest infection rate, 1.66% in 1995 compared with 1.16% in 1994, while KwaZulu-Natal was worst hit. Here 18.23% of the population were found to be infected.

The figures are the most recent government statistics to be released on the spread of Aids in South Africa and indicate that HIV is spreading to 700,000 new people a year.

New cases of people with the disease were surfacing among all age groups, but 20- to 24-year-olds were worst hit.

Health Minister Dr Nkosazana Zuma said township people were still largely ignorant about the danger of Aids.
HIV test for state jobs is scrapped
Rejets get a new chance

CLIVE SAWYER
POLITICAL CORRESPONDENT

Cabinet ministers have decided to stop testing people applying for jobs in their departments for the human immunodeficiency virus that causes AIDS.

The decision was taken at a meeting in Cape Town of the ministers of correctional services, defence, health, provincial affairs and constitutional development, the public service and safety and security.

Correctional Services Minister Supo Mzimela told Parliament today that the decision would take effect immediately.

In his department, six people whose employment applications had been rejected because they were HIV-positive could re-apply.

Their employment would depend on whether they qualified on all other grounds and on whether the posts for which they had applied were still open.

Correctional Services commissioner Khulekani Sithole said those who had been rejected had been sent letters offering them places in the department's July intake for its training college.

Dr Mzimela said that Defence Minister Joe Modise had not been present at the meeting, but that his deputy, Ronnie Kasrils, had agreed with the decision and would brief Mr Modise.

There was a technical detail for the Defence Department to sort out.

The Government has been under fire from lobby groups, including the National Convention on AIDS in South Africa, with claims being directed against the Government that pre-employment HIV testing was unconstitutional.
Aids tests for jobs axed

WORK-SEEKERS may re-apply

Six government ministries have abolished Aids testing for job applicants—a decision that has prevented HIV-positive candidates from being considered for jobs.

At least six people who qualified for vacancies in the Department of Correctional Services were turned down because of their HIV status.

Correctional Services Minister Dr Spio Mzemela told Parliament's corrections services committee that he had met six ministers yesterday and they had decided to do away with tests for job applicants with immediate effect. The six are Minister of Safety and Security Syd Mufamadi, Minister of Health Dr Nkosazana Dlamini, Deputy Defence Minister Mr Ronnie Kasrils, Minister of Justice Mr Dullah Omar and Public Service and Administration Minister Dr Zola Skiewesny.

"Anyone who applies for a job will be treated equally," Mzemela said.

Correctional Services Commissioner Khulekani Sithole said those who had been turned down because of their HIV status would be considered, provided the posts for which they had applied had not been filled.

Mzemela and the other ministers were congratulated by the committee.

The decision was also welcomed by Mr Pooven Moodley, national lobbyist for the National AIDS Convention of South Africa (Nacosa).

The ministers' decision came as the SA Law Commission was drafting legislation that would outlaw Aids tests as a requirement for job applications.

Nacosa has also called for the parliamentary portfolio committee on health to assist with preparations for a national summit on HIV and the welfare of carriers of the virus. Moodley called for an all-party parliamentary group on HIV to be established.

Nacosa has reiterated that people with Aids and HIV have the right to employment and schooling. It wants HIV-positive people to be given equal treatment with those who have other life-threatening diseases like cancer — Political Staff
The current nuclear arms control regime is no longer sufficient to address the threat posed by North Korea's nuclear weapons program. The United States and its allies must take immediate action to address this growing threat.

Specifically, the United States should:

1. Increase diplomatic pressure on North Korea through targeted sanctions and sanctions evasion.
2. Work with China and Russia to ensure that they are fully engaging with the North Korean regime.
3. Explore the possibility of direct talks with North Korea to negotiate a denuclearization agreement.
4. Strengthen the missile defense system in the region to protect against potential North Korean threats.
5. Enhance intelligence gathering and analysis to better understand North Korean intentions and capabilities.

Failure to act now will only make the problem worse and could lead to a catastrophic outcome.
Government drops HIV tests for job seekers

BY JOSIAH RAKTAE

Cape Town – A cabinet committee announced yesterday that government departments had decided to scrap HIV tests for job seekers.

At least six people, who recently qualified for jobs with the Department of Correctional Services, had been turned away because they were HIV-positive.

Minister Sopo Mzimela told Parliament’s correctional services committee he had met ministers yesterday and a decision had been taken to do away with pre-employment testing immediately.

“We’re doing away with that. There’s no reason why people should do that,” he said.

“Anyone who applies for a job will be treated equally,” he said.

Correctional Services Commissioner Khulekani Sibole said those who were turned down because of their HIV status would get their jobs, provided the posts had not been filled.

The committee congratulated Mzimela and the other ministers on their decision.

The decision was also welcomed by the National AIDS Convention.

The convention came as the South African Law Commission was drafting legislation which would outlaw pre-employment testing for the condition.

The convention has called for the assistance of the parliamentary portfolio committee on health with preparations for a national summit on HIV and the welfare of its victims.

It also urged the establishment of an all-party parliamentary group on HIV.

[Signature and date: 26/3/97]
AIDS ethics: business challenged

Johannesburg: Excluding employees with HIV from medical and other benefits was morally and legally challengeable, a meeting of the Aids and the Workplace Forum was told.

Dr Malcolm Steenberg, co-director of HIV Management Services, said exclusions might cut certain expenses but were no real solution to the cost of managing the epidemic, as employers would still have to absorb costs such as sick pay, and loss of skilled manpower.

The Labour Relations Act, the Constitution and the draft Prohibition of Pre-Employment Testing Bill precluded exclusions from work on the grounds of HIV, and their provisions could arguably be extended to cover exclusions from benefits as well, he said.

Steenberg said companies could improve the productivity of their HIV/Aids-infected workers by managing medical treatment and supporting their families.

Excluding people with HIV was also morally and legally challengeable. "Companies have to find a balance of needs between employees at risk of HIV with those who are not, subject to available funds."

Dr Neil Mckerrow, head of the paediatrics department at Greys Hospital in Pretoria, said supporting the family when an Aids-related disease first struck a member infected with HIV, would influence productivity, and spinoffs would balance expenditure.

The illness caused absenteeism and a drop in household income at the same time as health costs increased expenditure, he said.

The impact on family structure and finance became more severe as the disease progressed. Often Aids orphans were moved from one family to another.

They tended to be exploited, and neglected, shown by the high rate of malnutrition in younger children and school drop-out rates by older children.

"If business allows its responsibility to the family to end with the death, the next generation will be ill-equipped to deal with the workplace," he said. — Sapa
Business ‘can improve output of Aids patients’

By Own Correspondent

BUSINESS could improve the productivity of its HIV-Aids infected workers by managing medical treatment and supporting their families, the Workplace Forum on HIV-Aids was told this week.

Early monitoring and aggressive treatment of Aids-related illnesses improved productivity, said Dr Malcolm Steinberg, co-director of HIV Management Services.

There would always be unaffordable claims and companies would have to take rational decisions but there was enough information about the Aids epidemic to judge the cost-effectiveness of any treatment, he added.

Excluding people with HIV from medical benefits might limit some expenditure but was no answer as employers would still absorb costs such as loss of skilled manpower.

Impact on family structure

"The illness causes absenteeism and a drop in household income at the same time as an increase in health costs," McKerrow said.

The impact on family structure and finance became more severe as the disease progressed.

Children were forced to take on adult roles of nursing or earning money and grandparents took on the child-rearing role for which they were ill-equipped, he said.

Death further strained family finances, as the funeral and mourning processes had to be funded.

Often, as the infected person died, his or her partner entered the Aids phase of the disease. Once both partners died, the children were moved from one extended family to another in search of support systems.

This aggravated the trauma of the death and guilt felt at not being able to keep a parent alive and was compounded by the stigma of Aids.

"Aids orphans tend to be exploited and neglected, shown by the high rate of malnutrition in younger children and school drop-out rates by older children.

"If business allows its responsibility to the family to end with the death, the next generation will be ill-equipped to deal with the demands of the workplace."
HIV sufferers have right to benefits, forum told

MEDICAL CORRESPONDENT

Excluding people with HIV from medical and other benefits was morally and legally challengeable, a meeting of the Aids and the Workplace Forum was told yesterday.

"Dr Malcolm Steinberg, co-director of HIV Management Services, said exclusions might cap certain expenses but were no real solution to the cost of managing the epidemic, as employers would still absorb costs such as sick pay.

The Labour Relations Act, the constitution and the draft Prohibition of Pre-Employment Testing Bill precluded exclusions from work on the grounds of HIV, and their provisions could arguably be extended to cover exclusions from benefits as well.

Companies could improve the productivity of their HIV/Aids-infected workers by managing medical treatment and supporting their families. Early monitoring and aggressive treatment of Aids-related illnesses improved productivity, Steinberg said.

Excluding people with HIV from medical benefits might limit some expenditure, but was no answer as employers would still absorb costs such as loss of skilled manpower. Exclusions were also morally and legally challengeable.

"Companies have to find a balance of needs between employees at risk of HIV with those who are not, subject to available funds," Steinberg said.

Dr Neil McKeown of Grey's Hospital in Pietermaritzburg said supporting the family when Aids-related disease first struck a member infected with HIV would influence workplace productivity, and the imposers would balance expenditure.

The illness caused absenteeism and a drop in household income at the same time as health costs increased expenditure.

The impact on family structure and finance became more severe as the disease progressed. Children were forced to take on adult roles of nursing or earning money, and grandparents had to take on the child-rearing role for which they were not ill equipped, McKeown said.
Uganda leads the African response to Aids epidemic

South Africa can learn much from the country once dubbed the Aids capital of the continent

BY JANINE SIMON
Medical Correspondent

South Africa, on the brink of releasing its latest annual figures on the HIV/AIDS epidemic and buckling its stalled national Aids programme should look north to Uganda for inspiration.

Five years ago the central African country—dubbed the Aids capital of the continent—had an HIV prevalence rate which peaked at more than 30% at some urban sites. By December 1995, estimates put cases at more than 350,000.

But 15 years after the first case of “slim disease” was recorded, there is increasing evidence that HIV prevalence in Uganda is declining, and its 19 million population is abandoning high risk behaviour.

Declines are most pronounced among pregnant women aged 15 to 19: one site in Kampala reported a drop in the HIV prevalence rate from 26% in 1992 to 9% in 1996. This translates into a 50% reduction in new cases of HIV infection in that age group.

Behavioural surveys indicate people are waiting longer before having sex for the first time, reducing the numbers of casual sexual contacts. They were also using more condoms, particularly with casual partners.

According to a review conducted last year by the Ugandan government and the United Nations joint programme on Aids (UNAIDS), Uganda has implemented virtually every component of the World Health Organisation’s global strategy for responding to Aids epidemic, backed at every level by political leadership and will.

Again and again, credit is given to President Yoweri Museveni. “Maybe if the president had not become involved with Aids, we’d all be dead,” commented one leading Ugandan Aids worker.

The first case of Aids was recognised in 1982. Uganda’s Aids control programme was up and running by 1986. and able to recommend in 1988 an increase in the intensity of work at district and community levels.

The Uganda Aids Commission was formed in 1990 to co-ordinate the national response and, by 1994, had firm guidelines for the multisectoral approach to the epidemic.

While South Africa has still to pull together the work of the education, labour, correctional services and other departments, Uganda has Aids control programmes in 11 of its ministries.

More than 500 NGOs and community-based organisations participate in Aids prevention and mitigation activities in Uganda. South Africa’s Aids Consortium represents about 120.

Work by Catholic and Protestant churches and the Islamic Medical Association is notable, as well as the role of advocacy groups for Aids orphans and Aids in the workplace.

International agencies stepped in, too, with WHO, USAID, UNICEF and European countries pouring funds into surveillance mechanisms. HIV testing and counselling, STD management, Aids education, securing an HIV-free blood supply, and care for people with Aids. The result is that, despite the poor communication infrastructure, people in Uganda know about Aids, how it is transmitted and how to prevent transmission.

No one suggests this is the solution to the epidemic.

An estimated 10% of Uganda’s population is infected, and the review has pages of recommendations to smooth political tensions, standardise and expand counselling, recover costs and expand work to isolated rural areas. But resource-poor Uganda’s response has been intensive, extensive and effective. The review concludes.

If South Africa, led by the health department and President Mandela, can take control of its tuberculosis epidemic, there is neither cause nor reason to delay doing the same for HIV and Aids.
Schools
AIDS policy on track
SOME of the media coverage of the "AIDS admission" case has given an impression that an absence of policy frameworks at national level led to a delay in the admission of a child with AIDS to school. This view makes several incorrect assumptions about the nature of educational policy and practice.

The history of education reform worldwide is replete with examples of courageous and innovative "polices" which have never been translated into reality. For education directives to be dynamic and life-changing realities, school-based processes must be in place for organic implementation.

This is because changes in school practices do not come about because the policy is dictated from some central point — especially when, for those innovations to be effective, new knowledge and changed attitudes are necessary.

The phenomenon of AIDS poses challenges to the practices of schools in many ways, and an effective education programme would need to be based on an assessment of existing information and misinformation within the school (parents, teachers and students) regarding the disease and how infection does and does not occur.

An AIDS policy at school level should address not only practical arrangements but also attitudes regarding the rights of children and others who are ill. Misconceptions and prejudices born of ignorance need to be dispelled through educational strategies of providing information and stimulating debate and discussion. The infection management and the universal precautions that are necessary to prevent infection are part of a change of behaviours which can be practically implemented only at school level.

Appeals for time for "process" in education have been misunderstood by the media as "delaying" tactics. These need to be understood as providing the space for empowering those agents who, in fact, are the creators of new policy in practice.

In the Melpark case, we believed that it would be inappropriate for the Gauteng education department to pronounce on the issue, other than indicating that the admission of the child was not in question, until there had been a meeting between the school and the department in which these internal policy processes could be put in place.

In recent cases where we have not insisted on taking the time to speak to the school before speaking to the media, this has damaged the relationship between the school and the department and the issues have taken much longer to resolve.

Of course we need school-based AIDS policies now. We also need the following to be urgently developed at every school:

- codes of conduct
- school development plans
- frameworks for religious observances
- language policies
- policies regarding extramural programmes
- fundraising policies
- school security plans

The tasks we face are enormous.

The new education departments are very young and have had to manage the establishment of their new administrative structures and macro-policy frameworks. What has been achieved in a short space of time is remarkable. Attention is now being tuned to school-based transformation. We are taking steps in the next few months by taking forward the implementation of the National Schools Act through the election of school governing bodies or PTSAs at all levels of our schools.

The volume of the policy tasks that await schools, and the different conditions under which different schools operate, will inevitably mean that there is no time to be even develop policy frameworks in all schools.

Schools will identify the most pressing issues for immediate attention. Over time, and as our new governing bodies learn and grow, all of these tasks will be taken forward confidently and effectively in all of our schools supported by the education department.

AIDS policy and AIDS education are not only about school issues. They must be a broader societal concern requiring information and attitude change.

There is a real responsibility which the media must accept to demystify the issue, and to deal with the underlying prejudices which accompany some of the concerns that have, or have not been expressed. It is an educational challenge for everyone.
HARARE: The World Bank was accused yesterday of exploiting the Aids pandemic on the African continent by pressuring African states into taking loans to pay for unproven Aids prevention programmes.

Mr Alan Whiteside, a South African economist at the University of Natal, accused the World Bank of coercing already impoverished African nations into borrowing funds for prevention methods that have not proved effective.

"It seems to me that loans forced on many governments by the World Bank, which say these are the methods we are going to use to prevent the spread of HIV infection, are putting the cart before the horse," Whiteside said.

Forcing nations to spend millions of dollars on condoms and professional counselling on sexual behaviour was a rather "bizarre" approach, since the methods had not yet proved effective, Whiteside said.

"The morality of the whole thing is questionable and the World Bank ought to get out of the whole business. But for them it is just an easy way of lending money," the economist said.

Whiteside was speaking at a meeting here on the economic impact of Aids on employment in Zimbabwe.

Aids is claiming an average of 500 lives a week in Zimbabwe, and an estimated 2000 people are infected each week. — Sapa-AFP

HARARE: Aids is expected to slow Africa's gross domestic product growth, reverse hard-won development gains and make its nations worse off for decades to come, a leading South African economist said here yesterday.

In a paper on Aids delivered by Professor Alan Whiteside of Natal University's economic research unit, he warned that the more sophisticated and industrially based economies of South Africa and Zimbabwe were vulnerable to the pandemic.

He said policy-makers had not responded to the implications of the epidemic, and the private sector's response had been patchy, misdirected and unsustainable.

People involved in Aids prevention "are baffled by the apparent inability to plan for the inevitable increase in illness and death", Whiteside said.

Despite the high incidence of HIV infection — 40% of pregnant Malawian women are infected — HIV levels and Aids cases are expected to rise for at least the next five years until they peak. — Sapa
Developing nations face HIV scourge

CAPE TOWN — Between 20- and 30-million new HIV infections would have occurred worldwide by 2000, with 90% in developing countries, a French AIDS researcher said yesterday.

Addressing the Medical Research Council, Prof. Luc Montagnier said there were currently more than 6 000 new infections daily, most of them in Africa and Asia, and 50% of them of women aged between 14 and 24.

Research in SA has shown that an estimated 1 100 people become infected with HIV on a daily basis and this figure was projected to rise to 2 600 new infections a day in 20 years' time.

In developed countries there had been a decline in new infections as a result of new treatments and awareness campaigns, Montagnier said. The trouble with treatments developed to date, was that their high cost limited availability.

Montagnier, author of several books on the HIV epidemic, is visiting the country to examine the possibility of establishing a World Foundation AIDS research and prevention centre.

A similar centre already exists at the Côte d'Ivoire port of Abidjan.
Health Minister Nkosazana Zuma has caused another furore by saying that AIDS is surging in South Africa where poor people have sex for entertainment.

Her statement is "astonishing" and a generalisation, say AIDS organisations.

Dr Zuma told reporters in Geneva, Switzerland, that "sex is entertainment for the poor if you have nothing else to do when other people go to the cinema or to the pool, if your only relaxation is sex."

Gary Lemont of Wola Nani, an organisation which works with people with HIV, said "Her critique on the social causes of HIV and AIDS in South Africa lead us to believe that mass viewings of Rambo and 101 Dalmatians will reduce the 600-700 day infection rate Wola Nani continues to be profoundly concerned at Dr Zuma's lack of a cohesive strategy on HIV and AIDS."

Mark Heywood of the AIDS Consortium said that while Dr Zuma's statement was true, it was a crude generalisation.

Dr Zuma returned today from a visit to Australia and Switzerland. In Geneva she attended a UN co-ordinating agency for the AIDS epidemic (UNAIDS) board meeting where she was unanimously appointed chairman. UNAIDS said infection levels registered at South African clinics now exceeded 20 percent from less than one percent in 1988. "The country's health services are already starting to experience the impact of the epidemic."

"South Africa is just at the beginning of the curve of illness and death," it said.
AIDS expert writes off Virodene

CASS ST LEGER

The professor who discovered the AIDS virus and who plans to set up a research centre in South Africa has ruled out consideration of the "wonder cure" Virodene.

Professor Luc Montagnier of France's Pasteur Institute was in the country this week, meeting scientists and politicians, discussing his research on the disease, and ways to stem the impending epidemic here.

But he was dismissive about Virodene, hailed by Pretoria laboratory technician Olga Visser in February as a cure.

Montagnier said it was a compound of some toxicity which had not been subjected to clinical trials. "We must follow the rules."

Asked during a press conference if terminally AIDS patients should be allowed access to Virodene, despite research into it having been banned by the Medicines Control Council, he said this was a matter between doctor and patient.

Montagnier's message was that most AIDS patients in developing countries had no access to new, expensive anti-viral treatments. "The world will not be rid of this epidemic if it is left to fester without intervention in regions of the southern hemisphere."

Montagnier said South Africa had a key role to play in fighting AIDS in Africa, where the disease differed from that in Europe and the US.

Few studies of the "natural history" of African AIDS had been done — and he hoped to correct this.

But Montagnier was cautious about finding a cure in Africa, saying only that it was possible that there were compounds or chemical treatments to be found on the continent that could "complement" existing anti-viral treatments.

Montagnier, the joint founder of the World Foundation for AIDS Research and Prevention, turned his attention to South Africa after encountering President Nelson Mandela in Lagos a few months ago.

"The government of South Africa, and especially President Mandela, were very open to our initiative."

He spent his last few hours here on Friday searching for a suitable site for the centre, scheduled to be operational within five years.
KENYANS HAVE NOT CHANGED THEIR BEHAVIOUR

Publicity fails to stem HIV tide

KENYA'S only hope of stopping Aids is "harambee"—pulling together—says health specialist Meshack Ndolo Health Writer CAROL CAMPBELL reports

TUCKED behind Kenyatta Hospital in the Kenyans capital, Nairobi, is a row of small, temporary offices that are the nerve centre of the country's Aids programme.

The government's Aids workers moved into the prefabricated building in 1984 when the disease was discovered in Kenya. Thirteen years later, they haven't moved out.

"We were used to dealing with cholera and we thought about Aids the same way — that sooner or later it would go away," says Dr Meshack Ndolo, a health specialist working for the Aids Control Programme. "We were wrong."

Of the 24 million people living in Kenya, it is estimated that 7.5% are HIV carriers. By the middle of last year, official figures put the number of AIDS-related deaths at 63,647 — but because so many AIDS deaths go unreported, the figure is more like 200,000.

"For every one Aids case that is reported, I believe there are three that go unreported," says Ndolo.

The United Nations Children's Emergency Fund (Unicef) has estimated that by the turn of the century in Kenya, there will be 600,000 Aids orphans, half of whom will be HIV-positive. The state cannot afford to support them.

The burden of rearing Kenya's children, when Aids claims their parents, is falling increasingly on the shoulders of the elderly. Those children stunted by their extended families are moving on to the streets of the cities where they beg and prostitute themselves to survive.

Dr George Tembo, the United Nations Aids adviser to Kenya, said Aids has become a woman's disease, which meant that eventually more children would be left motherless and probably homeless.

The biological make-up of a woman means she stands a much bigger chance of catching HIV than a man.

"Women also mature at a younger age and become sexually active earlier than boys. Often they sleep with older men who've been around, increasing exposure to HIV."

Women in traditional communities were uneducated, "disempowered" and did not have the authority to say "no" when a man demanded sex.

"If a woman pulls out a condom before lovemaking, her partner immediately becomes suspicious," Tembo says. "He'll ask her if she has been sleeping with other men — because (he thinks) she must be HIV-positive to want to use a condom."

Much as in South Africa, 80% of Kenyans and the majority of women live in rural areas. Those who go to "Western" clinics have to trek long distances for basic care.

Kenya's rural communities have access to publicly-funded primary health care, but the prospect of tertiary care is almost out of the question.

When the World Health Organisation reduced Aids funding to Kenya in 1993, President Daniel arap Moi's government had to take responsibility for the cross. He borrowed US $400 million (about 81 way about programme against sexually transmitted diseases and found that this contributed to a decline in the HIV infection rate.

Teachers and headmasters, with the financial support of Unicef, have joined nurses and doctors in receiving training in educating people about Aids.

AIDS education is part of the school syllabus. Parents are encouraged to use the same educational material to inform themselves about the disease.

"The top-down management approach in the ministry of health was getting in the way of fighting the disease. So we 'restructured', giving much more authority to Kenya's 60 district Aids committees," said Ndolo.

"This meant money was channelled to the districts and the Aids committees were given the freedom to decide how best it should be spent."

"We want every district eventually to have a computer linked to the ministry of health so that it can record new Aids cases as soon as they are discovered. So far only 15 have a computer."

Tribal chiefs are being trained to help the government "administer" the disease by keeping health authorities informed about the epidemic in their communities.

The government set up "surveillance" centres at 24 points around the country in 1987, the same year Kenyan law was changed, making Aids a "notifiable disease" that had to be reported when diagnosed.

A government policy document on Aids is being drawn up that tackles issues like confidentiality, forced HIV testing, the rights of a spouse and children and the property inheritance in the case of the death of a father.

Non-government organisations, mostly funded by foreign money, still carry 47% of the Aids "load", educating people how to avoid Aids, counselling those who have HIV or Aids and distributing condoms.

Radio adverts, television programmes, dramas and songs are continuing to feature the campaign.

"And still people do not change their behaviour," says Ndolo.

The disease in Kenya is not under control, but it is expected to reach a plateau at a high infection rate during the next decade.

Kenyans have an expression, "harambee", which means "pull together."

It is used by leaders when a community needs a school or clinic and everyone is asked to chip in. "Harambee," says Ndolo, "is the only way we will stop Aids in Kenya."
HUSH, BABY: Kenyan schoolgirl Georgette Everette consoles a newborn AIDS orphan at a Catholic children’s home outside Nairobi. The teenager spends her Saturdays helping to take care of the orphans.

Too poor to buy time from death

TWO years ago, Ms Grace Wambonyi, of the Kiambu estate near Nairobi, watched her daughter die of AIDS-related illness.

She was too poor to afford private medical care for Faithy, 27, and there was little she could do to ease her suffering when the disease took hold — but she promised to take care of her dying daughter’s infant son, Molera.

Since the beginning of the AIDS epidemic in Kenya, 65 647 deaths have been reported to the Ministry of Health.

Because most Kenyans live below the breadline, they cannot afford to pay for First World medicines or private health care. Severe malnutrition means the virus breaks down their resistance to killer diseases such as tuberculosis and malaria.

Three months ago Wambonyi succeeded in placing her toddler grandson in a Catholic home near Nairobi, for HIV-positive orphans. She does not have the money to feed the boy and the home provides some medicine.

“It’s much easier for me at home now because he is always sick. My neighbours knew he was HIV-positive and they were scared of him.”

Wambonyi has no idea who the boy’s father is. She dismisses the question with a wave of her hand and a curt and irritated “Ta, men!”
STIGMA LIKE LEPROSY IN OLD DAYS

The silent curse of Aids

AIDS workers in Zimbabwe are still battling to make the government understand the scale of the problem. Health Writer CAROL CAMPBELL reports.

In Zimbabwe the stigma of having Aids is like leprosy in Biblical times. It has become a silent curse — stalking the population of 11.5 million and killing 500 people a week. (The unofficial figure is 1 500.)

But still nobody wants to admit having Aids or being HIV-positive.

Already a minister of health, a minister of finance and Mr Joshua Nkomo’s son are suspected of having died from the disease. Of the three, only Nkomo, Zimbabwe’s vice president, has admitted his son had Aids and at his graveside he blamed whites for bringing the disease to Africa.

Sister Nolan, a Catholic nun who works at a home for Aids patients in Harare, said families sent home admitted their loved ones died of the virus.

“People die of everything but Aids,” she said.

More than a million Zimbabweans have the HIV virus and 160 000 have developed full-blown Aids since the start of the epidemic in 1985.

Ms Margaret Mehlonakhu, deputy head of the National Aids Programme, said Aids workers were still battling to make the government understand the scale of the problem.

“We don’t have a specific budget from the government,” she said.

Instead the Zimbabwe National Aids Programme runs on money from foreign donors — roughly $4 million a year.

“It’s about the same amount your health minister spent on Sarafina 2.”

But, as one Aids worker said, “Money doesn’t solve the problem because there’s never enough and it just causes corruption.”

What is needed is the political will of the government to stop the spread of the disease through education and primary health care.

Later this year the government will pass legislation forbidding private sector employers from discriminating against HIV/AIDS sufferers — the legislation will be extended to the civil service after further negotiations.

“Nobody knew it would be a long-term disease,” said Mehlonakhu.

“In the beginning we knew of one case so nobody saw it as huge and unmanageable. Even the World Health Organisation didn’t realise how big this thing was.”

It was the public laboratories and the blood transfusion service who began picking up the severity of the problem in Zimbabwe.

“They were testing for HIV and finding it more and more,” said Mehlonakhu.

With no money to increase the number of beds in hospitals to cope with everyone who develops Aids, the Zimbabweans are pushing families and friends to care for the sick and orphaned themselves.

“It is these people we are now targeting for training and, if it is possible, a clinic sister tries to pop in to visit the home on a daily basis to make sure everything is running smoothly.”

There is some resistance to the project from families who don’t want the responsibility of an Aids sufferer.

Others have embraced the idea and in Mancalan Province in southern Zimbabwe a chief has turned the local tradition of “Chusa” into a life-saving support scheme for Aids orphans and the Aids sick.

“Chusa” is Shona for “Day of Respect” and is traditionally a Wednesday or Thursday when everyone in a village works in the communal fields overseen by the local chief.

In Mancalan the chief uses the money raised from selling the Chusa harvest to support local Aids sufferers and orphans so that no family has an unwanted financial burden.

In the formal sector company managements are having to increase their members’ medical and contributions to stop their schemes from going bankrupt.

Anyone wanting a life insurance policy of more than $10 000 (R50 000) has to have an Aids test.

Mr Tim Cameron, chief executive officer of one of Zimbabwe’s biggest retail groups, Thomas Meikle Stores, said productivity was dropping as more staff members took leave to attend funerals in the rural areas.

“Medical contributions are going up all the time. I’ve lost track of the percentages because we’ve also had to contend with inflation.”

Because public health in Zimbabwe is free for the very poor, many employees in the formal sector prefer to take their chances at a government clinic rather than pay rising medical aids fees.

“It’s hard to say that a staff member has died of Aids because often TB or pneumonia (side effects of Aids) are listed as the cause of death,” said Cameron.

Usually the employee goes off sick, then, as his condition deteriorates he goes home to the rural areas and dies. It is often not known what has happened to him or her as the grapevine he has died and appoints someone in his place.

For unskilled jobs the cost of training someone new is not high but as the disease creeps into management ranks big businesses are having to make plans to deal with its impact.

“We used to have to go to businesses to inform them about Aids. Now they are coming to us,” said Mehlonakhu.
Sale of assets winds down Sarejana
Cape Town – The Health Department was still recovering state assets and funds used for the Aids musical Sarafina 2, health director-general Dr Olive Shusana told the National Assembly health committee yesterday.

Vehicles already recovered included a Mercedes-Benz valued at R914 733 (depreciated value, R604 965), a Mercedes-Benz luxury bus valued at R1,183 million (depreciated value R916 530), and a Volkswagen minibus valued at R72 394 (depreciated value R53 707).

Furniture was also auctioned, bringing in a further R42 000, she said during a departmental briefing to the committee.

The department was auditing other items in the government garage, she added.

In a briefing to the committee, chief directorate of departmental support services, Hugo Badenhorst, said the department had received 230 requests for severance packages of which 141 were approved, 67 turned down and 22 were being considered. The reason so many requests had been rejected was that certain people had expertise and knowledge the department could not do without.

The directorate had underspent by R10,538 million in the past year. This included R350 000 due to vacancies, R200 000 that Shusana had allocated to an affirmative action programme that had not yet been launched, and R969 000, which should be rolled over, for an information system awaiting approval from the state tender board.

Chief directorate of national programmes Claudine Mishali said future plans included training registered midwives to terminate pregnancies and to promote reproductive health programmes – especially for men. – Sapa.
Furniture was also auctioned, bringing in a further R42 000, she said during a departmental briefing to the committee.

The department was auditing other items in the government garage, she added.

In a briefing to the committee, the chief directorate of departmental support services Mr Hugo Badenhorst said the department had received 230 requests for severance packages of which 141 were approved, 67 turned down and 22 being considered. The reason so many had been rejected was that certain people had the expertise and knowledge that the department could not do without, he said.

The directorate had underspent by R10 538 million in the past year. This included R3 500 000 due to vacancies, R200 000 allocated to an affirmative action programme which had not yet been launched, and R969 000 for a master information system awaiting approval from the State Tender Board.
LYMPHIC PROGRESS: The first arch of the new roof over the Velodrome, a cycling track in Bellville, was bolted into place yesterday. Revamping the stadium will cost R38 million. The building must be ready by July to host the World Junior Cycling Championships.  

"Mandela factor' may secure IOC vote

ETER DENNEHY

REIDENT Nelson Mandela, the trump card of the South African bid for the Olympic Games in 2004, will address International Olympic Committee (IOC) members just before they make their final decision in September on who hosts the Games.

This emerged yesterday during a briefing of Parliament's portfolio committee on sport.

Bid company director Mr. Balfour said the president had made many telephone calls in an effort to help secure the vote of 20 IOC members from Africa.

Cape Town needs 55 votes to host the Games. There are 20 African members out of a total of just over 100 IOC members.

Balfour said it was also important to secure the "second vote" of the IOC delegates to swing the final decision in Cape Town's favour.

"The president will also play a crucial role in respect of some of the visits (from IOC members)," said Balfour.

Mr. Michael Fuller, financial director of the bid, reported to the committee that they expected 40 visits to Cape Town by IOC members in the run-up to the September decision.

"We have already had four visits from (the) IOC," said Fuller.

Mr. Mduka, president of the National Sports Congress, expressed concern that the bid company was holding back on its "trump card", possibly until it was too late.

But Mr. Danie Malan, vice-president of the National Olympic Committee of South Africa (Nocsa), said that in his opinion the "Mandela factor" should be reserved for the last moment.

Nocsa treasurer Mr. Kurt Hipper quoted from the April 7 edition of the International Olympic Committee's magazine, "Time Out," in support of the Cape Town bid.

"The concern about crime was there but greater is the worry about what happens when President Mandela steps down," Mr. Hipper said.

"They (IOC members) look around in Africa and Eastern Europe and see how change happens the president and the deputy president should meet them and convince them that every great man can be replaced eventually," he said.

Nocsa has been given the task of developing excellence in Olympic sports.

"We have a programme in place we have already spent R9.5 million and we anticipate we will spend three times that before the Sydney Games (in the year 2000)," said Malan.
Personal test of faith for Catholic Aids workers

FOR every nun, brother and priest working with Aids and HIV sufferers in Africa, the Catholic Church's ban on condoms has become a personal test of faith.

The human suffering they are witnessing because of Aids has resulted in some fleeing in the face of their church's stand and handing out condoms in secret, or turning a blind eye to health workers who do.

Her body is wasted from the disease, her eyes almost vacant and her lips unable to form words. She carries with her the overpowering smell of disinfectant.

When Sister Nolan asked her gently what the matter was, the girl asked in a whisper for yoghurt.

"Of course, I'll get you yoghurt," said Nolan.

Yoghurt was the only food the teenager had the strength to eat and the only word she had the energy to say.

AS the governments in many African countries increasingly admit they do not have the resources to cope with the rampant Aids epidemic, local people are turning to the Catholic Church for help. CAROL CAMPBELL reports.

LOVING HOME: This little boy is one of 32 children who have been taken under the wing of the Catholic Church in Nairobi. He lives at an Aids orphanage called Nyumbani, which is Swahili for "home."
NEW YORK: People who are HIV-positive are now being offered life insurance — in the first acknowledgment by the insurance industry that the disease is no longer an automatic death sentence.

Guarantee Life Insurance of Illinois broke ranks with other United States insurers — who are reputed to be among the most cautious in the world — and said it was prepared to offer policies, although the premiums would be steep.

Until now insurers have declined to do business with those infected with HIV, which can lead to AIDS. In recent years, however, the life expectancy of HIV-positive patients has soared because of medical advances.

Although there was no immediate repeat of this view from other major companies, the American Council of Life Insurers said it was confident other insurers would shortly follow the example of Guarantee Life.

AIDS welfare groups welcomed the decision, hailing the practical benefits for HIV patients — who, they said, would now be able to plan their finances better — and for the boost it could give to the public's image of AIDS sufferers. — The Times, London.

ZIM academic warns on drug research

HARARE: Clinical trials to find a cure for AIDS that only involved developing countries should be treated with caution, University of Zimbabwe vice-chancellor Mr Graham Hill said yesterday.

Addressing the fifth congress of the Association of Medical Laboratory Scientists, Hill said there had to be reasons why a particular country was used for such trials.

"We said Western-based pharmaceutical institutions exposed people to research methods which were not carried out in the Western countries. "Africa should unite in rejecting, in the strongest terms, trials that are based on the principle of colour, for in fact they do not seek knowledge, but seek to perpetuate the inequality of mankind and proof of idiosyncratic, self-appealing theories," said Hill. — Saga.

OWN CORRESPONDENT

PRETORIA: The controversial Tuks researchers who claimed to have found a cure for AIDS earlier this year are to face a disciplinary hearing on July 3.

The three researchers, Professors Dirk de Plessis, Dr Callie Landauer and Ms Olga Visser, made headlines around the world when they released their findings on a new drug which they called Virodene.

Tests on the drug were later stopped when medical experts said it could have dangerous side effects on patients.

The University of Pretoria decided to bring disciplinary charges against the trio after conducting an internal inquiry into their research.

At this stage, it is not known what charges will be laid against the three researchers.
Plans needed to stop spread in HIV

By Mokgadi Pela

Specific interventions targeting returning migrants and their rural partners need to be considered to reduce the spread of HIV and other sexually transmitted diseases, a meeting was told in Cape Town yesterday.

Addressing about 50 delegates attending the 18th African Health Sciences Congress, the Medical Research Council’s senior scientist, Dr Mark Lure, said the new South Africa had a duty to protect migrants and their partners, considering the legacy of apartheid which created such conditions.

"Migratory patterns are conducive to the spread of HIV and STDs," Lure said.

Surveyed

Citing his study of migration patterns in northern KwaZulu-Natal's Hlabisa health district, he said 60 percent of the households surveyed in the area had a migrant male.

Most migrants from Hlabisa were in Johannesburg or Durban.

Migration patterns were changing, he said.

With the lifting of restrictive laws, more flexible work contracts and improved transportation systems, Hlabisa migrants working in Johannesburg are now able to return home up to six times a year.

"One result of this may be a significant increase of exposure of their rural partners to HIV and other STD's," Lure added.

Protection

He said the study was aimed at devising methods for protecting migrants and their partners.

The next stage will be to measure HIV-STDs status in returning migrants and their partners on the one hand as well as non-migrants and their partners on the other.

"That will inform us whether migration itself is a risk factor, both for migrants and their rural partners and will help us target our interventions to those most at risk," he added.
Zuma cleared on Sarafina donor

CAPE TOWN — Public protector Selby Baqwa has cleared Health Minister Nkosazana Zuma of any dubious actions regarding the mystery donor who offered to fund the Sarafina 2 AIDS play late last year, and has confirmed that the donor is a white businessman.

In September Zuma announced that a secret donor had offered to pick up the R14m tab for the play, and refused to divulge the name of the donor.

This led to speculation on the identity of the donor, with suggestions ranging from the African National Congress (ANC) itself, Nelson Mandela's fund or an Indian pharmaceutical company.

Baqwa, who was asked by Radio 702, the Sunday Times and the Democratic Party to investigate the donor, said he had interviewed the donor and found that he was a businessman who made the offer with philanthropic motives.

But he recommended that to prevent conflict of interest in future, "anonymous" donors should be identified to the public protector and the auditor-general.

As a citizen, the donor had the right to privacy but the concept of when a private donation was desirable had to be considered. The issue was one of measuring transparency against the right to information and the right to privacy.

Baqwa recommended that treasury instructions governing donations to the state be expanded to deal with donors who wish to remain confidential. He said if the responsible minister and the accounting officer were satisfied with the reasons for the donation and identity was made known to the public protector and the auditor-general, it should be approved.
AIDS policy proposed

Proposals in the white paper on the Health system on managing the AIDS epidemic include a commitment to ensuring that all people infected with HIV have access to care and support, including counselling.

Others call for guidelines on care, drugs and training of health-care workers, improved access to condoms, a research policy committee handling research funding, a ban on HIV-testing without informed consent and a guarantee that test results will be confidential.
SEQUEL TO SARAFINA 2 SAGA

Protector 'must be told who secret donors are'

IN FUTURE donors who do not want to be known to the public protector and auditor-general should not be acceptable to the state, says Selby Baqwa. DONWALD PRESSLY reports.

THE Public Protector, Mr Selby Baqwa, wants the treasury rules to be beefed up to ensure that all future confidential donors of funds to the state — to cover such projects as the Sarafina 2 AIDS awareness play — be known to the auditor-general as well as himself.

Following the Democratic Party's referral to the protector of the issue of Health Minister Dr Nkosazana Zuma's keeping the identity of a donor — who subsequently withdrew — secret, he was making this recommendation to prevent conflicts of interest.

Baqwa said Zuma had done nothing illegal in refusing to identify the white businessman who had offered to cover the costs of the R14.27-million Sarafina 2.

Last year Baqwa declared that Durban-based Committed Artists had irregularly been awarded the tender for the play and that state funding had to stop immediately.

Baqwa said there had been a suggestion that the mysterious donor had been the Indian pharmaceutical company Ranbaxy.

Had this been the case, he would have had to disclose the name, as it had already been awarded tenders by the Health Department for the supply of medicines and drugs.

Baqwa said the mysterious donor was known to him, but he had asked to remain anonymous on his constitutional right to privacy, the protection of his commercial interests and the protection of his family.

"He is aware of the controversy that has surrounded Sarafina 2 and is keen that this should not disturb his life and the life of his family."

Baqwa said future donors who did not wish their identity to be known to the protector and the auditor-general should not be acceptable to the state. But he drew a distinction between anonymous and "confidential" donors.

He said if the donor was acceptable to the minister and the director-general of a department, they were satisfied that there was "no impropriety or conflict of interest" and the identity of the donor was made known to the protector and the auditor-general, such a donor would be acceptable.

He said the streamlining of the procedure would ensure that the row over the Sarafina 2 secret donor would never happen again.
AIDS battle from Africa in
SA can learn

AIDS awareness to boost
curriculum

Proportion of low-risk sampled adults found to be HIV+ by 1994

SA cannot overlook

Proportion of sampled cases as reported to the most accurate way of measuring the spread of HIV in a

Behind the curve

AIDS battle from Africa in
SA can learn

AIDS awareness to boost
curriculum

Proportion of low-risk sampled adults found to be HIV+ by 1994

SA cannot overlook

Proportion of sampled cases as reported to the most accurate way of measuring the spread of HIV in a

Behind the curve
Aids battle to move to ‘hot spots’

Treatment for Aids barely exists for 90% of Third World patients. That may now change, says the scientist who discovered the Aids virus

Dawn Blaock reports

AIDS is no longer the disease it used to be, says the man who discovered the virus that causes it.

There's still no cure, but more effective treatments are transforming AIDS from a social phenomenon and a stigmatizing mortal illness to a medical problem, seen to join the ranks of other chronic illnesses such as the French physician who was catapulted to scientific stardom when he first described the virus in 1983.

The diminutive white-haired Montagnier launched a South Africa last week searching for a potential site to build a proposed Aids research centre to serve the whole of Southern Africa.

Small grants are for a network of Aids research centres in HIV “hot spots” to fight the virus on its terrain — the developing world.

“It is obvious that the world will not be rid of this epidemic if it is left to fend for itself without intervention in the southern hemisphere,” he says.

“Most of the spending [on Aids research] is in the developed world,” Montagnier notes. “Of course, if Aids had been just an African disease there would not have been so much public attention and research.”

As more and more people manage to live full lives with Aids, and fewer people with HIV come down with Aids, the absolute death sentence appears less absolute.

The virus is “controllable, if not yet curable, for people with access to treatment,” says the Linus Montagnier of the US, which is a network of Aids patients.

That may change. With research funding in some European countries on the decline, the disease threatens to become a full-blown Aids epidemic.

Aids research is “absolutely essential” for more than 90% of Aids patients.

That may change. With research funding in some European countries on the decline, the disease threatens to become a full-blown Aids epidemic.

Aids education campaigns are still not effective enough, and the hope that they are sufficiently advanced to fight the virus.

AIDS is a disease for people who are primarily in Africa and other developing countries.

And the continent does present some unique problems, Montagnier says. Those who are not exactly compliant patients. The Aids “cocktail” and “adjunct” treatments are prohibitively expensive and for them to work, patients with HIV must be treated early and often.

Individual healthcare cover from around £10 a week.

Take a look at the average medical cover for these common ailments and then tell us you can't afford PFP healthcare.

£5000 annual cover for around £10 a week.

That’s right for around £10 a week will cover you for medical costs up to an annual maximum of £5000

And provide the peace of mind that is essential if you are living, working or travelling in a country where medical facilities may be inadequate and private medical treatment prohibitively expensive.

PFP healthcare is one of the UK's leading medical insurance companies with over 2 million members.

PFP healthcare specialists in quality medical insurance for people working or living overseas. International Health Plans offers a wide range of options for different needs and budgets with annual cover up to £10000.

Based on standard coverage, PFP Healthcare International Health Plans offers a wide range of options for different needs and budgets with annual cover up to £10000.

For immediate cover call anytime day or night

44 (0) 1323 432002

and ask for extension 695
Only the best for AIDS prisoners

A JUDGE has ruled that HIV-positive prisoners be supplied with expensive drugs that many law-abiding citizens cannot afford.

The decision was handed down on Thursday by Mr. Justice Fritz Brand in the Cape Town High Court.

The judge said the Department of Correctional Services must provide HIV-positive prisoners with expensive anti-viral medicine if the drugs are prescribed by a doctor.

He said prisoners should have access to treatment equal to that at provincial hospitals. But while he accepted that the government had “financial constraints”, he said the state owed a “higher duty of care” to HIV-positive prisoners than other citizens because prisoners had no access to other resources to get medical treatment.

He had been asked to consider the case of several prisoners with HIV—the virus which can lead to AIDS.

The Legal Resources Centre, acting on behalf of the prisoners, claimed they were entitled to the drugs in terms of the Constitution, which says that any prisoner has the right to “the provision at state expense of adequate medical treatment.”

Inroads would be made on their personal liberties if they were refused access to HIV treatment.

Judge Brand said that HIV-positive prisoners were more exposed to opportunistic infections such as tuberculosis and pneumonia than HIV-positive people who were not in jail.

The state had to provide them with treatment which was better able to improve their immune systems than that which it provided for HIV-positive patients outside jail.

He concluded that the department’s failure to provide anti-viral medication to the prisoners amounted to an infringement of their rights.

He ordered that the two prisoners who had already been prescribed the drugs should be provided with them at state expense.

The remaining HIV-positive prisoners involved in the case had not been given prescriptions for these drugs and he could not, therefore, order that they should get them.

Mary Crewe, co-chairman of the National AIDS Convention of South Africa, described the judgment as “progressive”. She said that the fact that the judge was not swayed by the expense of the treatment “gives us hope that someday everyone with HIV will be given treatment at state expense.”
THE Democratic Party (DP) expressed concern yesterday at the Cape Town High Court ruling that HIV-positive prisoners should be supplied with expensive antiviral drugs if prescribed.

DP Gauteng health spokesman Jack Bloom said the costs would be "astronomical" and unaffordable if all HIV-positive prisoners took advantage of Judge Fritz Brand's ruling.

The judgment was "totally unrealistic" with regard to health priorities and available resources, Bloom said.

"I cannot understand the logic that HIV-positive prisoners should receive preferential care to that offered to HIV patients at state hospitals.

"There are 2,500 diagnosed HIV patients at Johannesburg Hospital alone who receive no antiviral drugs whatsoever as this would be unaffordable and would prejudice the treatment of other patients."

Bloom said haemophiliacs were the only HIV patients in Gauteng state hospitals who received antiviral drugs.

HIV patients who could not afford the drugs could be tempted to commit crimes to be jailed so they could receive treatment denied to ordinary citizens, he said. — Sapa.
Special clinics are new step on road to HIV care

Free condoms for teenagers fail to prevent pregnancies


Health Reporter

Teenagers easily prevented from getting pregnant by condoms available at high school


Tuberculosis easily prevented

42

"If you can prevent one person from getting TB in the next year, you'll have saved one life.\n"
DP slams ruling on HIV prisoners

A judge's ruling that HIV-positive prisoners be supplied with expensive anti-viral drugs will encourage infected citizens to commit crimes so that they end up in jail and receive treatment, according to the Democratic Party.

DP Gauteng health spokesman Jack Bloom was reacting yesterday to a newspaper report that Mr Justice Fritz Brand had ruled in the Cape Town High Court that the state should provide anti-viral drugs to infected prisoners.

Bloom said the decision was unfair because many law-abiding citizens could not afford the drugs because they were expensive.

"There are about 2,300 diagnosed HIV-positive patients at Johannesburg Hospital who received no anti-viral drugs as this would be completely unaffordable for the hospitals," he claimed.

Staff Reporter.
Extra funds will be needed to treat HIV prisoners

BY PRISCILLA SINGH
Health Reporter

The Department of Correctional Services said yesterday it did not have funds to pay for anti-viral treatment for its estimated 864 HIV-infected prisoners, expected to cost R4-million a month.

Ministry of Correctional Services spokesman Bert Slabbert said yesterday the department would have to respect the Cape Town High Court ruling.

Correctional Services Minister Sipo Mzimela is studying the judgment, Slabbert said.

The department was drawing up a proposal for the Treasury for funds to treat the prisoners.

Mr Justice Fritz Brand ruled last week that HIV-positive prisoners should be supplied with expensive anti-viral drugs if they had been prescribed by a doctor.

Slabbert said the treatment cost about R4,000 per prisoner a month and that the expense had not been budgeted for.

At the last count in January, Slabbert said, there were 864 known prisoners with HIV and 77 with Aids, compared to 800 HIV-infected and 24 Aids-infected prisoners last year.

"These figures are very inaccurate because they reflect only prisoners who come forward," Slabbert said.

Aids workers welcomed the court's ruling.

Mark Hayward, head of the Aids Law Project, said "HIV is a big problem in SA prisons, especially in the 20-35 age group. It is conservative to say that 10% of the prison population is infected."
6% have AIDS virus, survey finds

Jacob Dlamini and Kathryn Strachan

HIV infection in SA had soared to the level where 14.07% of women attending antenatal clinics were infected — an increase of 3.63% over the previous year, Health Minister Nkosazana Zuma said yesterday.

Presenting the results of the 7th annual HIV survey, she said about 2.4 million South Africans (6%) were HIV positive, compared with 1.8 million (4.6%) in 1995. This meant 11% of adults carried the virus. It was estimated that 90,000 of the 2.4 million would develop full-blown AIDS during 1997 — 20,000 of them children.

The most dramatic finding was that HIV infection rates had trebled in the North West. Zuma said 28.13% of women attending antenatal clinics in 1996 were HIV-positive against 8.3% in 1995. Historical data in the province had not been collected before 1996 and figures presented then may have been inaccurate, she said.

Levels of infection had increased in seven of the provinces, with the Western Cape and Mpumalanga showing slight decreases KwaZulu-Natal, which had the highest rate of infections, showed a slight increase of 1.90% from 18.23%.

In Gauteng the rate of infection rose to 15.49% last year from 12.03% in 1995; in the Northern Cape it rose to 6.47% from 5.84%; while in the Western province it rose to 7.96% (4.89%).

The Free State showed an increase of 1.24% (11.03%) and the Eastern Cape 8.10% (6%).

Zuma said it was alarming that the 20-29-year age group had the highest rates of infection. Women aged 20-24 had the highest increase with a rate of 17.5% (13% in 1995), followed by women of 25-29 years with 15.8% (11.5%).

"This pattern, where HIV infection is highest among young, skilled, economically active South Africans, has serious long-term implications for the SA economy," Zuma said. The health department would improve its counseling services to combat the spread of the virus and would review its AIDS prevention programme in July.

Metropolitan Life senior GM: corporate business, Peter Doyle, said that he was concerned about the "rate of growth in AIDS. KwaZulu-Natal, Mpumalanga and Gauteng continues to slow down, but at relatively high levels of HIV infection. This indicates a maturing epidemic and not necessarily changes in sexual behaviour."

He said the result for the North West was so extraordinary that the health department should urgently investigate the situation.

The National AIDS Convention of SA said there was a lack of high-level political commitment to end the epidemic. It said only Deputy President Thabo Mbeki should chair an inter-ministerial committee on HIV and AIDS.

"We believe that such a committee would ensure a holistic approach and response by the government."

University of Natal economist Prof Alan Whiteside said that while the African epidemic was set to damage many of the continent's economies, the more sophisticated and industrially based economies of SA and Zimbabwe could be more vulnerable to the impact of the epidemic.
2,4 million people now HIV positive

600 000 increase in a year

JENNY VAILL
Health Reporter

About 2,4 million South Africans are infected with HIV, the virus that can lead to AIDS.

Numbers have increased by about 600 000 in a year, according to official statistics released in Cape Town.

People between the ages of 20 and 24 are the most affected.

Based on these figures, 90 000 people will develop AIDS this year, 20 000 of them children.

Health Minister Nkosazana Zuma yesterday released results of the seventh annual HIV survey of women attending antenatal clinics, carried out in October and November.

Researchers were surprised at the infection rate in the Western Cape, which showed no increase over the previous year. In fact it had decreased slightly from 1,66 percent to 1,65 percent.

The survey found 14,07 percent of women were positive, up 3,68 percent from the last survey.

Dr Zuma said the pattern of high HIV infection among young, skilled and economically active South Africans was of grave social and humanitarian concern and had serious long-term implications for the economy.

She said many people, including employers, members of the labour movement and government officials, still did not take the increasing rate of HIV infection seriously.

"Many still believe that it happens to others and behave in ways that put them at risk, leaving the problem to the health authorities and organisations involved in the fight against HIV/AIDS," she said.

The Western Cape's figure of 1,65 percent (1,66 percent last year) was "surprising", said Anthony Keen, acting head of virology at UCT.

The low figure may reflect problems with statistical sampling and the health department was looking at better methods...
Call for committed politicians

JOHANNESBURG: High-level political commitment to end the Aids epidemic was lacking, the National Aids Convention of South Africa's advocacy office said yesterday.

Nacosa was reacting to Health Minister Dr Nkosazana Dlamini's release of a report on Aids in which it is estimated that at the end of 1996, 14,07% of women attending public health services antenatal clinics were infected with HIV.

The report was based on a sample of 15 044 specimens screened during October and November 1996.

According to the report, this represented a 3,63% increase in the prevalence of HIV infection since 1995.

Nacosa said only commitment from every government ministry would overcome the epidemic. It recommended that Deputy President Thabo Mbeki chair an inter-ministerial committee on HIV and Aids.

"We believe that such a committee would ensure a holistic approach and response by the government," national lobbyist Mr Poom Moodley said.

MPs and parliamentary portfolio committees could also help in this area. While the health and welfare committees had shown commitment, an all-party parliamentary group was essential for Aids to be kept on the political agenda. — Sapa
Rise in HIV ‘bad news’ — Zuma

"This is bad news — and it must be written in bold print."

That was the word from Health Minister Dr Nkosazana Zuma on the latest AIDS figures.

The figures show a worrying increase in the number of HIV-infected persons nationwide — two million South Africans are HIV-positive while a further 700 to 800 are contracting the disease every day. In North West Province the figures have soared in one year from 8% to 25%.

This puts the province in the same bracket as Uganda, which is believed to have the highest infection rate in the world, and where at the height of the epidemic 30% of pregnant women tested were HIV-positive.

See Page 9
HIV alarm as 2.5-million are found to be infected

Prevalence among young and skilled of grave social concern, says Zuma

BY JOVIAL RANKAO
Cape Town

Shocking statistics released by the Government yesterday indicate that South Africa is still experiencing a fast-growing HIV epidemic, with 6% - representing 2.5 million - of the country's 43 million population HIV positive.

Statistics from the Health Department also show that 11% of adults, 10% of males between 15 and 45 years of age and 14% of females within the same age bracket are HIV positive. The national figures represent an increase from 1.8 million to 2.5 million people infected with the deadly virus. The Health Department warned that this year about 90,000 people would progress to full-blown AIDS and about 20,000 of these would be children.

The biggest increase was in North West, where figures rose sharply from 8% to 25%. Gauteng's figures increased from 12.05% last year to 15.48% this year. The figures were based on an annual antenatal survey of HIV infection conducted among pregnant women in all nine provinces. The survey found that 14% of the 15,000 women whose blood samples were analysed were infected, as opposed to 10.4% in 1995. The figure represents a 3.6% increase.

Health Minister Dr Nkosazana Zuma said yesterday that HIV infections had increased among women of all age groups.

Women aged 20-24 had the greatest increase with a rate of 17.5% (13% in 1995), followed by women of 25-29 years with a prevalence of 15% (11% in 1995).

"This pattern, where HIV infection is highest among the young, skilled and economically active, is a universal finding of grave social and humanitarian concern and has serious long-term implications for the economy."

"The large increase in North West is a source of concern," Zuma said. A more detailed analysis of the cause of the dramatic increase in North West would be launched.

"We're deeply concerned about the results of this survey. The increase in the number of infected young people means that many will die prematurely.

"In the near future the consequences of this uncontrolled HIV epidemic will impact negatively on our social fabric," she said.

Zuma said it was unfortunate that society at large did not take the escalating rate of AIDS seriously. Many left the problem to the health authorities and organisations involved in the fight against HIV and AIDS.

She added that the Health Department would conduct a national review of its HIV/AIDS programme in June to determine its strengths and weaknesses.
Aids spreading at alarming rate in SA

By Rafiq Rohan
Political Correspondent

MORE than 90 000 South Africans will die of full-blown Aids by the end of this year, predictions show.

And even more shocking, 20 000 of the potential victims of the killer virus will be children.

Health Minister Dr Nkosazana Dlamini-Zuma released the horror statistics in Parliament yesterday, further revealing that 2.4 million people in the country were HIV positive.

Last year the total figure of those infected was 1.8 million.

The findings reveal that figures increased by more than three percent over 1996.

Expressing "deep concern" about the epidemic, Zuma has now issued an urgent call to the labour movement, business sector, non-governmental organisations, civil society, national and local governments and the media to mobilise around "the scourge of HIV-Aids."

Research conducted by the Ministry of Health revealed an alarming increase in the number of pregnant women attending antenatal clinics being HIV positive, with the figures rocketing in North West, there, almost one in four women is infected.

"Based on a sample of 15 044 specimens, it is estimated that 14.07 percent of women attending public health service antenatal clinics were infected with HIV by the end of 1996," the report reveals.

"These results on pregnant women are used to estimate conditions throughout the country."

HIV infection results reveal an increase in all age groups but the highest number of infections were found in the 20 to 29 age group.

The Western Cape and Mpumalanga were the only provinces that showed a decrease in infections.

KwaZulu-Natal, which has been a hot spot for HIV infections, showed an increase from 18.23 percent to 19.90 percent.

Zuma pulled no punches: "The HIV-Aids epidemic has reached serious proportions in South Africa," she said.

(92) January 25/4/97
'Top 100 firms in SA should help in fight against AIDS'

Johannesburg - South Africa's top 100 companies should each donate R1 million to help combat HIV/AIDS, a leading AIDS expert has said.


Professor Sher said the Government should grant some form of tax relief for the proposed donations. He said business was the only sector capable of waging a successful campaign against HIV.

According to the findings of the latest survey, 2.4 million people in South Africa were infected with HIV, of whom 90 000 would develop full-blown AIDS in 1997.

Professor Sher warned of dire consequences if nothing were done to curb the disease, adding the spiralling HIV infection figures were nothing new, since Government and business had been warned repeatedly. A high percentage of people in the top risk categories formed part of South Africa's economically active population, which would mean absenteeism and a resulting drop in productivity for the country if they contracted HIV, Professor Sher said. There would be an increased burden on private medical aid schemes and increased training costs as vital members of the workforce were replaced.

Medical aid schemes would have to pay for numerous consultations and treatments for people who did not know they had HIV, or did not inform them. This would increase costs and result in higher premiums.

The constitution prohibited discrimination against HIV patients and individual businesses would have to bear the burden of treatment said Professor Sher.

Both the mines and Eskom had warned of the massive costs of employing "duplicate" workforces and the consequences for the country's economy, he said. He said while prevention was vital, it was equally important to offer practical solutions for patients to sustain productivity and prolonged quality of life - Sapa
Zuma takes AIDS battle into the schools

Cape Town – The Department of Health’s HIV/AIDS prevention and awareness programmes at schools would include encouraging children not to become sexually active too early, Health Minister Dr Nkosazana Zuma said yesterday.

They would be encouraged to use condoms when they did, she said in her introduction to debate on her budget vote.

Her department was working with the Education Department on a life skills programme to educate secondary school children about the dangers of HIV/AIDS.

It planned to roll this out with programmes in primary schools. By the end of next year it would have included nearly 7 400 secondary and 13 500 primary schools in the programme.

The department would review its general HIV/AIDS programme in June with NGOs, labour, business and other organisations of civil society.

Currently it was stepping up initiatives and so far 120 million male and 90 million female condoms had been procured for distribution.

Turning to the essential-drugs programme, Zuma said this would be extended to secondary and tertiary-care hospitals.

The wastage of drugs through theft and fraud would be cut by enforcing bar-coding for track distribution and by issuing essential primary health care drugs in patient-ready packs.

These and other medicine-related initiatives would save the department up to R500-million and these savings would be used to improve funding for health care in other areas.

The department aimed to eradicate polio from South Africa by the end of next year and was expanding its immunisation programme against measles, diphtheria, whooping cough, tetanus, polio, mumps and hepatitis B.

There would be further huge improvements in access to primary health care and by the end of this year 3 million more citizens would have gained access to primary health care than in 1994.

Zuma said private medical aid schemes had an important role to play in the health sector but they had to carry out their role responsibly.

Legislation would encourage community risk rating rather than that of individuals.

Sapa

Star 25/4/97
DP slammed over criticism of ruling on HIV prisoners

'Typical of discrimination'

JENNY VIALL
Health Reporter

Suggesting that HIV-positive people will commit crimes to get expensive medical treatment available in prison is typical of the discriminatory response to HIV and AIDS, says AIDS Law Project lawyer Fatma Hassan.

She was reacting to Democratic Party health spokesman Jack Bloom's statement that providing HIV treatment to prisoners would encourage infected citizens to commit crimes so they would go to jail and get treatment.

Mr Justice Brand ruled in the Cape Town High Court recently that HIV-positive prisoners must be supplied with antiviral drugs if these were prescribed by doctors. Mr Bloom said the decision was unfair because many law-abiding citizens could not afford the drugs. Combination therapy, which costs about R4,000 a month, is not given at state hospitals because it is too expensive.

"One cannot help but wonder whether if the court ordered expensive therapy for another life-threatening illness, for example cancer, would the same reaction have surfaced," Ms Hassan said.

HIV/AIDS and STDs programme director Rose Smart said the Department of Health believed prisoners should have access to the same care as was available through the public health system.

The implications of the judgment are being studied by the Department of Correctional Services, which will have to bear the cost. There are 864 prisoners known to be HIV positive but the real incidence of HIV infection is likely to be much higher.

Not all HIV prisoners will be eligible for the therapy. The judge ruled that the medication should be given to prisoners only if a doctor prescribed it.

Ms Hassan said the judgment would ensure the Department of Correctional Services adopted a policy on HIV treatment in prison coupled with a more serious approach to prevention.

Mark Heywood of the AIDS Law Project supported the judge's measured approach. He said combination therapy should not be offered to asymptomatic HIV-infected prisoners, but only those who were showing symptoms of AIDS. There are 24 prisoners with full-blown AIDS.

He said there had been a marked increase in the number of prisoners infected with HIV.
Followed guidelines

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WHO

WO
Southern Africa was headed for a "Uganda-like" scenario in relation to HIV and had to elevate the battle against the epidemic to a national priority, the Gauteng Health Department (GHD) has warned.

The predictions are based on the release of the seventh national HIV survey by Ministry of Health, Dr Nkosazana Zuma last week.

The survey, conducted by the Department of Health at antenatal clinics, showed that at least 2.5 million people or 6% of the population of South Africa were HIV positive.

"Uganda elevated the battle to a national priority and we need to do likewise," said Dr Liz Floyd, director HIV/AIDS and Communicable Diseases. Floyd said there was no room for complacency in Gauteng, where the survey showed at least 15.5% of pregnant women tested positive.

She said an infection rate of one in five young women may be reached by the end of this year.

"We do not mean to be alarmist, but it is clear that we can only combat an epidemic of this magnitude by an enormous effort on all fronts," she said.

The GHD had increased spending from R17 to R27 million for 1997/98, in addition to its spending on care by hospitals and clinics.

The epidemic was growing in Gauteng because it was pervasive in the region, and because a large proportion of the people in the province lived in poorly serviced informal settlements with a high rate of family breakdown.

Johannesburg's transient inner-city population, industries dependent on migrant workers and high numbers of unemployed work-seekers all helped fuel the situation.

Zuma said the prevalence of HIV and Aids among young, skilled and economically active people was of grave concern and also said it had serious long-term implications for the economy.

Janana Slawski, an actuary at Southern Life's Aids management consultancy, said on Friday that although the survey's results were alarming, the overall figures were in line with estimates.

She said because of the rapid spread of HIV and Aids, the mortality rate among South African employees was expected to increase by four to five times over the next decade and would have a disastrous effect on business.

"In the South African economy, there will be a loss of skilled labour and employers will have to spend more resources recruiting and training new employees," Slawski said. "The loss of skilled labour and productivity, plus the changes in resource allocation, has worrying implications for our global competitiveness."

Statistics from the health department showed that 10% of males between 15 and 45 years of age and 14% of females within the same age bracket, are HIV positive.

However, although efforts and tested methods were being followed, government and NGO's were not yet operating on the scale needed to have an impact on the epidemic, Floyd said.

Access to treatment for Sexually Transmitted Diseases had increased, but the rate of infection was still unsatisfactorily high, condom supply had increased but this was uneven and not reliable.

The best investment of additional resources would be in improving treatment capacity, focusing educational efforts on the youth, and developing primary care for HIV and home-based care, Floyd said.

▶ SA's response to HIV epidemic to be assessed
Fourfold rise in AIDS deaths expected

Kathryn Strachan

THE death rate of SA employees was expected to increase four to five times in the next decade as the HIV/AIDS epidemic progressed, Southern Life said yesterday.

Based on Southern Life’s projection of the HIV/AIDS epidemic in SA, the organisation’s AIDS Management actuary, Janina Sławski, said “the loss of skilled labour and productivity as well as the changes in resource allocation have worrying implications for our global competitiveness.”

The results of the health department’s annual HIV survey — which found this year that 14,07% of women attending antenatal clinics were infected — has followed Southern Life’s projection almost exactly.

Sławski said that with the loss of skilled labour, employers would have to spend more resources on recruiting and training new employees.

“Average productivity will drop due to a larger number of sick people in the labour force, and compassionate leave for other staff to attend funerals and care for employees, friends and family members,” she said. “We expect a reduction in the rate of growth of gross domestic product and government will be forced to allocate greater resources to health care and social spending.”

Southern Life also expected medical costs to increase significantly with young members, who have traditionally been low claimers, increasing their claim rates.

“The cross-subsidy between young and old members will no longer be possible. The overall scenario for employee benefits is that limited resources will have to be allocated carefully to accommodate spiralling costs.”

Commenting on the provincial breakdown of the health department’s seventh annual HIV survey, Sławski said the North West’s dramatic increase from 9,23% to 28,13% was probably accurate as the province bordered on Botswana, which had an HIV prevalence of 40% in Francistown and 29% in Gaborone.

However, the increase of the disease in KwaZulu-Natal from 18,23% to 19,9% was lower than expected. The figures suggest that the disease prevalence is levelling off in that province. We would have expected this to occur at a higher level of prevalence, more in line with the rest of Africa.

“We are surprised that there has been no increase in the Western Cape, especially where one considers the high rate of migration to the Western Cape by people who come from high HIV-prevalence provinces.”
<table>
<thead>
<tr>
<th>Post</th>
<th>Code</th>
<th>Date/Period</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Secretariat</td>
<td>000 009</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(a) Light House, No. 26, 26th Street, Grand Harbour, Grand Bay, Mauritius</td>
</tr>
<tr>
<td>Education</td>
<td>000 001</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(b) District Education Office, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Health</td>
<td>000 002</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(c) Regional Health Office, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Social Welfare</td>
<td>000 003</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(d) Social Welfare, 2nd Floor, Government House, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Agriculture</td>
<td>000 004</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(e) Ministry of Agriculture, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Fisheries</td>
<td>000 005</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(f) Ministry of Fisheries, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Environment</td>
<td>000 006</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(g) Ministry of Environment, Port Louis, Mauritius</td>
</tr>
<tr>
<td>Works</td>
<td>000 007</td>
<td>01/01/1996 to 03/01/1996</td>
<td>(h) Ministry of Works, Port Louis, Mauritius</td>
</tr>
</tbody>
</table>

**Note:** The table above highlights the key posts under the Ministry of Home Affairs. Each post is associated with a specific code and date/period. The details section for each post provides the exact location and contact information. This information is crucial for coordination and communication within the government departments.
The Minister of Employment and Social Development Canada (the "Minister") is advised that the Federal Wage Policy is under review in order to ensure that it aligns with the Government's priorities and objectives. The Minister is responsible for the oversight and implementation of the Federal Wage Policy, which aims to ensure that the federal government pays employees fairly and competitively.

The Federal Wage Policy is designed to:

- Ensure fair and competitive compensation for federal employees.
- Align with the Government's broader economic and fiscal priorities.
- Support the achievement of the Government's strategic goals.

The Minister is committed to ensuring that the Federal Wage Policy is reviewed and updated regularly to reflect changes in the economy and the Government's needs.

To support the review of the Federal Wage Policy, the Minister has established a task force that will include representatives from across the government. The task force will be responsible for conducting a comprehensive review of the Federal Wage Policy and making recommendations for any necessary adjustments.

The Minister looks forward to working closely with stakeholders to ensure that the Federal Wage Policy continues to be effective and responsive to the needs of federal employees and the Canadian public.
Business holds power in fight against HIV

By Steven Mokwenyana

EUROP Assistant Medical consultant Professor Ruben Sher says business is the only sector capable of waging a successful campaign against HIV.

"The top 100 companies and others should each donate R1 million to an HIV-AIDS fund earmarked for the AIDS campaign. A small investment now could save millions in future," argues Sher.

He says business has intervened in combating crime by creating Business Against Crime, "Why not Business Against HIV-AIDS?"

He believes that Government should grant some form of tax relief for these donations.

Sher argues that while prevention is important, it is equally important to offer practical solutions to look after HIV-AIDS patients to sustain productivity and prolonged quality of life.

"Some private sector companies, have taken initiative to develop groundbreaking assistance packages which seek to prevent further spread of HIV, prolong productivity and quality of life," he says.

He says products such as Euro Med Q Care+, an innovative assistance insurance product, an integrated package offering education, support groups, 24-hour advice and counselling, dietary and medical provision in addition to a substantial financial benefit, could relieve the burden on everyone.
Virodene team asks public to fund research

The provisional patent for the drug, which was held by Cryo-Preservation, a close corporation operated by Visser and her husband, Siegfried, expired on December 15.

The team's press agent, Larry Heidebrecht, confirmed that full patent rights had been applied for.

Heidebrecht said "Funding of the full patent application is coming from a number of investor groups. We still hope the Department of Health will come up with funding."

"Overseas toxicology reports found our dosage levels acceptable and not cancerous in the short or long term. Virodene was not toxic in the dosage levels being used, which seems to contradict what is being said by the Medicines Control Council," he said.

Du Plessis and Landauer face a disciplinary hearing at Pretoria University arising from the research. A university spokesman said details of the charges were "being kept under wraps" and that the hearing would be held in camera next month.

Heidebrecht confirmed that Visser had left her job as a perfusionist at Pretoria University Hospital (formerly H F Verwoerd) last year for health reasons. An accident a few years ago left her with epilepsy.
How AIDS will hurt SA where it matters most

The prospect of sacrificing 1% a year in GDP growth to AIDS within 10 years is now in view, writes ZILLA EFRAT

The AIDS epidemic could also have devastating effects on company medical aid schemes. “We expect medical costs to increase significantly with young members, who have traditionally been low claimers, increasing their claim rates,” says Slawski.

“The cross-subsidy that has existed between young and old members will no longer be possible. The overall scenario for employee benefits is that limited resources will have to be carefully allocated to accommodate spiralling costs.”

She believes that medical schemes will increasingly turn to primary health care to keep contributions affordable. This means that schemes will limit high-cost treatments like transplants and cancer therapy.

Benefit scheme trustees will also have to reconsider their group life and disability benefits, the costs of which could potentially increase four to five times and become unaffordable within five to 10 years, says Slawski.

Her comments follow the release of figures by the Department of Health which show that South Africa’s HIV infection rate has risen to 6% of the population from about 4% a year ago. The estimated number of people infected with HIV was up to 2.4 million at the end of 1996 from 1.8 million a year earlier.

‘Savings will slump as people dip into their nest eggs to pay for drugs, nurses and assistance’

The AIDS threat to the country’s economy is significant, with the potential to affect South Africa’s global competitiveness. “In some African countries, companies employ two or three people to run machines. If one dies, the others can continue to work the machine,” says Slawski.

Other expenses which may hit bottom-line profits could include workplace safety measures, AIDS education programmes, employee counselling and employee care facilities.

Slawski says AIDS is expected to drive consumption levels up and reduce savings, as people dip into their nest eggs to pay for drugs, nurses and hired assistance.

It is also expected to affect many companies’ target markets, rendering some strategic plans useless.

For example, a luxury goods manufacturer planning a major expansion into the middle income or emerging market will have to go back to the drawing board. This is because many of these markets will have less to fork out on luxury goods as their money increasingly goes into health care.

“The proportion of people aged between 30 and 40 in the population is also set to fall and companies which target this age group will have to examine what AIDS means to them,” says Slawski.

On a sectoral basis, Metropolitan Life AIDS researcher Thomas Muhr expects the mining industry to be harshly affected because it makes use of migrant labour and provides health services for its employees.

Transport companies will be hurt because of the relatively high incidence of the disease among truck drivers, but the impact on industries like agriculture will be lower.

IDS threatens to knock a full 1% a year off South Africa’s GDP growth rate by 2005, says Southern Life AIDS management actuary Janna Slawski, who bases her figures on what is happening in other African countries and on emerging trends in South Africa.

She says mortality rates from AIDS among SA employees are expected to increase by four to five times over the next decade.

While the prevalence of AIDS deaths will be higher in labour-intensive industries, the impact of the disease will be as severe in capital-intensive industries.

This is because semi-skilled and skilled labour used in capital-intensive industries will have to be replaced, pushing up the costs of training and recruiting new employees.

The looming AIDS epidemic may have positive throwbacks for some sectors of the economy, such as the pharmaceutical industry. But not for many.

Slawski says within the next five to 10 years, 25% of the SA working population is expected to be infected with AIDS.

When this happens, the average company can expect productivity to fall by about 5%.

This is because there will be a large number of ill people in the workforce, as well as those taking compassionate leave to attend funerals and care for sick friends and family members.

To counter this problem, Slawski says companies may switch away from capital-intensive production methods to more labour-intensive ones as they have done in Zimbabwe - moves which could affect South Africa’s global competitiveness.

The AIDS epidemic could also have devastating effects on company medical aid schemes. “We expect medical costs to increase significantly with young members, who have traditionally been low claimers, increasing their claim rates,” says Slawski.

“The cross-subsidy that has existed between young and old members will no longer be possible. The overall scenario for employee benefits is that limited resources will have to be carefully allocated to accommodate spiralling costs.”

She believes that medical schemes will increasingly turn to primary health care to keep contributions affordable. This means that schemes will limit high-cost treatments like transplants and cancer therapy.

Benefit scheme trustees will also have to reconsider their group life and disability benefits, the costs of which could potentially increase four to five times and become unaffordable within five to 10 years, says Slawski.

Her comments follow the release of Figures by the Department of Health which show that South Africa’s HIV infection rate has risen to 6% of the population from about 4% a year ago. The estimated number of people infected with HIV was up to 2.4 million at the end of 1996 from 1.8 million a year earlier.

‘Savings will slump as people dip into their nest eggs to pay for drugs, nurses and assistance.’

The AIDS threat to the country’s economy is significant, with the potential to affect South Africa’s global competitiveness. “In some African countries, companies employ two or three people to run machines. If one dies, the others can continue to work the machine,” says Slawski.

Other expenses which may hit bottom-line profits could include workplace safety measures, AIDS education programmes, employee counselling and employee care facilities.

Slawski says AIDS is expected to drive consumption levels up and reduce savings, as people dip into their nest eggs to pay for drugs, nurses and hired assistance.

It is also expected to affect many companies’ target markets, rendering some strategic plans useless.

For example, a luxury goods manufacturer planning a major expansion into the middle income or emerging market will have to go back to the drawing board. This is because many of these markets will have less to fork out on luxury goods as their money increasingly goes into health care.

“The proportion of people aged between 30 and 40 in the population is also set to fall and companies which target this age group will have to examine what AIDS means to them,” says Slawski.

On a sectoral basis, Metropolitan Life AIDS researcher Thomas Muhr expects the mining industry to be harshly affected because it makes use of migrant labour and provides health services for its employees.

Transport companies will be hurt because of the relatively high incidence of the disease among truck drivers, but the impact on industries like agriculture will be lower.
Law body protests over AIDS tests

Bonile Ngqiyaza

WITS’s AIDS Law Project has asked the SA Medical and Dental Council to take action against medical practitioners who tested domestic workers for AIDS without their consent and informed employers of the results.

In a seminar organised by the Commission on Gender Equality in Johannesburg this week, representatives of the project said the council had failed to respond to the request because of the disempowered position of the women.

The project said it believed institutions such as the council, whose function was to supervise the medical profession, were unresponsive when it came to protecting the interests of women and black women in particular.

It recommended that the council be subpoenaed by the gender commission, saying that redressing women’s lack of social and economic power was a fundamental part of any successful HIV/AIDS strategy. It also recommended the health department overturn its decision not to provide anti-AIDS drug AZT to pregnant women despite evidence the drug reduced the possibility of perinatal transmission.

The panel proposed that government consider granting social support for people with HIV/AIDS, particularly women and children, and additional welfare grants such as grants-in-aid for HIV/AIDS-infected people who had dependants.
Bleak new Aids scenario for South Africa

WASHINGTON: A new analysis of the impact of Aids in southern Africa has led experts here to drastically reduce their projections of South Africa's population in the first quarter of the 21st century.

Their bleak scenario is contained in statistical tables set out in the latest World Population Data Sheet published annually by the Washington-based Population Reference Bureau.

The 1997 edition predicts that the local population in the year 2010 will be 45.7 million, down several million from last year's prediction of 57.5 million.

According to the bureau's demographers, the population will actually decline marginally by the year 2025 to 45.5 million.

If that happens, it means that the country's population in 2025 will be roughly the same as it is today.

The bureau emphasises that its projections are merely scenarios that could be affected by unpredictable factors, such as famines, plagues and other natural disasters.

But the new report is based on careful and conservative analysis, it claims.

It includes official figures from SA, such as the finding that as many as 18 to 20% of pregnant women in KwaZulu-Natal are HIV-positive, which "causes" Aids, it claims.

However, South Africa's official population statistics are considered hopelessly short of the mark, especially about the number of blacks.

The figure for pregnant women refers to the prevalence of HIV, not the rate of infection. People living with HIV do not necessarily develop full-blown Aids, and many lead normal lives for a decade or more.

There is also considerable new hope about a drug breakthrough.

— Sapa, Staff Writer
Prof slams Virodene researchers

Cape Town - The researchers working on the claimed Aids drug Virodene had been less than truthful in their dealings with the public and the Medicines Control Council (MCC), a member of the council, Professor Antonie van Gelden, said yesterday.

Van Gelden, who chairs the MCC's clinical committee, told the National Assembly's health committee that the researchers had broken many undertakings to provide the MCC with data.

They had quoted anonymous toxicology reports to support their claim that the drug was safe, but had failed to make them available to the council.

Since he had not seen the reports, he could not say the MCC was being overly cautious in its approach to Virodene, Van Gelden said.

He told reporters later that the council was waiting for the researchers to come back to it with plans for further research.

The council still intended to assist them if required, he said.

However, it was concerned that promises that research proposals would be submitted to the council in two weeks had been repeated often in the media over the past two months - Sapa
Lobby group to prod Parliament on Aids

High level of political commitment needed, say activists

OWN CORRESPONDENT
Cape Town

An all-party parliamentary group will be launched today to facilitate high-level political involvement to highlight the seriousness of the HIV/AIDS epidemic.

The number of people with HIV/AIDS will continue to rise unless there is a political commitment to address the HIV epidemic, say AIDS activists.

In Uganda, where President Yoweri Museveni made AIDS a top priority, HIV/AIDS numbers have levelled off.

"The single most important factor stemming the rise of numbers of people in Uganda with HIV/AIDS is the high level of political commitment," says Poovan Moodley, national lobbyist for the National AIDS Coalition of South Africa (Nacoza).

The all-party parliamentary group aims to raise awareness on HIV/AIDS in Parliament to encourage balanced policies based on informed debate.

"Time gone by is time wasted when it comes to responding to the HIV epidemic, and a group of active members of parliament will go a long way to saving lives in South Africa," Moodley says that while HIV issues have been debated in some parliamentary committees, others have said the issues don't affect them.

But HIV/AIDS affects every sector of society and every government department should be involved, he says.

The new group, which will be made up of interested members of Parliament and spearheaded by Essop Jassat of the portfolio committee on health, will act as a lobby group to keep HIV/AIDS on the political agenda.

It is the second of its kind in the world, the first being in the British parliament.

While debate about AIDS/HIV has increased quite dramatically in Parliament in the past year, some sectors, like finance, have remained uninvolved.

The HIV epidemic will have a huge impact on the economy and development.

"There needs to be constructive debate and parliamentarians must be well-informed to make informed decisions," says Moodley.
HIV-POSITIVE PEOPLE ‘LYNCHED’

Inside SA’s wo

DESPERATE LIFE: Eight-month-old Emmanuel was picked up in a ditch on the Winterveld when he was a few weeks old. Now the HIV-positive baby is “mothered” by nurses at the nearby Odi Hospital.
RUSTENBURG has the highest HIV infection rate in South Africa. Health Writer CAROL CAMPBELL and Picture Editor ANNE LAING investigated why the HIV epidemic is out of control in the North West Province.

The NOVEST PROVINCc is among the worst AIDS zones in Africa and comparable to Uganda at the height of its AIDS epidemic in the 1980s when infection levels soared to 30% among pregnant women tested at clinics in major cities.

The difference is that Uganda, through education, now has AIDS under control but the HIV infection rate in the North West is still running rampant.

The latest AIDS statistics show that 25% of pregnant women tested in the province are HIV-positive—a 17% increase in one year, and an estimate that health care workers claim is conservative.

Few HIV-positive people in the North West are even prepared to admit they have the virus for fear of being lynched by their neighbours.

In the Waterfall, Jules Manthey, a man at the forefront of the Ministry of Health, when asked how many cases of HIV-positive men were in the province, he said 10,000 cases.

"AIDS is a scourge that has hit us like a hurricane," said Manthey. "But it's not about being afraid of the virus, it's about being afraid of being stigmatized.

"We need to educate the public about the virus and how it spreads. There is a lot of misinformation about how the virus is transmitted, and we need to do more to dispel these myths.

"AIDS is a disease that affects us all, and we need to work together to find a solution.

"But we cannot ignore the fact that there are still those who are afraid to talk about AIDS, and we need to keep pushing the message forward.

"We need to make sure that everyone knows how to protect themselves and their loved ones, and we need to make sure that everyone has access to the treatment they need.

"We need to work together to find a solution, and we need to do it now."
People believe the disease is witchcraft or a curse.

\[ \text{People believe the disease is witchcraft or a curse.} \]
Gideon makes it his mission to spread the word

In Kenya, grassroots projects tackle the killer disease
SA HIV-Aids cases alarming

By Tag Williams

THE latest HIV and Aids surveys in South Africa show that the epidemic is spreading fast, outpacing efforts by health workers still trying to work out a comprehensive policy on how to tackle the disease.

"We are working hard to develop a detailed plan to deal with this scourge. The situation is serious. The sooner our people realise this the better," says Health Minister Nkosazana Zuma.

Desperate health workers have stepped up the distribution of 120 million male and 90 million female condoms to areas the Government says are most affected.

"An alarming feature of the results of the survey this year is a rise in infection in North West province. Here, 25 percent of pregnant women are HIV positive, contrasting sharply with 8.3 percent in 1995," says Zuma.

Nationally, a runaway rate of infection has pushed the number at risk to 2.5 million, threatening the nation's active population and a health sector already burdened by limited resources.

"By June last year, our surveys showed that 1.7 million people were at risk. Today, that figure has risen to 2.5 million, of which 90 000 will develop full-blown Aids by the end of the year," says Zuma.

"These results are of great concern, as they indicate that despite our efforts, the HIV epidemic is still on the increase," says the Health Minister.

WHO researchers are currently touring the country's provinces to select sites which will be used by assessment teams in July, the first such exercise in South Africa.

Rose Smart, the director of the national HIV and Aids programme, says: "Yes, we have a problem here. Although the WHO periodic reviews are common elsewhere, South Africa until recently was cut off from them."

The Government has in the last three years tried to find ways to curb the spread of HIV and Aids.

But inexperience and ignorance of the disease, compounded by international isolation and years of neglect of the black population, appear to have hampered the development of a sustained programme.

"We need to make more people aware of the dangers of infection. We need to change attitudes," says spokesman for the Gauteng public health department.

"But we don't have sufficiently trained manpower. We need to declare this disease a national disaster."

Dr Liz Floyd, head of Gauteng's HIV and Aids and communicable disease unit, says although R25 million has been set aside to fight the disease -- almost R10 million more than last year -- the situation is so serious that new measures have got to be found to contain the high infection rate.

The unit conducts surveys every year among women attending public antenatal clinics.

The degree of infection varies. An emerging pattern links the spread of the disease to poverty, migration, family breakdowns and prostitution.

The surveys also show that the greatest increase has been among women aged 20 to 24 years.

Floyd says the Government must operate much more intensively to reverse the spread of the infection.

The supply of condoms is still unreliable, especially in high-density peri-urban areas and squatter camps.

Primary care for the youth and home-based schemes are poorly coordinated and erratic.

Zuma says Aids workers should target schools in their prevention and awareness programmes, to discourage children from early sexual activities.

"My Ministry has begun to work with the Education Department on a life-skills scheme to educate school children about Aids," she says.

"We hope to reach 7 400 secondary and 13 500 primary schools on this programme."

Increase efforts

Donor agencies, churches, workers and business people are being drawn into the fight.

Already Archbishop Desmond Tutu and other prominent personalities are appearing on radio and television, urging South Africans to use condoms.

The impact of such efforts has not yet been assessed, given the fact that South Africans are highly religious.

"Our people do not want to hear messages about HIV and Aids. They believe it does not affect them," says Christina van der Walt, a public health consultant with the Government.

"Condoms are unpopular, especially among migrant workers and people in our numerous squatter camps."

-- Africa Information Agency
More insight on Virodene drug

By Mokgadi Pela

PRETORIA-based researchers who invented the controversial AIDS drug, Virodene PO38 are to address an AIDS forum in Brakpan tomorrow.

The meeting, due to take place at the civic centre, will be held between 12 noon and 1.30pm. Speakers will include Olga Verster and Larry Hesebrecht.

The event is being hosted by the East Rand branch of AIDS Training Information and Counselling Centre.

Spokesperson for the organisers, Ms Denise van Rensburg said the researchers would inform people about the drug following its ban by the Medicines Control Council two months ago. The team will also use the opportunity to answer questions on the way forward with Virodene.

Virodene was reputed to be able to reverse the status of an AIDS sufferer in the ordinary HIV stage. However, later research claimed that the drug caused liver damage.

The MCC said the formula contained a highly toxic industrial solvent that might cause fatal liver damage.

According to reports, 12 people were involved in the trials.

The findings were met with scepticism from local and international health experts. They felt that the drug had not been tested on enough people for claims of a breakthrough to be made.

The controversy was further triggered off by the fact that preliminary findings were presented to Cabinet instead of fellow scientists either at a conference or through recognised medical journals.

"The claims have to be followed up by the research on a wider front and at other laboratories to see whether they are in fact true," the Medical Research Council said.

Chairman of the Gauteng AIDS Foundation Professor Ruben Sher said, "For the sake of HIV-infected people, we must remain optimistic. We must not, however, mislead the public to believe that a cure for AIDS has been found."
AIDS: Time is Running Out

Madeleine Waekerman highlights some of the issues. As of the World Economic Forum.

[Diagram showing global AIDS statistics and distribution]
Aids body called racist for stinting on funds for meeting with clerics

By TOMMY MAKOE

A Department of Health national Aids education programme, the Religious Aids Programme (RAP), targeting millions of South Africans, is facing a bleak future because of a leadership dispute.

The programme, which aims at providing a network to allow religious communities to co-operate in the fight against Aids, was given a heavy blow last week when its first consultative meeting with African independent church leaders was cancelled after RAP chairman Philip Coetzee and its executive refused to provide more funds.

RAP deputy chairman Senamo Molisswa, who organised the failed meeting, accused Coetzee of racism. He said Coetzee had frustrated his plans to consult with black religious groups despite the fact that Aids was a disease which mostly affected African people.

Members of the independent churches from all over South Africa had to be sent back home after Coetzee failed to pay for the venue and their accommodation, although he had been notified.

"Our visitors had to arrange alternative accommodation outside of their own pockets but when it comes to meetings with white church leaders, everything is paid for," said Molisswa.

But members of the RAP executive committee, which was formed late last year, have thrown their weight behind Coetzee, blaming Molisswa for lack of consultation and not following the procedures laid down by the RAP.

The executive also accused him of taking an unilateral decision on the meeting. In a statement, the executive said Molisswa did not submit the required list of delegates invited to the meeting.

"Despite the fact that Molisswa knew we were working from a tight budget of R11 000 for a consultation meeting and the accommodation of delegates, he had exceeded that.

"He had asked for R20 000, which we refused to pay three days before the planned meeting," the statement said.

The executive also said the venue initially was the Witwatersrand Technical, which was changed to an "expensive" three-star hotel, and that the delegates consisted of more of spousals of the ministers than the relevant people.

"Although Coetzee refused to provide funding, I deliberately went ahead because I wanted to prove what kind of person he was. And that was proved when he refused to give the funds," said Molisswa.

Vincent Hlongwane, spokesman for Minister of Health Nkosazana Zuma, who confirmed that the RAP was funded by her department, said although the department was not aware of the allegations, they were disturbing.

"We are urging the RAP to resolve the problem if they cannot they must not hesitate to approach us, because we believe the church and other sectors are crucial to fighting Aids," said Hlongwane.
The MINISTRY OF HEALTH

Announcement

The President has issued new regulations under the Public Health Act providing for the establishment of a new Minister of Health. The regulations also establish a new Ministry of Health, which will be responsible for the provision of health services in the country.

The new Minister of Health, Mr. John Smith, has been appointed to lead the new ministry. Mr. Smith brings a wealth of experience in the field of public health, having served as a consultant to a number of international organizations.

The new Ministry of Health will be responsible for the development and implementation of health policies and programs, as well as the provision of health services to the public.

The regulations also provide for the establishment of a new Office of the Ombudsman, which will be responsible for ensuring that the rights of patients are protected.

In conclusion, this new ministry and the new regulations represent a significant step forward in the provision of health services in the country. With the appointment of Mr. Smith as the new Minister of Health, the government is committed to providing high-quality health care to all citizens.
Baqwa extols the lessons of Sarafina

CAPE TOWN — Some good lessons had come out of the Sarafina affair, public protector Selby Baqwa said in his first routine report to Parliament yesterday.

The lessons were how citizens could be seen to hold public servants accountable for maladministration, and how the protector's office operated as an instrument to enforce this accountability.

"The notion that the right of the public to hold public servants accountable for any unfairness in the provision of governmental services as one of the hallmarks of democracy was thus being brought to the fore in a visible manner," he said.

In his special report on Sarafina last year, Baqwa criticized health department officials for irregularities in funding the R14m anti-AIDS play put on by playwright Mbongeni Ngema.

Baqwa said yesterday that when he took up his post in October 1995 he had intended to promote the office not so much as protecting the public from an errant public service but more as a referee who looked at all sides of the problem before recommending a solution.

Baqwa also said it was imperative that Parliament appoint a deputy public protector as soon as possible as his office was under severe pressure from a flood of complaints. Between April and June last year he had an average of 200 new cases a month. Under the previous government the office had been geared to deal with only 40 cases a month. — Sapa
debacle was a lesson in transparency.

PUBLIC Protector Mr Selby Baqwa hopes good lessons have emerged from the Sarafina 2 debacle.

In a report to Parliament on his first three months in office, Baqwa said the Sarafina 2 controversy showed that citizens could hold public servants accountable for maladministration, and that his office could enforce accountability.

"The notion that the right of the public to hold public servants accountable for any unfairness in the provision of governmental services, as one of the hallmarks of democracy, was thus being brought to the fore in a visible manner," he said.

Baqwa has been critical of the way the Department of Health handled the R1.6-million payment to playwright Mbongeni Ngema for the Aids awareness play.

Yesterday Baqwa said he had experienced no resistance from the Department of Health in implementing his recommendations.

"The Public Protector has also challenged public servants and government organisations to place a premium on the early and quick resolution of complaints.

"Government departments and organisations will reap the benefits in that scarce resources will not be committed to protracted disputes and the public will receive the often-promised service it seeks.

"Government departments and officials therefore need to examine their internal complaint resolution mechanisms. The better they become at solving problems at an early stage, the lower will be the level of frustration experienced by the public and public servants alike, and the greater the opportunity for the department or agency to improve its level of service," he said.

It had not been necessary for him to have to resort to his formal powers to subpoena witnesses, take evidence under oath, search premises or seize documents.

"This was made possible by the excellent co-operation I received from all institutions under my jurisdiction," he said.

Baqwa also called for the appointment of a complaints commissioner to deal with improper prejudice by the authorities against a person or an organisation — Political Staff
Concern as director of Aids clinic resigns

BY JANINE SIMON
Medical Correspondent

The director of Johannesburg's longest-running Aids clinic has resigned, raising questions about the response of mainstream medicine to an epidemic which is expected to account for up to 40% of future hospital admissions.

Dr David Spencer (47) has been head of Johannesburg Hospital's infectious diseases clinic since 1992.

His resignation was a personal need to "move on" but, he said, he was saddened by the department of medicine's lack of support and the fact that he had not been given anyone more senior than a tutor to take his place.

Both academics and students were shying away from working with the disease and were not taking responsibility for patients with HIV, he said.

Spencer said he had also battled to refer patients out because there were no other facilities, and Health Department efforts to build a network of community facilities were progressing at a snail's pace.

Medical superintendent Dr Warrick Sve said the clinic - which has a seven-month waiting list and sees up to 60 people in its weekly sessions - will be taken over by a specialist physician.

It's seen as unpopular area of medicine

involved in international collaborative research on Aids management. He will be supported by another seven doctors, of whom one is a volunteer.

But others echoed the view that some doctors and students fear HIV, and are reluctant to become involved because of overwhelming patient numbers and the relative limitations of treatment.

Chris Ayau Smith, of Friends for Life, the community support group working at Johannesburg and Hillbrow hospitals, said all clinicians would in future have to deal with patients with HIV as a matter of course, rather than referring them to specialist clinics.

Professor Barry Joffe, head of medicine at Hillbrow Hospital, and Dr Ruben Sheh, who runs the hospital's immune deficiency clinic, said Aids was a huge problem, and an unpopular area of medicine because of exponential growth in patient numbers and poor staff support.

The issue was whether mainstream medicine was taking responsibility for a condition which in future would account for 40% of admissions, said Gauteng's director of Aids and communicable diseases Dr Liz Floyd.
Lessons from ‘Sarafina’ row – Baqwa

BY JOVIAL KARTAO
Cape Town

Public Protector Selby Baqwa has expressed hope that some good lessons emerged from the Sarafina 2 debacle and urged government departments to examine their internal complaints mechanisms.

Baqwa has also appealed for more personnel for his office, which he said received an average of 200 complaints a month from the public.

In a report to Parliament on his first three months in office, Baqwa said the lessons that came out of Sarafina 2 were how citizens could be seen to hold public servants accountable for maladministration, but also how his office operated as an instrument to enforce accountability.

“The notion that the right of the public to hold public servants accountable for any unfairness in the provision of governmental services was thus being brought to the fore in a visible manner,” he said.

Baqwa has been critical of the way the Department of Health handled the R14-million paid to playwright Mbongeni Ngema for the Aids awareness play.

He said yesterday he had not experienced any resistance from the Department of Health in implementing his recommendations.

The public protector has also challenged public servants and governmental organisations to place a premium on early and quick resolution of complaints.

“Government departments and organisations will reap the benefits, in that scant resources will not be committed to protracted disputes and the public will receive the promised service. “Government departments and officials need to examine their internal complaint resolution mechanisms. The better they become at solving problems at an early stage, the lower will be the level of frustration experienced and the greater the opportunity for the department or agency or official to improve its level of service,” Baqwa said.

He added that during the period under review it was never necessary for him to have to resort to his formal powers to subpoena witnesses, take evidence under oath, search premises and seize documentation.

“This was made possible by the excellent co-operation I received from all institutions under my jurisdiction,” he said.

Baqwa called for the appointment of a complaints commissioner to deal with improper prejudice by the authorities against a person or an organisation.
Law body seeks views on HIV testing for jobs

Kathryn Strachan
BD 12/6/97

THE SA Law Commission said yesterday it had released for comment a discussion paper as well as a draft bill on pre-employment HIV testing.

The commission, which was assisted by a project committee headed by Judge Edwin Cameron, said that despite the fact that it was widely accepted that pre-employment testing was ineffective in eliminating HIV from the workplace, reports of pre-employment testing of applicants for employment in both the public and private sectors were on the increase.

There was at present no specific statutory prohibition on pre-employment testing for HIV in SA law. There was also no clarity on the circumstances under which an employer could require an applicant to take an HIV test.

Existing constitutional and legislative inhibitions on unfair discrimination in general could suffice to stop irrational pre-employment HIV testing, said the commission. Yet neither the 1996 Constitution nor Labour Relations Act of 1995 conferred unqualified rights and could thus open the way for an applicant to be tested for HIV in certain cases.
False hope for Guinea-pig AIDS patients

NEWS

June 14 to 28, 1994

Mango Soogar report

AIDS patients could not be treated for con-

trary treatment. The diagnosis of AIDS is not the

cause of the word, which is not the

cause of the word. The diagnosis of AIDS

is not the cause of the word.
North West Takes Lead with HIV-positive People

According to the National HIV and AIDS Commission, at the end of 1999, the number of HIV-positive people in the Northwest region reached a critical milestone. The report indicates that the Northwest region leads the country in terms of the proportion of HIV-positive people, with a significant increase compared to previous years. The commission also notes that the region has seen a steady rise in notification rates, highlighting the need for continued community engagement and targeted interventions to address the epidemic effectively.
"Guinea pig' tests probed

By CRAIG URQUHART

The Department of Health is looking into allegations that South Africa's major pharmaceutical companies have used unethical and life-threatening research on patients who are receiving experimental drugs to combat HIV.

Foreign media reports have alleged that South African Aids patients who undergo experimental drug trials must first agree that they will be taken off costly drugs when their tests have been completed.

"We are concerned about the ethical issues at stake here. Even if these studies have been cleared by the Medicine's Control Council and ethics committees, they are still subject to public scrutiny," said director general of health Dr Olive Shisana.

There are claims that in one local trial, 160 patients were given the drug Sequinavr and, after 80 weeks, the patients who were part of a group of 3 500 "guinea-pigs", discovered that the treatment was about to be stopped.

However, South African pharmaceutical companies claim they perform clinical trials according to the highest ethical and medical standards applicable to such research projects. The studies are conducted in line with the Declaration of Helsinki which was last amended in 1988.

Dr Mike Brown, medical director of Hoffman La Roche which makes Sequinavr, said the same study was being conducted in the US and various European countries.

"I take exception to the implication that the study was brought to South Africa because of lax ethical standards," he said.

Brown claimed that research-based pharmaceutical companies have a mission to register, research and develop drugs for conditions which have not been adequately treated.

"Specific tests have to be done on humans and animals before they can be registered by the Medical Control Council and the studies are done according to very strict guidelines," he said.

FROM PAGE 1

\[\text{German firm Boehringer Ingelheim has also come under fire for halting treatment on Aids patients who were showing signs of improvement because the trial period had ended.}\]

Dr Charles de Wet, medical director of the company and Boehringer Ingelheim was extremely conscious of the possible need to continue to provide the new research medication after the trial has reached its conclusion, even if it has not yet been registered by the MCC.

"It is our policy to make this option available within the confines of the law which relate to the prevention of non-registered medicines for compassionate use should the treating doctor deem this to be desirable. We have done this in the past, and we shall do this in the future," he said.

Whele Shasha, the World Health Organisation's representative in South Africa, said there are stringent ethical mechanisms in place for researchers in South Africa.

"I feel there is no danger of the population being exposed to this. The results of the research are accessible to the entire country, unlike other places where there are no safeguards," he said.
Huge success recorded in fight against tuberculosis.

Kathryn Strohan

A TUBERCULOSIS programme in the Western Cape has achieved record cure rates and been rated by the World Health Organisation (WHO) as one of the most innovative programmes worldwide.

Co-ordinated by the Community Health Association of Southern Africa, the project brought all roleplayers in the Western Cape together to work out a model which would ensure tuberculosis treatment was adequately supervised. They came up with a plan five years ago, in which working groups in the community recruited field workers in their neighbourhoods. Each field worker was trained in supervising treatment and was allocated 10 patients. It is their responsibility to ensure each patient takes medicine daily.

The field workers go to the patient's workplace or home to supervise the treatment, and in return they receive R2 for each patient for each day they supervise. The patient is also given an incentive to continue treatment.

The result is that the cure rate figure has risen from 60% to 90%.

"The project has not only achieved high cure rates, but it has empowered the community. The working groups had an important role to play," said Association President a. Prof. Erk Glatthaar, who has had tuberculosis himself.

The project has taken a lot of the workload off the clinic nurses, which has meant that nurses can now spend more time with the TB patients who come to them, and the spin-off effect is that overall attendance at the clinics has increased by 18%.

The project received R6m in funding from the Independent Development Trust, but this money has now run out, and they are again canvassing for funding. While the project is confined to the Western Cape, a number of organisations are looking at reproducing the model in other provinces.
Health Department targets 85% cure rate
Cape Aids figure twice as high as thought

INCORRECT figures on the infection rate of Aids in the Western Cape gave people a false sense of security, say health workers. Health Writer CAROL CAMPBELL reports.

There are twice as many HIV/AIDS cases in the Western Cape as was previously thought.

A computer error in the national Health Department means the HIV/AIDS infection rate was mis-calculated — it is not 3.65% as was announced by Health Minister Dr Nkosazana Zuma in April, but 3.09%.

National Health department spokesman Dr Gonda Perez confirmed the error and said an investigation into the accuracy of the whole HIV survey was under way.

She would not commit herself to the new figure of 3.09%, but Dr Monty Berman, spokesman for the National Aids Convention of South Africa, confirmed that health workers were now using this new statistic.

The implications of the mistake were "horrendous" because it meant people in the province were becoming infected twice as fast as was previously thought.

"What will it be next year? 7% even percent, then 14%? We have to get this under control."

He praised the Health Department for not ignoring the mistake and taking the trouble to investigate what went wrong.

"I don't want to work in the dark any longer," he said.

The national HIV infection rate is calculated by random, anonymous testing of pregnant women using public clinics.

When the figure for the North West Province leapt from 3.3% (1995) to 25% (1996) in one year, Zuma sent researchers back to the clinics to recheck their information — they were right and suddenly the shocking truth about how fast Aids is spreading hit home.

The names of people who are HIV-positive are not reported to the government, unlike those with tuberculosis, for fear it will drive those who are infected underground.

But, even so, discrimination is rife.

In the Winterweld area of the North West Province a man was burnt to death and his family hounded out of the area earlier this year when neighbours discovered he was HIV-positive.

Yesterday Mr Kevin Osborne, the Western Cape co-ordinator for the National Association of People Living with Aids, said the wrong figure had given people a false sense of security.

"Those of us working in the field knew as soon as the original figure was released that it was wrong because there are pockets of infection where the infection rate is very high."

He said the whole survey needed to be re-assessed because it was clear the statistics were not a true reflection of the HIV/AIDS rate in South Africa.

A Cape Town general practitioner said medical aids were still largely refusing to pay the R4 000 a month for HIV-positive patients to take the "cocktail" of drugs which keeps the virus at bay.

"In the long run it will be cheaper for them because I have just had to put an Aids sick patient into ICU, on a ventilator, and it cost them R5 000 a day for over a week."

He also said he was concerned that white, coloured and Indian women who used mostly private clinics were not included in the survey.

"As it stands now we are measuring the HIV infection rate among black women, we need to include the private sector in this random testing."
**Aids virus hits 1,200 people a day**

The number of people contracting the virus that causes Aids rises by 1,200 a day in South Africa, the soon-to-be-launched National STD/HIV/Aids Review said yesterday.

The launch of the review, in Durban on July 4, stems from Health Minister Dr Nkosazana Zuma's concern about the rising incidence of HIV infections. Aids cases and other sexually transmitted diseases.

The review, which will operate under the Medical Research Council, will be co-ordinated by Janet Frollich, who has several years' experience working with Aids. The findings of the review will form the basis of Zuma's presentation at an African Aids summit.

Research data will be gathered from clinics, hospitals and non-governmental organisations. - Sapa
"Sarafina 2" hearing held

BY PRISCILLA SINGA
Health Reporter

A senior Health Department official who played a central role in the bungled Sarafina 2 AIDS awareness play last year appeared before a departmental disciplinary hearing in Pretoria yesterday.

Hugo Badenhorst is the chief director: support services, including finance. In his report on the Sarafina 2 incident, Public Protector Selby Baqwa recommended that Badenhorst should face misconduct charges because he had misrepresented the facts about the tender procedure.

Badenhorst was instructed to implement the travelling AIDS play project in time for World AIDS Day on December 1, 1996. (Sarafina 2 had been performed only once, on that day, in Durban.)

The departmental tender committee called for three tenders, two of which were returned. Although the tender committee had not finalised its deliberations, Badenhorst signed a contract with Mbonemngeni's Committed Artists Theatre Company for R14,37-million. Ngemea received R3-million when the contract was signed, and regular payments thereafter.

A departmental official said yesterday that a magistrate would arbitrate in the disciplinary hearings.

Baqwa's report, released last June, showed a litany of irregularities and maladministration, which clearly indicated that key players, from Health Minister Dr Nkosazana Zuma down, knew about the problems surrounding Sarafina 2 well before it was staged. It concluded that the R14,3-million spent on the play was unauthorised expenditure.
Mozambique fights a new enemy – AIDS

985 000 adults infected with HIV

Maputo – Unlike the civil conflict that ravaged it from the mid-1970s to 1992, the war Mozambique now faces is one in which no guns are used, but it is equally, if not more, devastating.

The enemy is the Human Immuno-deficiency Virus (HIV), which causes AIDS and it has been advancing at top speed. At the end of 1994, Mozambique had reported 826 cases of the Acquired Immune Deficiency Syndrome (AIDS) to the World Health Organisation. Health officials in Mozambique say that about 37 000 people have died of AIDS-related illnesses up to 1996. More than 146 000 children had been orphaned by AIDS up to December last, according to the Health Ministry, which predicts the figure could reach 400 000 by the year 2000.

According to Maria Tallarico, an adviser with the UN HIV/AIDS Programme (UNAIDS), this could lead to an increase in the number of street children and child labourers in Mozambique.

Life expectancy in Mozambique is 40.4 years, one of the lowest in the world. According to Avertino Barreto, director of the National STD/AIDS Control Programme, it is not expected to increase between now and the year 2000. He said that, were it not for HIV/AIDS, life expectancy would have reached 53 years by the end of this century.

Mr Barreto feels that unless measures are taken to prevent the spread of AIDS, Mozambique will soon attain the HIV levels that have been registered in South Africa, Zambia, Zimbabwe, Malawi, and Tanzania.

While malaria, diarrhoeal diseases and respiratory ailments also take their toll on the some 18 million Mozambicans, AIDS has a much greater economic impact because it kills mainly people within the economically active age group.

According to Mr Barreto, the most dramatic effects of HIV/AIDS will be felt not only in the area of human and social development but also in other sectors in this country that have been struggling to recover from the civil war. National "reconstruction and the creation of new cadres will also be affected," said Mr Barreto.

"Youths and adults who have just been trained, or in whom the state has already invested, may die before they start their professional life," he added. "It will therefore be difficult for Mozambique to recreate or replace this human capital in the short term and at low cost." According to Mr Barreto, there is a need for a multi-sectoral approach to the problem, and every Mozambican will have to take the necessary precautions given the huge impact HIV/AIDS has had. "This impact is not confined to Mozambique," according to Mr Barreto, who pointed out that in neighbouring countries, the demand for health care had risen so much that as many as 60% of hospital beds were occupied by AIDS patients.

Some non-governmental organisations, such as the Mozambican Association for the Development of the Family (AMODEFA), have been trying to lend a hand in the war against HIV. AMODEFA's strategy has focused mainly on teaching people about the virus.

"Sexual education is crucial in the community, especially increasing the awareness of young people so as to reduce problems of HIV propagation and problems caused by irresponsible sexual activity," says the NGO.

AMODEFA has been conducting classes in schools, workplaces and neighbourhoods across the country on the impact of AIDS and STDs. Since 1995, when it opened a bank account into which well-wishers are encouraged to deposit contributions, AMODEFA has been trying to provide material support for people suffering with AIDS.

"The idea came up as a result of the requests made by families which had relatives in fairly advanced stages of AIDS and who did not have enough money to buy medicines and food for them," a member of the association said – Sapa-IPS
Concerted action on Aids planned

Initiative of 1994 still not properly implemented as few structures are in place, and with 1 200 new victims a day being identified, a major collective push is needed

By Janine Simon
Medical Correspondent

Next month's National STD/HIV/AIDS Review is a pragmatic attempt at action on HIV/AIDS after years of scrappy efforts to tackle the runaway epidemic

Although the National Aids Plan was accepted by Cabinet in 1994, it had not been thoroughly implemented, partly because provincial and national structures were not in place, said Janet Frohlich, national co-ordinator of the review.

Health department figures showed there were 2.4 million people carrying the HIV virus at the end of 1998, and the figure was rising by a disturbing 1 200 every day.

"We now have to start responding and we have to create the collective capacity to do that," said Frohlich. "It's a matter of urgency, the figures are running away with us."

The epidemic cut across all sectors and could no longer be seen as only a health sector problem, she added.

The review would allow the country to prioritise which of the National Aids Plan's 22 interventions should be implemented, and ensure structures were in place to do so.

A dozen international representatives from organisations including UNAIDS, Unicef and the World Health Organisation would be included in review teams, and bring objectivity and enormous credibility to the process, Frohlich said.

The review is to be launched on July 4 and findings made public on August 5.

Task teams have been gathering background information through situational analyses and provincial workshops since April. Province-by-province intensive interviews at clinics, hospitals, NGO's and other role players will be conducted from July 9 to 18.

Gauteng's Director of Communicable Diseases Dr Liz Floyd said provincial programmes were on track, but the review would be able to pinpoint implementation difficulties. "We're fairly confident that we know where we are going, but are we getting there fast enough?"

The province would be assessed from July 7 to 11 and the provincial report back is scheduled for July 11.

Although the scope of the review is limited largely to the public sector, medical aids are also examining their role.

Dr Aslam Dasoo, Representative Association of Medical Schemes (RAMS) policy director, said there was no universal policy approach for medical aids, but that RAMS would be developing a policy broadly in line with the State.

The cost of combination therapy to slow the progress of the disease was a perennial problem and could bankrupt schemes within a year, he said.

Service organisations say they are looking to the review to produce details of when plans would be implemented, and who would be held accountable.

"The strategies are wonderful, but we want to know when will universal sexually transmitted diseases treatment and Aids education happen, and who is going to implement support programmes for people living with HIV," said Dr Mark Ottenweller, Hope Worldwide, which runs the Soweto Aids Projects.
UN campaign to fight Aids spotlights children

Aids has changed the world for children and they now face a lifelong risk of contracting the disease, the Joint United Nations Programme on HIV/AIDS (UNAids) said at the launch of its World Aids Campaign for 1997.

If the spread of HIV were not contained, Aids could increase infant mortality by up to 75% and deaths of under-5s by more than 100% in regions most affected by the disease, the organisation said.

The epidemic would also have a direct and devastating effect on children's lives, particularly if they lived in hard-hit communities.

They would lose parents, teachers and caregivers to Aids, and feel the effects of health systems stretched to the limit and families taking in other children orphaned by the epidemic.

With the theme "Children living in a world with Aids", the campaign hopes to reduce the infection rate in children, contain the effect of the epidemic, and protect the rights of all children.

Estimates are that, by the end of 1997, there will be 1 million children worldwide living with the disease.

UNAids estimates that by mid-1996, 9 million children under 15 had lost their mothers to Aids - 90% of them in sub-Saharan Africa. - Medical Correspondent.
Drug trials ‘only hope’ for indigent patients

Wits faculty rejects claims that international firms conduct tests in SA to get around ethics in their own countries

BY JANINE SIMON
Medical Correspondent

Wits University's faculty of health sciences has repudiated reports claiming international drug companies conduct drug trials in South Africa to circumvent medical ethics.

Drug trials offer indigent patients their only access to any meaningful therapy, the university said this week.

The reports misrepresented the plight of people with Aids and the ethical dilemmas facing those who treat them, and try to manage the epidemic with limited state resources, it said.

The Mail and Guardian newspaper reported last month that more than 150 South Africans with Aids had been encouraged to enter global drug trials for the drug Saquinavir run by the Swiss pharmaceutical giant Roche, after city Aids experts said they would be given drugs for life.

The report quoted Professor Peter Cleaton-Jones, head of the university's ethics committee for the past 22 years, as saying companies from abroad came to South Africa to circumvent ethics.

In a statement released by faculty dean Professor Max Price, Cleaton-Jones said he had been shocked to read the statements attributed to him, as he had been impressed by the ethics of drug companies conducting drug trials in SA.

Local ethics committees were as rigorous as those in the US or Europe, and companies also had to satisfy international regulators, the statement said.

No trial involving an unregistered medicine was permitted without Medicines Control Council and ethics committee approval, and most were conducted as part of an international development programme.

Price said the ethics committee initially believed that drug trials should not be conducted unless sponsoring companies undertook to continue the therapy indefinitely for patients who responded.

This seemed reasonable, until representatives from the local community and Aids activists made the committee understand that trials offered indigent patients their only access to meaningful therapy, he said.

The US and Europe provided combination therapy at the state's expense, but South Africa would be bankrupt if it had to fund the R40 000-a-year treatment.

By failing to approve the trial, the ethics committee would be depriving indigent patients of their only opportunity of treatment, and on this basis it had modified its position, Price said.
Aids team 'glad air is cleared'

Pretoria Correspondent

Controversial Aids researchers Professor Dirk du Plessis and Dr Callie Landauer have been rapped over the knuckles for their involvement in developing the anti-Aids drugs Virodene without the knowledge of the University of Pretoria’s ethics committee.

But the team says they are glad the air has been cleared and will now wait to hear if they are going to be allowed to continue their research.

At a disciplinary hearing held at the university yesterday, the two were found guilty of misconduct because they proceeded with research on Virodene without the permission of the university’s ethics committee, University of Pretoria spokesman Mike Smuts said.

The disciplinary committee reprimanded Du Plessis and Landauer after giving its verdict.

The university did not bring charges against fellow researcher Olga Visser because she is not a university employee.

Landauer said after the hearing: “We’re basically very happy with the outcome and would like to work with the university to develop the drug. The reason the research team developed the drug without the knowledge of the ethics committee are between us and the university,” he said.

The threesome have to wait until the end of the month to hear the outcome of a Medicines Control Council meeting to hear if they will be allowed to continue clinical trials on humans.

They submitted a formal clinical protocol to the council about two months ago in order to get official approval to continue their research.

The team has denied claims by the Medicines Control Council that Virodene contains an industrial compound that could cause irreversible and fatal liver damage.

Deadly leap into the sea

Gene泳
Hospital apologizes to neglected patient

The hospital, located in the town of X, has issued an apology to a patient who was neglected during their stay. The patient, who had been admitted for treatment of a serious condition, was left unattended for several hours, leading to complications.

The hospital's statement reads: "We deeply apologize for the inconvenience caused to the patient and their family. Our staff failed to provide the necessary care, and we are taking steps to ensure such incidents do not recur."

Hospital officials have launched an internal investigation to determine the causes of the neglect and to prevent similar incidents in the future.

The patient, who requested anonymity, said: "I was left alone for hours, and my condition worsened as a result. I hope the hospital will take responsibility and make sure such things never happen again."

The hospital's response to the patient's complaint has been widely criticized on social media, with many expressing concern about the quality of care provided by the institution.

The hospital is one of the leading medical facilities in the region, and its reputation has been damaged by the incident.

This incident highlights the need for hospitals to improve their protocols and training for staff to ensure patients receive the care they need. It is vital that hospitals take swift action to address such issues to protect the rights of their patients.
Keep secrets of their disease from their families (49)

Mothers who feed

their babies in fear

of AIDS are many.
Lack of funds halts Aids plan

CAROL CAMPBELL
HEALTH WRITER
CT 21/7/97

An Aids and life skills programme for high school pupils in the Western Cape has collapsed because the national health department has failed to pay the provincial health department R1 million to fund the project.

The project is part of a national drive by the Health Department to educate two teachers in every high school about Aids prevention. Money to fund the initiative is supposed to come from a grant by the European Union.

Other provinces are also struggling to get their promised money, which apparently is being held up by bureaucracy in the State Treasury, but they are continuing with training regardless.

The Western Cape Education Department (WCED) has pulled out of the training programme at the eleventh hour and, according to health workers, torpedoed months of good work.

Ms Nicky Schaay, provincial co-ordinator for the National Aids Convention of South Africa (Nacosa), said teacher training was due to begin today but the WCED refused to make the teachers available.

"This is the last chance we have to train teachers this year because next term they will be too busy with exams," she said.

Yesterday Ms Nomkhute Makosana, spokesman for the WCED, said it was not unreasonable to delay a project if funding was not forthcoming. "We have had to cut back so much in education because of budget cuts that I can understand that people want the money to be secure before they continue with their work."

When the project will begin again is not known, but Dr Famed Abdullah, the province's chief director of healthcare, will appeal to the WCED top brass today to resolve the problem.

Already NGOs like the Planned Parenthood Association of South Africa, Family and Marriage Society of South Africa, and Nacosa have spent hours coaching "principal trainers" in school clinics about Aids prevention so that they in turn can train teachers.

Ms Kann Webersz, a spokesman for the Planned Parenthood Association, said the project had stopped before training reached the rural school clinics where it was most needed.

On Friday a 13-member Aids review team, tasked with assessing how well the Western Cape is coping with the Aids pandemic, presented its findings to the health authorities.

They said surveillance was inconclusive and had to be improved if the virus was to be controlled.
Aids report warns of complacency

BONN: The Aids death toll among children in the developing world is climbing and threatens to reverse decades of child health progress in 30 developing nations, mainly in Africa, says a United Nations report released here yesterday.

"Every day, 1,000 children around the world die from Aids," says the report by Mr. Peter Piot, executive director of the joint United Nations Programme on HIV/AIDS.

The report says some 1.8 million people died of Aids in 1996 and that about 90% of the 23 million infected with HIV live in developing countries.

Piot warned there was a new danger of complacency as Aids was increasingly being considered a "manageable" disease in industrialized nations. — Sapa-DPA
Red tape holds up Aids hospice

Plan for centre to tend those afflicted with HIV gets bureaucratic runaround

By Bunty West

A project to help destitute Aids sufferers spend their last days in dignity is being held back because of red tape in Johannesburg's Western metro council.

A joint venture between several Johannesburg Rotary clubs and a group of concerned Anglican churchmen to provide a hospice and work centre for those infected with HIV, has been on the drawing board for two years.

Named Bartimaeus, the project has already received a R120,000 grant from the RDP.

"We searched everywhere for a piece of land large enough to build the centre and eventually found a 6ha plot in Roodepoort near the SPCA. At first council was well-disposed towards giving us the land but then another group became involved from Sparrow Ministries and things began to deteriorate," said Bartimaeus spokesman Chris Taylor.

Another player in the Aids outreach programme is Sanca, which recently sold its old building in Roodepoort to council for use as a homeless shelter. Sanca is interested in the land near the SPCA.

The Western council is dragging its feet over the property and despite a meeting last month in which it said it would provide new guidelines for the site, Bartimaeus has not received any documentation.

"Until they give us their new guidelines, we cannot put forward another proposal. It will be our third to the council. We are getting the bureaucratic runaround. We want no funding from them or the use of this piece of land which is not being used," said Taylor.

"Bartimaeus will provide a service which, with the growth of Aids in the community, is going to be desperately needed a few years down the line," said Taylor. But the Western council says that the land will be made available to whoever wants it. There are drawbacks to the site, however, as a preliminary geotechnical report shows that certain parts of the land cannot be used for building. The property used to be a dump.

"Another large site in Ruimsig was offered to Sparrow, Bartimaeus and Sanca for the tending of Aids patients. We suggested that they split the land up and use it as they thought fit, but it was turned down by all three," said executive committee member Ros Waldron.
HIV-TB link threatens the nation

Shocking results of survey in Hlabisa district of KwaZulu-Natal

By Mokgadi Pela

South African medical scientists have disclosed an alarming link between the dreaded HIV and tuberculosis that threatens the entire nation.

Speaking to Sowetan in an exclusive interview this week, director of the Centre for Epidemiological Research at the Medical Research Council, Professor Abduol Karim, said nothing short of massive social involvement to spread the Aids message would lessen the burden caused by the disease.

"The number of patients admitted to medical wards around the country has doubled," Karim said. "We are beginning to see the real head of the epidemic. We are also seeing more and more nurses taking sick leave as they contract TB from patients."

HIV words come in the wake of shocking results of a HIV and sexually transmitted diseases survey in the Hlabisa district of KwaZulu-Natal. The study showed that HIV was increasing rapidly, particularly in young black women aged between 20 and 24.

In a briefing document produced for the National STD-HIV-Aids Review, researchers say co-infection with HIV in adult TB patients rose from 8.7 percent in 1991 to 70 percent in 1997. At Rietfontein Hospital in Gauteng between 60 to 90 percent of newly admitted TB patients in 1997 were co-infected with HIV.

Karim said the tragedy of the Hlabisa study was that:

- One in four women has an STD;
- About 98 percent of carriers will not recognise it as a problem;
- Only two percent recognise they have a problem;
- Of those who seek care, only 65 percent will be treated adequately; and
- There is strong evidence to suggest that 35 percent will be treated inadequately.

He said it was devastating and unacceptable for doctors not to treat people adequately. "We should ensure that at least those who go to doctors are treated correctly in addition to increasing the proportion of patients receiving adequate care, we should improve healthworker attitudes and condom promotion."
Aids plan to go ahead

HIGH school pupils in the Western Cape will not lose out on an Aids and life skills education programme, to be funded by the European Union, despite fears the money would not be available in time for the programme to be implemented this year.

Mr Robbe Francis, director of psychological services for the Western Cape Education Department, said yesterday the programme would continue as soon as the promised R1 million was in the department's coffers.

Teachers from high schools around the country are to be trained to teach pupils about Aids in a drive by the national health department to get the pandemic under control.

Representatives of non-governmental organisations who were working with the education and health department on the programme, accused the education department of torpedoing the project at the last minute by refusing to proceed without funding.

Teachers on the Peninsula were to have begun their training this week.

The money from the EU is only available until the end of the year, after which provinces could forfeit the opportunity to train teachers.

Francis said the WCED regarded Aids education to be critical and, come what may, would include it in school life skills training.
Aids costs multiply:

Official report calls for urgent overhaul of policy to tackle epidemic found to be worse than expected

The most extensive study into SA’s Aids epidemic has exposed significant shortcomings in the way government is combating the disease. It also suggests the problem is worse than previously indicated.

SA’s first National Aids Review — conducted by 100 researchers over the past fortnight — was undertaken by the Medical Research Council (MRC) at the behest of Health Minister Nkosazana Zuma.

With more than 2.5m South Africans infected, the review aims to assess how well the country’s strategy against sexually transmitted diseases (STDs) and HIV/AIDS is being implemented. It also intends to identify problems and propose solutions.

The MRC will present its final report this week but information gleaned in advance from the provincial reviews paints a dismal picture of the National Aids Plan.

Though health workers are performing wonders with limited resources, their efforts are constrained by a lack of efficient management and political commitment.

The plan was adopted by the new government towards the end of 1994. It was put forward by the National Aids Convention of SA (Nacosa) after two years of consulting private and public agencies.

But, despite this collective initiative, NGOs and government are failing to coordinate activities, resulting in service gaps and the duplication of programmes.

A recurring refrain is the lack of political commitment and support from education, welfare and other government departments.

The buzzword is the need for an “expanded response” — in other words, all sectors of society and parts of government need to coordinate their efforts to combat Aids.

To galvanise political support and ensure Aids is tackled as a developmental issue, some say responsibility for Aids should be removed from the Health Department and located in the deputy presidency.

A key recommendation is that government’s funding strategy for NGOs be thoroughly revised, given the vital role they play in combating the disease.

“One thing that has come out strongly is that NGOs are really reaching into communities and are able to deliver services far more effectively than government,” says KwaZulu-Natal team leader Alan Vos.

“They need to be a strong commitment from government to develop its capacity so that it can expand to rural areas.”

The Health Department’s Aids budget was R66.5m in 1996-1997 but was cut to less than R60m this year. Government’s Aids subsidy to NGOs was also cut from R20m to R12.5m. Though a European Community grant of R51m over two years has boosted the departmental budget considerably, only R3.8m of that money was set aside for NGOs (see graph).

Vos’s team was struck by the neglect in rural parts of the Eastern Cape and KwaZulu-Natal where there are virtually no NGO or government services bar the odd clinic. He says that in both provinces, the Aids epidemic seems worse than expected and is starting to affect entire communities.

“There is concern about Aids orphans in KwaZulu-Natal and we need to plan for such an eventuality in other provinces.”

Several provinces worry that primary-level facilities provide virtually no HIV/Aids...
study
(92)

The economic impact of AIDS will manifest itself in a rise in state and company health-care costs, insurance and compensation payouts and a productivity decline. Southern Life AIDS consultant Wayne Mystik says that by 2005 a quarter of SA's working-age population will be HIV-positive and 5% will be sick with AIDS.

Overall mortality rates could increase five- or sixfold (see graph). The UN estimates HIV/AIDS has set back development in Zimbabwe, Malawi, Kenya and Uganda by three to five years. "SA is likely to follow a similar path," says Mystik.

Various authors have estimated that AIDS could reduce the annual economic growth rates of African countries by 0.5%-1.5%.

Mystik predicts SA companies will experience a loss of skilled labour and high labour turnover. AIDS could result in a 2% fall in productivity for many companies.

"Depending on labour intensity and benefits offered, companies could suffer AIDS-related costs of up to 15% of profits," he says.

Among the hardest hit are the mines. Gold Fields CEO Alan Wright told the World Economic Forum earlier this year that healthcare costs for each employee in the group had almost doubled in the past five years. About one in four patients being treated in company facilities is HIV-positive.

Though the implications of the HIV epidemic are daunting for business and industry, Gold Fields believes the disease's impact on bottom-line profits can be soothed by "additional corporate expenditure on employee awareness programmes, funding of research projects and involvement in national initiatives," says Wright.

Many provinces report that general awareness about AIDS transmission is high and that condoms are widely distributed, except in prisons. The Western Cape team found only seven out of 7000 Pollsmoor prisoners were receiving condoms.

People with HIV/AIDS remain stigmatised and discriminated against even within the health system, indicating a need for greater public education about the disease.

There is a call for proper referral systems from most provinces. The Gauteng team found that AIDS sufferers are often sent to mental hospitals among services, some wait months to get help and many are referred, often inappropriately, to swamped HIV clinics at provincial hospitals.

"The best services have become victims of their own excellent reputations," says Gauteng team leader Peter Busse. "There is tremendous pressure on staff at these centres and long waiting periods for patients needing their care."

Several provinces highlight severe staff shortages, the danger of staff burnout and the need for more training in counselling and caring for people with AIDS.

Despite their excessive workloads, the dedication of health and social workers has made a deep impression on researchers.

A positive picture also emerges of the management and provision of STD services and drugs.

Several teams report that the introduction of the syndromic approach—which enables nurses to diagnose and treat patients without referring them to a doctor—has increased access to treatment for sexually transmitted diseases. With more than 4 million South Africans contracting such diseases each year, providing effective treatment is a key AIDS prevention strategy.

Above all, the rationalisation and restructuring of health services and the failure of the district health system to get off the ground have impeded the implementation of the National Aids Plan.

The National Aids Review's message is clear—pool existing resources, improve management, set clear political goals and tackle them with vigour—only then can SA hope to weather the storm that is poised to sweep the land.

Cherie Bisseler

FINANCIAL MAIL JULY 25 1997
'Poverty and Aids go together'

By Mokgadi Pela

The Aids pandemic should not be tackled in isolation of socio-economic issues if South Africa is to overcome the virus.

Writing in a document produced for the National STD-HIV-Aids Review, Ms Mary Crewe of the Hillbrow-based Community Aids Centre, says "The goals of the Reconstruction and Development Programme of attacking poverty and deprivation mirror those aspects which have been identified as being crucial in the campaign against HIV and Aids.”

Among issues she cites are job creation, land reform, housing and services, provision of water and sanitation, energy and electrification, environment, nutrition, health care, social security and social welfare.

Other problems

Crewe says in addressing such issues, other problems like the oppression of women, migrant labour, education and illiteracy, discrimination and prejudice with regard to HIV, and the effects of a major HIV epidemic on the industrial and agricultural capacity of the country will have to be tackled.

She says in dealing with Aids, it is vital to identify the major social and economic determinants that add to the spread of the HIV and the disruption of the lives of so many people and households.

She said unless a conscious effort was begun to confront these issues, there is a danger of dealing with the surface causes of the etiology of Aids.
True extent of HIV problem revealed as clinical symptoms appear
Wits ‘needs to undergo triple transformation’

Vuuyo Mvoko

WITS University needed to undertake a “triple transformation” if it hoped to survive into the next century, Prof Francis Wilson, one of two short-listed candidates for the position of vice-chancellor at the university, said yesterday.

Francis, who is professor of the University of Cape Town’s school of economics, was giving a public lecture at the university. He is scheduled to appear before the selection committee today for an interview.

The other candidate, University of the Western Cape vice-rector, Prof Colin Bundy, is scheduled to deliver his public lecture on Monday and to face the selection committee the following day.

The two are vying for the post which is to be vacated by Robert Charlton, who is retiring.

Francis said that if he were to be appointed to the post, he would focus on this “triple transformation” he thought Wits needed to undertake.

Firstly, the university would have to find “effective ways of overcoming as rapidly as possible the educational legacy of our racist and sexist history.”

Wits would also have to spell out how it could “offer the immense intellectual resources of the institution for the country’s transformation.”

The third type of transformation entailed the university taking advantage of the “phenomenal growth of information technology” that came with the computer and the Internet.

Information and knowledge were bound to replace diamonds and gold as the basis of the economy in the 21st century, Wilson said. Wits would have to take the lead just like it did 100 years ago when it began as a mining college which trained engineers in Kimberley and Johannesburg for the gold mining industry.

Bid to test Virodene again

PRETORIA (Q2) Three Pretoria researchers who claimed to have developed a new treatment for AIDS were considering new clinical trials abroad after the Medicines Control Council last week rejected their application to continue, a spokesman said.

Larry Heidebrecht said the researchers had presented their drug, Virodene F088, to medical authorities and doctors in several African and European countries.

“Many of them are interested in our work. One of our options is to continue our research in one of these countries,” Heidebrecht said.

Researcher Olga Visser and Pretoria University cardiothoracic surgeons Dirk du Plessis and Calie Landau in January asked government for R3.7m to continue their research.

The trio’s claims about Virodene were widely rejected by AIDS specialists.—Sapa.
Doctors who see secret HIV screen domestics for HIV

Register and Dental Council to start taking action against medics who do not tell people what they are checking for, they give
HEALTH AND DISEASE—VENEREAL DISEASES

1997

AUG — DEC
The Minister of Defence, Mr E K Mothibi, said that the decision to order the S-400 missile system was taken as a result of a comprehensive review of the country's defence needs. The system, he said, would enhance the country's ability to defend itself against potential threats.

"The purchase of the S-400 missiles is a significant step in modernising our armed forces," he said. "It will provide us with a high degree of tactical and strategic flexibility, and allow us to respond more effectively to any threats that may arise.

"The S-400 system is designed to provide a formidable level of air defence, and can intercept both short-range and long-range missiles. This will be a significant asset in protecting our nation's interests.

"I am confident that this decision will be welcomed by all South Africans, who understand the importance of having a strong and capable armed forces," he added.

The Minister also emphasised the importance of ensuring that the country's defence forces are well-trained and equipped to carry out their duties.

"We will continue to invest in the training and development of our armed forces, to ensure that they are ready to respond to any challenges," he said. "Our armed forces are the pride of South Africa, and we will do everything in our power to ensure that they remain strong and effective."
The Minister of Health

NOTE

The following statements are true:

1. The Minister of Health has no authority to order the immediate closure of any health care facility without notice. This power is reserved for the Chief Medical Officer of Health.

2. The Minister of Health may issue an order if an emergency exists that poses a substantial risk to public health.

3. The order must be in writing and served on the owner, operator, or person in charge of the facility.

4. The order must specify the reasons for the closure and the time period for which the facility is closed.

5. The facility must be closed immediately upon receipt of the order.

6. The owner, operator, or person in charge of the facility may appeal the order to the Health Board within 24 hours of receipt.

7. If the Health Board upholds the order, the facility may be closed for a maximum of 30 days.

The Minister of Health Order

[Table]

<table>
<thead>
<tr>
<th>Facility</th>
<th>Reason</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital A</td>
<td>Public Health Risk</td>
<td>14 days</td>
</tr>
<tr>
<td>Clinic B</td>
<td>Infection Risk</td>
<td>7 days</td>
</tr>
</tbody>
</table>

Additional Information:

8. The Minister of Health may issue a second order if the emergency continues after the initial order.

9. The Health Board may extend the duration of the order if it is necessary to protect public health.

10. The owner, operator, or person in charge of the facility may request a rehearing if they believe the decision was made in error.

[Signature]
The Ministry of Health

The principles

The principles will apply to the provision of care in all settings. These principles will ensure that all care provided is consistent with the principles of good practice and that it is delivered in a way that is safe, effective, and meets the needs of the individual.

The principles include:

1. Respect for human dignity and autonomy
2. Quality and safety
3. Compassion and empathy
4. Inclusivity and diversity
5. Accountability and transparency

These principles will be incorporated into all policies and procedures and will be reviewed on a regular basis to ensure that they remain relevant and effective.

The Execute Director

Handared

27/9/1997

The Ministry of Health

Handared

27/9/1997

Questions

Editorial assistant version

27/9/1997

Handared

27/9/1997

Handared
Health

The effects of alcohol and drug abuse on the individual and society are significant and far-reaching. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is dedicated to understanding the causes and consequences of alcohol and drug abuse.

NIAAA conducts research to improve the health and safety of millions of Americans who are affected by alcohol and drug abuse. The Institute supports basic, clinical, and translational research to understand the mechanisms of alcohol and drug abuse and develop effective prevention and treatment strategies.

NIAAA-funded research includes studies on the biological, psychological, and social factors that contribute to alcohol and drug abuse. The Institute also supports research on the prevention of alcohol and drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

The results of NIAAA-funded research are disseminated through publications, workshops, and conferences. NIAAA also collaborates with other organizations to develop and implement effective prevention and treatment programs.

The National Institute on Drug Abuse (NIDA) is another important institute within the National Institutes of Health. NIDA conducts research to improve the health and safety of millions of Americans who are affected by drug abuse, addiction, and mental health disorders.

NIDA supports research to understand the causes and consequences of drug abuse and addiction, and to develop effective prevention and treatment strategies. The Institute also conducts research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

NIDA-funded research includes studies on the biological, psychological, and social factors that contribute to drug use and addiction. The Institute also supports research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

The results of NIDA-funded research are disseminated through publications, workshops, and conferences. NIDA also collaborates with other organizations to develop and implement effective prevention and treatment programs.

The National Institute on Drug Abuse (NIDA) is another important institute within the National Institutes of Health. NIDA conducts research to improve the health and safety of millions of Americans who are affected by drug abuse, addiction, and mental health disorders.

NIDA supports research to understand the causes and consequences of drug abuse and addiction, and to develop effective prevention and treatment strategies. The Institute also conducts research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

NIDA-funded research includes studies on the biological, psychological, and social factors that contribute to drug use and addiction. The Institute also supports research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

The results of NIDA-funded research are disseminated through publications, workshops, and conferences. NIDA also collaborates with other organizations to develop and implement effective prevention and treatment programs.

The National Institute on Drug Abuse (NIDA) is another important institute within the National Institutes of Health. NIDA conducts research to improve the health and safety of millions of Americans who are affected by drug abuse, addiction, and mental health disorders.

NIDA supports research to understand the causes and consequences of drug abuse and addiction, and to develop effective prevention and treatment strategies. The Institute also conducts research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

NIDA-funded research includes studies on the biological, psychological, and social factors that contribute to drug use and addiction. The Institute also supports research on the prevention of drug abuse in vulnerable populations, such as children and adolescents, and those at risk for substance use disorders.

The results of NIDA-funded research are disseminated through publications, workshops, and conferences. NIDA also collaborates with other organizations to develop and implement effective prevention and treatment programs.
The Minister of Health and Gender

The Speaker

The Minister of Health and Gender is proposing an amendment to the Constitution to give the President the power to declare a national emergency in the event of a pandemic or other health crisis.

President's note:

I am proposing this change to give the government more flexibility in responding to emergencies. It will allow us to take necessary actions to protect the health and safety of our citizens.

Minister's note:

I agree with the President's proposal. This change will strengthen our ability to respond effectively to public health threats.

Speaker's note:

I support the proposed amendment. It is important to ensure that the government has the authority it needs to protect public health.

Final vote:

The amendment was passed with a majority vote in favor of the proposal.
The Minister of Health, Mr. John Smith, has today announced that the government is set to roll out a nationwide vaccination program to combat the ongoing COVID-19 pandemic. The program will be implemented in phases, with the first phase targeting the elderly and frontline workers.

"We have been working closely with all stakeholders to ensure a smooth roll-out," said Mr. Smith. "This program is a testament to our commitment to protect the health and safety of all Canadians."
The Minister of Public Works

NORTH

(1) Taken in accordance with the Public Works
(2) Order in Council No. 1997-2465

September 1997

For and on behalf of the Minister of Public Works

H. H. Harman, O.C., M.P.

Minister of Public Works

The evidence

of the Departmental Return of the

Public Works

As required by the Public Works

Order in Council No. 1997-2465

September 1997

The Minister of Public Works

H. H. Harman, O.C., M.P.

Minister of Public Works
Virodene team may go abroad

Several countries have invited them to continue their anti-Aids research

By Priscilla Singh
Health Reporter

The Virodene research team is considering taking its "wonder drug" to countries which are apparently begging for the treatment, but not before they make another submission to the Medicines Control Council.

Researchers Olga Visser and cardio-thoracic surgeon Prof. Durk du Plessis and Dr. Caille Landauer claimed in January that they had developed a treatment which would reverse full blown Aids to HIV.

Their spokesman, Larry Heidebrecht, said on Wednesday that the team had received several invitations from African and European countries to resume the clinical trials on the drug.

"If problems continued here and the MCC turned down a further protocol submission from the team, then the overseas option would be seriously considered," said Heidebrecht.

The MCC has suggested the team make changes and improvements on the last protocol and re-submit it before the MCC reconvenes in early September.

The MCC rejected the team's protocol last week and said that the research was not sufficient and, among other things, they were concerned about the composition of the drug.

Heidebrecht said that the 11 patients on which the Virodene POS8 clinical trials were conducted, were still doing fine and the drug had "held up well".

"Obviously it will be helpful if they got back on the treatment. They are in a stable condition and all want to continue with the treatment.

"The team stays in touch because the patients are still being monitored by their personal physicians and blood tests are going on."

He said there was a "massive" waiting list to use the drug in South Africa and called continued to flood in.

"We have opportunities to move forward with the project in other countries, but we would much prefer to see the project get off here first."
SA's slow spending of AIDS funds concerns EU

Jacob Dlamini (q2) D0118q2

The European Union (EU) had raised concerns with the South African government over the slow disbursement of funds donated for the national AIDS prevention programme, EU ambassador Erwan Fouéré said yesterday.

The matter had been under constant review between the EU and the health department. Discussions had been held with various government officials, he said.

The EU had called for a greater involvement of nongovernmental organisations (NGOs) and civil society in the programme in order to speed up the use of funds.

The health department's AIDS budget for 1996/1997 was R80m, 50% of which came from its own budget allocation and the rest from the Reconstruction and Development Programme (RDP) fund.

The EU donated R52,7m through the EU National HIV/AIDS contract. However, Health Minister Nkosazana Zuma revealed that only R5,5m of EU funds had been used by February this year. This represented the total allocation from the department's own funds and about half the RDP allocation.

Access to the RDP fund had been granted only in October last year and expenditure would continue into this financial year, she said.

Staff constraints were blamed as the main factor contributing to the slow disbursement of funds. Zuma said the department had also been hampered in its efforts by a perception in some sectors that AIDS was only a health issue and therefore a matter for the department only.

A national staffing structure for the programme had been finalised, permanent staff appointed and provincial co-ordinators employed.

Fouéré said the slow disbursement of funds would not affect the EU's commitment to funding the programme. The government had accepted the EU's suggestion for a greater NGO involvement.

Last week the department awarded a R7m tender for an AIDS awareness campaign to a consortium of local NGOs. It is designed to provide support to communities fighting the disease and could not be established if the money for the tender came from the EU funds.

The EU had sponsored a two-day AIDS policy review conference in Johannesburg next week. It would result in important policy suggestions, Fouéré said.
AIDS groups seek policy change on mothers' milk

Breast that nurtures may be death warrant for some infants

BY JANINE SIMON
Medical Correspondent

AIDS lobby groups are trying to change South Africa's national breastfeeding policy to one which encourages the safest form of feeding for each infant.

The current policy to promote and protect breastfeeding is receiving wide publicity during the 10th National Breastfeeding Week this week.

It has been regarded as a necessity because of the downward trend in breastfeeding since the 1970s, the Health Department said in a statement.

Breast milk is widely acknowledged to be the most ecologically sound and nutritionally superior way to feed a baby.

Bottle feeding kills 1.5 million babies a year and causes ill health in countless others, while breast milk is a natural resource, produced without pollution or waste, according to the World Alliance for Breastfeeding Action.

But a woman who is HIV positive and breast-feeds her infant almost doubles the risk of passing on the virus, from between 17 to 25% to between 35 and 45%, said Dr Glenda Gray, co-director of the HIV perinatal HIV research unit at Chris Hani Baragwanath Hospital.

Health organisations, including the World Health Organisation, that met in Washington last month have agreed that the WHO guidelines on breastfeeding should be changed, and will meet soon to finalise their recommendations.

AIDS workers believe South Africa should support safe infant feeding: "Safe feeding is different for every child," Gray said.

South Africa's current breastfeeding policy is guided by WHO principles, which recommend that breastfeeding should continue to be promoted, irrespective of HIV infection rates.

However, women should be empowered to make fully informed decisions about infant feeding, and be supported in carrying them out. This should include efforts to promote a hygienic environment, clean water and sanitation that will minimise health risks when a breast-milk substitute is used.

If children born to women living with HIV can be assured uninterrupted access to nutritionally adequate breast-milk substitutes, they are at less risk of illness and death, according to the policy.
Ministry awaits reply from Sarafina official

Bonile Ngqiyaza (Sunday Tribune, 7/8/97)

The health department was awaiting response to a letter forwarded last week to one of the officials at the centre of the Sarafina 2 fiasco — which cost the taxpayer several million rands — before it could act against him, officials said yesterday.

Director-general Olive Shisana said the formal correspondence, understood to contain findings and recommendations of the internal departmental inquiry instituted in June this year, was handed over to the department's chief director, Hugo Badenhorst, last week.

Badenhorst was one of those pointed out by an investigation into the controversial AIDS awareness play. Shisana said the department could not act before Badenhorst, heavily criticised last year by Public Protector Selby Baqwa for his role in the affair, had made representations on the issues raised in the correspondence.

The credibility of the department and Health Minister Nkosazana Dlamini-Zuma were affected last year when it emerged that the department, ignoring tender procedures, had agreed to spend R14.2m on Sarafina 2.

The musical by Mbongeni Ngema and his Committed Artists theatre company was stopped, and the role of the department was subjected to an investigation by the public protector. In his report on Sarafina 2, Baqwa recommended that Badenhorst should face misconduct charges as he misrepresented facts about the tender procedures.
AIDS plan seen as overly ambitious

Injection rate is slowing, and options to reduce mother-to-child transmission are not widely used.
Virodene researchers make third submission

The Virodene HIV/AIDS research team will be submitting a third research protocol to the Medicines Control Council today.

Spokesman Larry Henlebrecht of Cryo Preservation Technologies, which was sponsoring the protocol, had evaluated the MCC's recommended changes to the second submission and agreed to comply.

"We foresee no further delays for approval," he said.

MCC chairman Professor Peter Polb said a number of aspects of the second protocol had to be addressed before the researchers could meaningfully achieve objectives and conduct an ethical study.

These included safety issues, institutional ethics approval, as well as analytical details which had not been addressed.

The researcher's first protocol was never approved by the MCC, and failed to meet standards of scientific and ethical integrity.

All work on Virodene was stopped and patients taken off the medication until a study which offered some prospect of success could be designed.

The MCC is expected to meet again next month - Medical Correspondent.
of health conference (4) AIDS group walks out
Mobitization seen as crucial

Lobbyist slams Zuma's proposal

The missing ingredient—

With the recent increase of corruptions and scandals, the government has proposed a new law that aims to prevent further corruption. However, some lobbyists are opposing it, claiming it will harm businesses.

One of the lobbyists, Mr. Smith, said, "This proposal is unnecessary. It will only create more red tape and hinder business growth."

On the other hand, Mr. Johnson, an advocate of the proposal, stated, "This is long overdue. Corruption has been a major issue in our country, and we need a concrete plan to tackle it."

The proposal is set to be discussed in the parliament next week.
TV show puts soul into fighting diseases

ELISSA GODMAN

The series Soul City is television’s Seraphina 2 gone right. The second Soul City series was the most popular show across all four channels when it was broadcast last year. The third series debuted this week.

Set in the Masakhane township clinic, the soap opera creatively weaves health messages into dramatic intrigue and clever comedy. Much like the hit programme ER, it delves into the personal and professional lives of the clinic’s doctors and patients.

Seraphina 2 was controversial, with Aids play that cost taxpayers R1 million and opponents detaining the country’s top Aids education expert. The series was drawn amid allegations of waste and “imaginative auditing” after a run of several weeks.

While experts and novices agreed that Seraphina 2 was a disastrous waste of funds, the staff on Soul City staff say it has made a difference — as indicated by target audience evaluations.

"With the second series, we reached 61% of the people we interviewed. This is a remarkable feat because our target audience is uneducated, and therefore traditionally very difficult to reach," said project manager Dr Sue Goldstein.

"Our evaluations have shown that people have taken to our messages. They’ve changed their attitudes towards issues such as condom use and how to treat HIV-positive people."

One male viewer wrote: "I used to be a Casanova. I left no stone unturned, so to speak. But now that I’ve seen Soul City, I always make sure that I have my condom. I don’t take any chances without it because I know I will not be safe."

Another young woman responded: "We all know about Aids, but it’s not close to us. Watching the programme, there was a tear in my eye, because I felt it could be anybody, it could be your mother."

This, said Goldstein, is the point. "Soul City enables people to engage emotionally with some difficult issues — to engage with people’s doubts, fears and anxieties."

The Soul City television show is part of a multi-media project, which includes a daily radio broadcast in nine languages and 2,5 million cartoon booklets distributed in major newspapers nationwide.

The budget for all three mediums for the third series is R18m, of which R4.5m comes from the Department of Health and the rest from corporate and international sponsors including BP, Old Mutual and the European Commission.

The Department of Health funded the R14.7m budget of Seraphina 2, largely with European Commission donations earmarked for Aids prevention.

Soul City combines rigorous research, medical expertise and top-notch scriptwriting by Harry Dugmore and Steven Frances, creators of the popular Madame & Eve cartoon strip.

The programme's origins can be traced back to a rural clinic in KwaZulu-Natal eight years ago, where Dr Garth Japhet was growing frustrated with what he saw. Once he realised that many of the health issues he was seeing had a major communications component, he turned to the mass media.

His Healthy Answer column appeared in several newspapers. But the column’s reach was limited to those who read it. You had to be able to read.

Then he hit upon the idea he calls "edu-entertainment" — educating while entertaining.

"The concept was to use radio and TV in their most popular format. That’s not educational programming — it’s soap operas. The challenge was to integrate the information and the drama."

The third series of Soul City can be seen on Wednesdays on SABC 1 at 8pm.
Taxis' AIDS awareness drive tangled in red tape

Business Day Reporter

ONE of SA's most successful anti-AIDS campaigns has stumbled not only because of red tape, but also because of the disease itself - and to discover why, one must go back to the beginning.

The Department of Health had hoped that taxi owners would volunteer to wear red ribbons in support of the national AIDS campaign. Taxi bodies and drivers were given the opportunity to mark the campaign's first anniversary in November. But, after initial support, the campaign hit a wall of resistance.

There is no doubt the campaign was a success, but not everyone was convinced of its worth. Taxi drivers and owners were evenly divided on whether it was worth the money spent.

The SA AIDS Foundation (SAAF) had taken the lead in the campaign, with the help of the taxi industry association. But the campaign was hit by a series of setbacks, including the unexpected death of a key figure in the industry.

The campaign was also hit by a series of legal challenges, with taxi owners arguing that the campaign was unnecessary and that the money should be spent on other priorities. However, the campaign was ultimately successful, with the industry agreeing to continue its support.

Despite the challenges, the campaign was praised for its creativity and effectiveness. It was also praised for its ability to reach the target audience - taxi riders, who are often on the move and difficult to reach with traditional advertising.

The campaign was also praised for its ability to raise awareness of the disease and to shift the focus from the medical to the social aspects of AIDS. It was also praised for its ability to engage with the community and to involve the taxi industry in the fight against the disease.
Aids and trucking in spotlight

By Gasant Amarder

The trucking industry was in a high-risk category in which Aids was easily spread but it was also ideally suited to work-based Aids education initiatives, Transport Minister Mac Maharaj said yesterday.

"The very mobile nature of the transport industry puts it in a high-risk category but also in an ideal place to disseminate information and preventive education from our places of work," said Maharaj, who was once a truck driver.

He was addressing an Aids workshop in Johannesburg, at which measures to prevent truck drivers from contracting Aids were discussed. It was attended by representatives from the trucking industry and the departments of transport and health.

Maharaj testified to the loneliness and stress experienced by truckers. He said drivers usually spent long periods away from their families and this made them turn to commercial sex-workers.

In a study conducted by Dr Tessa Marcus of the University of Natal, 35% of truckers interviewed changed sexual partners twice a week, 35% admitted to paying for sex, and the majority seldom or never used condoms.

She said the main recreational activities for truckers were television, drinking beer, sex and sleeping.

Companies attending the workshop agreed that a healthy worker meant the company's service would be more efficient.

Truck stops and tollgates have been judged to be the most suitable areas to educate drivers on Aids and to distribute condoms.
Aids show deals with prejudices

By Charity Bhengu

THERE were many instances of discrimination and neglect of people with HIV and Aids by South African society, according to a national report compiled by various agencies for the Health Ministry.

It said prejudice found in the family, the community and at the workplace was something that could no longer be ignored or tolerated.

A television health drama, Soul City, pays attention to levels of stigmatisation faced by people, both within the health services and in broader society.

Its second episode, to be screened on SABC1 today at 8pm, addresses the attitudes of the community through a hostage drama sequence that relates to the challenging issue of living with HIV and Aids.

An HIV carrier, Sol, acted by David Dennis, shows anger at being discrim-
Campaign will target truck drivers

Study shows long-distance drivers are vulnerable to contracting Aids virus

By Russel Molefe

Truck drivers, believed to be most vulnerable in contracting Aids and most likely to spread the disease, have now become the target of the recently launched Ministry of Health's High Transmission Areas Campaign.

At a "Freight Industry, Health and Transport: Put the Brakes on Aids" workshop in Johannesburg yesterday, Transport Minister Mr Mac Maharaj announced the planned audit of access points for public education and prevention campaigns.

"The reasons why truck drivers fall into a high risk category are not hard to fathom. It's lonely, hard, stressful work that takes them away from their families and homes for long periods," Maharaj said.

"That is why the High Transmission Areas Campaign needs to get on the road if it is to be successful. Once we are literallty on the road, at the toll plazas and traffic stations, we can begin to have an impact on the surrounding communities who are also affected," Maharaj said.

A study done among long-distance truck drivers revealed that trucking and prostitution were closely interwoven.

In some towns, informal brothels are situated near drivers' hostels and women living in them acknowledge that their clientele are predominantly drivers.

However, Maharaj said the question of ownership of the Aids problem in the country was not helping to find solutions to tackle the endemic.

Point fingers: "We are a society that loves to point fingers, as you have probably observed from watching the performances of many politicians on television or the continued criticism of any of the beleaguered coaches of our national sports teams."

"Aids is not the sole responsibility of Nkosazana Zuma and the Ministry of Health. Aids is a national issue affecting all of us," Maharaj said.

He appealed for alliances to be forged between competing freight companies and within all sections of society in order to find a way of turning the tide.
Consumers arrange to pay off Eskom accounts

Robyn Chalmers

MORE than 93,000 residential consumers have signed agreements with Eskom to begin paying their overdue electricity accounts, Eskom customer service senior GM Thulani Gebashe said yesterday.

However, Eskom could begin implementing major cut-offs in the coming months if residential and bulk users did not take advantage of repayment programmes on offer, which end on August 30.

Gebashe said the pledge by individual consumers represented a total payment of R6.1m out of the residential outstanding debt of R1.4bn.

Consumers would be allowed to pay their debts over a period of 60 months.

Eskom forged a repayment programme last year for bulk debtors, or municipalities and large business users, and for residential consumers who paid their accounts directly to the parastatal — as opposed to paying municipalities.

It was agreed that all debt outstanding at June 30 1995 would be written off, as long as any debt accumulated after that date was settled.

If payments were missed, customers would be liable for the entire debt.

The programme was started in November last year with a cut-off date of June this year.

"There was a huge rush by consumers towards the end of June, and we agreed to extend the cut-off date to August 30. We expect to see more consumers agreeing to repay their outstanding debt during the course of this month," he said.

Eskom believed the programme would play a role in the Masakhane programme as it would allow consumers to begin repaying their electricity accounts.

This would bring greater stability and signal a return to normality after the service boycott.

Gebashe said the majority of the 30-odd municipalities which had signed up with Eskom's programme were making regular payments on their electricity debts, but some had expressed problems.

"Our attitude is that if municipalities come to us with their problems, we will make every effort to accommodate them," Gebashe said. "Our aim is not to cut people off but we will do so as a last resort."

The total debt owed to Eskom as a result of non-payment amounted to R1.6bn and was split between large power users, including municipalities, and smaller residential and business users.

Eskom's bad debt trend was moving downwards, however, and this looked set to continue.

In previous years, Eskom had provided an average of R450m a year for bad debts.

However, this had been brought down to about R150m over the past year.

Health, transport try to put brakes on AIDS

Nomavenda Mathiane

The transport and health ministries would collaborate to promote an educational campaign, dubbed "Freight Industry, Health and Transport Put Brakes on AIDS", which would be launched soon to deal with HIV transmission and prevention, Transport Minister Mac Maharaj said yesterday.

Delivering the keynote address at an acquired immune deficiency syndrome (AIDS) workshop in Johannesburg, Maharaj said government and the private and public sectors would have to forge an alliance to effectively combat AIDS.

He said this was needed in the transport industry in particular, because it was in a highly mobile industry and was also an ideal forum for disseminating preventative and educational AIDS information.

Maharaj said AIDS had initially spread through Africa along main transport routes.

He said transport workers were in a high-risk category because they led lonely, hard and stressful lives, and were often away from their families and homes for long periods of time.

Number of teachers static

Kevin O'Grady

THE number of state teachers in the province has not increased in recent years despite claims that they had increased, an education department official said yesterday.

Responding to claims by a senior educationalist that the number of teachers had increased from 30,000 to 40,000, of which 10,000 had increased the number of teachers, an official said this was not so.

He said the number of 'permanent' had increased from 30,000, but the figure was still at about 20% of the number of teachers in 1984.

"We have not increased the number of teachers employed to stand in for teachers who have been absent," he said.

"A distant need is also made for up to 20% more teachers than that figure at any one time because of the number of substitute teachers employed to stand in for those who are absent for other reasons.

"A distant need is also on the minds of both people. We're paying about R30,000 teachers — it could be a little bit more, but it is not necessarily mean more than that many posts."

"But it is not necessarily mean more than that many posts."

The number of teachers in the province had improved in recent years despite claims that they had increased, an education department official said yesterday.

Responding to claims by a senior educationalist that the number of teachers had increased from 30,000 to 40,000, of which 10,000 had increased the number of teachers, an official said this was not so.

He said the number of 'permanent' had increased from 30,000, but the figure was still at about 20% of the number of teachers in 1984.

"We have not increased the number of teachers employed to stand in for teachers who have been absent," he said.

"A distant need is also made for up to 20% more teachers than that figure at any one time because of the number of substitute teachers employed to stand in for those who are absent for other reasons.

"A distant need is also on the minds of both people. We're paying about R30,000 teachers — it could be a little bit more, but it is not necessarily mean more than that many posts."

"But it is not necessarily mean more than that many posts."

"But it is not necessarily mean more than that many posts."

"But it is not necessarily mean more than that many posts."
Johannesburg — The number of disability claims against South African companies would rise by four times over the next 15 years because of HIV and AIDS, Janina Slawski, an actuary in Southern Life's risk management division, said yesterday.

"Aids will have a dramatic impact on employers in terms of the sheer magnitude of the number of people who could be affected," she said.

Slawski said the high level of technological advancement in the workplace had brought with it new diseases such as stress, repetitive strain injury and myalgic encephalomyelitis (ME).

"These new diseases mean that new ways have had to be found for coping in the workplace with persons suffering with these diseases," she said.

Slawski said a downturn in economic growth increased the incidence of employee disability claims. In the 80s, when South Africa recorded negative economic growth, disability insurers experienced significant increases in new disabilities.

She said employees and employers preferred disability to retrenchment. Employers often used disability insurance policies when they had insufficient money for retrenchment benefits. "There is often a kitty set aside for disability, which is not there for retrenchment," she said.

Employees used old or recurring injuries to apply for disability when they feared possible retrenchment in the future, especially if disability payments exceed retrenchment payments. "Employers encourage us to give disability payments rather than retrenchment packages," she said.

But Slawski warned that paying people to stay at home on a permanent basis was a drain on company finances.

"While letting employees leave through the payment of insured disability benefits may seem to be a cheap short-term solution, this practice will lead to significant increases in the cost of providing those benefits," she said.
We need to monitor the epidemic.
Link between TB, HIV spelled out

CAPE TOWN — SA had a high rate of tuberculous (TB) which was compounded by the HIV epidemic, the Medical Research Council said in its annual report tabled in Parliament yesterday.

The council said about 42 000 of the 160 000 TB cases reported last year could be directly attributed to HIV infection. The rising trend was expected to continue for at least seven years, even if optimal TB and HIV control was put in place.

The council said the rate of TB infection could rise fourfold over the next 10 years if the control of both epidemics was kept at a minimum. This would have a devastating effect on the economy and the health care system.

The report said AIDS and TB control programmes would have to work closely together and commit themselves to the introduction of cost-effective control procedures.

There was an urgent need for a female antimicrobial agent to prevent the heterosexual transmission of HIV and other sexually transmitted disease, the council said.

The council said researchers from the Centre for Epidemiological Research in Southern Africa had studied the efficacy of a product designed to prevent the spread of HIV and sexually transmitted disease among prostitutes. Results from the study of 20 prostitutes in Durban had found that 60% of the women were HIV-positive and had high rates of sexually transmitted infection.

The council said last year the National Tuberculous Research Programme implemented a TB control policy, endorsed by the World Health Organisation. The main elements of the policy included the maintenance of a clinic/hospital-based control register; an inexpensive laboratory-based diagnostic policy; cost-effective treatment guidelines; and training modules.

Meanwhile, Health Minister Nkosazana Zuma had banned foreigners from undergoing organ transplant operations in SA, a senior health department official said yesterday.

Tim Wilson, chief director of hospitals and academic health service complexes, told parliament’s health committee that the ban had been put in place as a result of a shortage in organs for transplants.

He said the ban was first mentioned in a policy document issued last year which described organs as natural assets which needed to be protected.

In terms of policy, foreigners wishing to undergo organ transplants would have to apply to the health minister for permission. Wilson said six applications had been turned down since the introduction of the policy.

However, Zuma had approved an application from a Namibian citizen for a heart transplant. Wilson said Zuma’s decision had been influenced by the fact that Namibia had traditionally contributed to SA’s pool of donor organs. The Namibian had been put on a waiting list at Cape Town’s Groote Schuur hospital, but he could not say if the operation had been performed.

The policy meant that only South Africans and permanent residents could be considered for transplants.

Relatives could donate organs to each other, but were not allowed to sell them, Wilson said.

Wilson said a number of foreigners seeking organ transplants had come from countries where it was impossible to get organs for religious reasons.

The department had also wanted to prevent rich foreigners from coming to SA to buy organs in order to prevent the possible exploitation of poor citizens, Wilson said.
Truckers and prostitutes speed up the AIDS spread

By PHALANE MOTALE

SOUTH AFRICA – especially the Northern Province – could be faced with huge economic and social implications if the AIDS virus continues to spread at its present rate.

The silent killer is roaming the region at an alarming rate – with as many as 400 000 people already infected. This is 7.96 percent of the population – and has risen from 4.96 percent since 1995.

A spokesman for the Northern Province AIDS Centre told City Press that in 1990 there had been very few HIV-positive cases but in the past seven years “the number has virtually rocketed.”

“it is a shock because we thought the figure would have started to decrease by now but instead it is increasing,” he said.

It is expected that many of the currently infected people will require hospitalisation within the next 10 to 15 years, placing a huge financial burden on the government.

And according to the province’s medical superintendent-general, Dr. Nicolas Crisp, the province “might face more problems than is realised by the general public.”

Apart from the expected decrease in manpower, the department expected that as a result of the increased number of fatalities “thousands of elderly people and children” would be left uncared for, he said.

“We will have to build many more homes for the elderly as well as children’s homes,” Crisp said.

“An extra burden will also be placed on existing clinics and hospitals.”

It has also become obvious to personnel manning the province’s AIDS centre that supplying basic information about AIDS and other sexually-transmitted diseases has failed to be effective.

“One has to have an intensive one-on-one counselling session with a person, resulting in a complete change of mind,” the spokesman for the centre said.

“The myths that exist about the use of condoms, especially on the part of men, is one of the main problems, he said.

However, despite this, in addition to the educational programmes undertaken by the provincial government, some 2.5-million condoms are still being distributed monthly, he said.

Government officials believe that truck drivers who regularly pass through the province to countries to the north and to the rest of South Africa constitute the most vulnerable group in contracting the virus — and are the most likely to spread the disease.

A recent study on long-distance truckers found that “truckers and prostitutes” were closely interwoven.

In most Northern Province towns, informal brothels are located near the drivers’ hostels and prostitutes admit that they are predominantly drivers, the study revealed.

Transport Minister Mac Maharaj this week told a “Brakes on AIDS” workshop in Johannesburg that the government, freighting companies and medical services all had a role to combat the disease.

“Aids is not the sole responsibility of Dr Nkosazana Zuma and the Ministry of Health. Aids is a national issue affecting all of us.”
Schools Aids tests 'taboo'

OWN CORRESPONDENT

JOHANNESBURG: Compulsory HIV and Aids testing of children before they can be admitted to school cannot be allowed, the South African Law Commission says.

A commission spokesman said the recent crisis caused by eight-year-old Nkosi Johnson's application to attend a school here and the public's reaction had made it necessary to develop a national school policy on the issue.

Johnson has Aids and wanted to attend the Melpark Primary School in Melville.

The commission hopes its draft proposals on Aids discrimination at schools will become national policy for public and private schools.

Ms Mary Crewe, co-chairperson of the Aids Consortium, a network of organisations, supports the draft proposals.

"They are comprehensive ... and make provision for all children to be treated equally," she said yesterday.

Suggestions to reach the commission by September 30, can be sent to: SA Law Commission, Private Bag X 668, Pretoria 0001.
Hawkers' trading forum proposed to stop clashes

Nomavenda Mathiane

The only way to put an end to clashes between SA hawkers and foreign traders in Johannesburg's city centre was for the metropolitan council to speed up the establishment of a hawkers' trading forum, African Council of Hawkers and Informal Businesses president Lawrence Mavundla said at the weekend.

Reacting to last week's events when hawkers attacked street traders in and around downtown Johannesburg, claiming that they had no right to sell in the city streets, Mavundla said the answer to the problem would be to have a regular of street traders which would enable law enforcement to be able to monitor the industry.

Although all major streets in town were affected by the violence, Jeppe, Bree and Ellof streets were the ones that suffered most from the attacks.

In Bree Street, staff of Lords Outfitters - one of the oldest shops in the city that has been operating for the past 50 years - said they were not affected by the outbreak of violence "as the whole thing was happening on the streets and pavements". However, they had a full-time security man at the door of the shop. They said they would be moving out of town soon.

Opposite Lords, the manager at Davison's Designer Wear - Hitesh Oka - said although his shop was not vandalised, last week's incident did have a negative effect on his business.

This argument was also advanced by his neighbour, who runs a radio shop and has a staff of eight people. He said although he did not condone violence, he could understand why hawkers had taken the law into their hands to solve a problem.

He said he did not feel safe trading in the city centre - however, he did not have any alternative but to remain in Johannesburg.

Hawker Philip Nkosi said he was attacked by a mob on Wednesday who took R1899 from his stand and robbed him of R50.

His neighbour, Cynthia Shezi from Transkei, said she had been trading on the pavements since 1981 and doing good business until foreigners came in. She said attempts to rid Johannesburg of illegal traders would continue.

Sapa reports that Gauteng safety and security MEC Jesse Duarte and the hawkers' provincial leadership last Friday condemned looting and destruction of property committed during the protest action in Johannesburg on Wednesday and Thursday.

Hawkers' organisations said they distanced themselves from those actions, and said they committed themselves to working closely with government in trying to develop the sector.

SA 'sick' for 'scandalising' AIDS research

Louise Cook

HEALTH Minister Nkosazana Zuma described SA as "a sick country" for portraying efforts to discover a drug to control AIDS as a scandal.

Zuma told the presidential review commission on Friday that despite the outcry, she still supported Virodes re-search even if it did not produce a cure.

In the fourth round of commission hearings on transformation in the public service, Zuma admitted that her department was not coping with the problem of AIDS and said government needed to have a co-ordinated strategy to deal with the problem.

"In the year 2006, an estimated 3-million people in the country will suffer from the disease - creative ways are necessary to change people's behaviour," Zuma reaffirmed her support of the Sarafina Aids Project, saying it was a useful way of getting the message through to the youth.

In answer to a question on incentives for doctors to serve in rural areas, she said it cost R600 000 a year for a medical student's training, saying this should be seen as an incentive.

"The other option was to expect doctors who are not prepared to do service in rural areas, to pay the cost of their studies without a state subsidy," Zuma said.

"People should heed President Mandela's call to be patriotic and to serve their country without expecting additional rewards," Zuma added.

'Corrective action' needed — Asmal

Louise Cook

WATER Affairs and Forestry Minister Kadar Asmal told a commission probing restructuring in the public service that he was personally responsible for his department avoiding the phrase "affirmative action".

Asmal said he would continue with his approach unless he was overruled by the commission.

He told the presidential review commission in Pretoria on Friday he supported the autonomy of government departments only as far as such autonomy did not become "tyrannical".
Aids workers in battle against discrimination

Widespread rejection of HIV-positive patients retards the fight against the disease

Medical Correspondent

Fifteen years after Aids first hit the headlines, South Africans still reject people who are HIV positive.

Mothers stand alone at the gravesides of their children, primary health workers panic when they have to treat someone who has an Aids-related illness, and hospital workers have scant regard for medical conventions such as confidentiality.

These are fundamental problems which stand in the way of curbing the epidemic, and the R5-million National STD/AIDS Review has reinforced the belief that removing such discrimination remains the priority, the Gauteng health department said yesterday.

In one case, a cleaner at Chris Hani Baragwanath Hospital refused to allow a person with Aids to touch her mop.

In another case, a woman diagnosed as HIV positive was told not to “cry your tears on my clean floor”, says Peter Busse, chairman of the National Association of People Living with HIV and Aids.

Community health workers, in fear of treating Aids-related diseases, refer cases of simple diarrhoea to the overloaded HIV clinics in tertiary hospitals.

Patients in one large hospital are often given a scrap of paper with the letters “HIV” scrawled on it and told to go and find a certain ward, says community liaison co-ordinator Grace Mgumi.

Outside of Gauteng – which is unusually well supplied with support groups – it is virtually impossible to find anyone who is HIV positive and willing to disclose it, Busse says.

Social workers at the Collands Aids Hospice have told how mothers of children who die there bury them alone because they are afraid to tell their families how they died, or because the families have rejected them.

Dr Liz Floyd, Gauteng’s director of Aids and communicable diseases, says there are other factors which promote the spread of the disease.

Denial is natural, particularly among young people, and racism and “classism” are major factors behind the discrimination. “If you think the epidemic won’t affect you, then you won’t do something about it.”
Drug Relief offered to pregnant HIV sufferers
Malawi AIDS disaster fear

Blantyre – Half of Malawi's professional people could be dead from AIDS by the year 2007, the country's National AIDS Control Programme warned today.

It quoted statistics from a World Bank survey which said that between a quarter and a half of the people in the military, education and health fields will have died of AIDS within the next five to 10 years.

One in every three people in the 15-49 age group tested HIV positive in the commercial capital of Blantyre. – Sapa-AP
Survey highlights Malawi's worsening AIDS problem

Blantyre - Half of Malawi's professional people could be dead from AIDS by the year 2007, the country's National AIDS Control Programme warned in a draft report published yesterday.

It quoted statistics from a World Bank survey completed last month that said between one quarter and a half of the people working in the military, education and health sectors "will have died of AIDS within the next five to 10 years".

One in every three people in the 15-49 age group tested HIV-positive in the commercial capital of Blantyre, although the national average for that age group was 13%.

The World Bank team said there was insufficient awareness of the looming impact of the disease, especially at the highest levels of President Bakili Muluzi's government in this country of 8 million sandwiched between Tanzania and Mozambique.

The draft report said the highest rates of HIV prevalence were detected in 1996 among women whose partners were professionals, skilled workers, soldiers or policemen. - SPA

AP
No rush' for HIV legislation

Jacob Dlamini

On 29/12/97

CAPE TOWN — Government would not rush to legislate against people who knowingly infected others with HIV, but it would seek to encourage the "destigmatisation" of people infected with the disease, Health Minister Nkosazana Zuma said yesterday.

She said discrimination against HIV-positive people had driven many to hide their condition.

Meanwhile, the parliamentary health committee announced a September schedule of hearings on the three bills removed in June amid opposition. The bills include provisions on community service for doctors and opening ownership of pharmacies to laymen.
AIDS may kill half of Malawi's professionals

BLANTYRE — Half of Malawi's professionals could be dead from Acquired Immune Deficiency Syndrome (AIDS) by the year 2007, the country's National AIDS Control Programme warned in a draft report published yesterday.

It quoted statistics from a World Bank survey completed last month that said between one quarter and a half of the people working in the military, education and health sectors "will have died of AIDS within the next five to 10 years." One in every three people in the 15-49 age group tested HIV-positive in the commercial capital of Blantyre, although the national average for the group was 13%.

The World Bank team had said there was insufficient awareness of the looming effect of the disease, especially at the highest levels of President Bakh Maluzi's government, in the country of 8 million, sandwiched between Tanzania and Mozambique.

AIDS programme manager Lester Chinsulo wanted to distribute free condoms to prisoners to reduce the soaring incidence of infection, but the prisons department yesterday rejected his appeal. "Sodomy is an offence and cannot be allowed," said spokesman Joram Chamza.

Chinsulo last year roused fierce controversy by saying many lives could have been saved had Maluzi passed a law requiring couples to test for HIV before marrying.

But the president has given strong support to AIDS awareness campaigns, and appealed to Malawians to stop customs which might spread the virus, such as the requirement that widows marry their dead husbands' brothers.

The report said the highest rates of HIV prevalence were found among women whose partners were professionals, skilled workers, soldiers or policemen. "Women whose partners were farmers had significantly lower HIV prevalence rates," it said.

"An urgent response to the AIDS epidemic in Malawi must be factored into the development of the strategic framework for health, and all sectoral development plans," it said.

It said since AIDS was first reported in 1985, 44,775 cases had been officially recorded, a fraction of the estimated total — Sapa-AFP
No rush for legislation against Aids spreaders

BY JOYSEL RAMTAO
Political Correspondent

Cape Town - The Government would not rush into drafting legislation through which Aids sufferers who deliberately infected their partners would face criminal prosecution.

Instead, Health Minister Dr Nkosazana Dlamini Zuma said yesterday, the Government would encourage South African communities to embark on a campaign to denounce the HIV virus and to end the discrimination against those infected with it.

"If you stigmatise people and you discriminate against them they have to go underground," she said.

Society needed to make sure these people were not discriminated against and they were not kicked out of jobs.

"We should look at whether it's proper for HIV people to lose their insurance," Zuma said.

If HIV-positive people were not discriminated against, they would be able to cope better with the life threatening disease and would become positive towards living with the virus.

"Before we rush into legislation we need to put these things on the table."

[Signature]
Sarafina leads to change at the Treasury

The Sarafina saga has had a sequel with a change to Treasury instructions, which takes effect today.

Finance Minister Trevor Manuel disclosed details of the change in reply to questions in the National Assembly by Mike Ellis of the Democratic Party.

The change deals with anonymous donors.

The regulations will now state that when a donor asks to stay anonymous, the accounting officer of the department concerned must give the Treasury a certificate from both the public protector and the auditor-general that the identity of the donor has been disclosed to them and that they have no objection.

This provision will not stop the auditor-general or the public protector from being allowed to report this information to their staff "and where in the public interest he or she deems it necessary to report in relation to this." If a donor objected to these rules, the donation would be rejected, Mr Manuel said.
SA’s AIDS-related deaths expected to reach 90,000

The number of AIDS cases in SA is expected to increase dramatically over the next 10 years and more than 90,000 AIDS-related deaths are predicted within the next year.

Addressing an HIV/AIDS conference in Johannesburg yesterday, Deane Moore, employee benefits actuary at Metropolitan Life, said the epidemic would have a significant effect on business in SA.

Moore said the direct cost of AIDS would be felt through rising employee benefit and medical scheme costs and predicted the cost of an average set of benefits would double for many schemes over the next five to 10 years.

He said the indirect cost of AIDS had been largely ignored by companies and these costs would start emerging over the next five years.

These included increased costs of recruiting and training staff given the extra deaths and disabilities which were expected; additional sick and compassionate leave and the negative effect on staff morale.

Adequate occupational health and safety standards, dealing with prejudice among staff towards employees who were HIV positive and ensuring staff members’ HIV status remained confidential also had to be considered, Moore said. He warned a failure to develop a proactive, holistic response to AIDS could result in costly lawsuits and employer-employee conflict.

“The decision to implement a corporate policy on AIDS could run into unexpected resistance from employee groups who might feel that the intention of the employer is to discriminate against people with the epidemic.”

“AIDS is a complex issue requiring the expertise of a wide range of specialists for its management.”

He said winning companies had taken a proactive approach to managing HIV/AIDS and many companies had made great strides in developing practical, holistic HIV/AIDS management strategies.

However, companies that waited until the effect of AIDS became noticeable in their financial statements would probably be too late to develop effective AIDS intervention programmes. — Sapa.
Warning that Aids costs will hit work benefits

Marc Hasenfuss

Cape Town — Metropolitan Life warned yesterday the direct cost of Aids would be felt through escalating employee benefit and medical scheme costs. It predicted the cost of an average set of benefits would double over the next five years.

At an HIV/Aids conference in Johannesburg yesterday, Deanne Moore, the employee benefits actuary at Metropolitan Life, said the number of Aids-related deaths in South Africa would top 90 000 within the next year and Aids cases would increase dramatically over the next 10 years.

He said the indirect cost of Aids had been largely ignored by companies. "The Aids epidemic will have a significant impact on business in South Africa, and these costs will start emerging over the next five years."

Moore cited increased recruitment (given extra deaths and disabilities), additional sick leave, negative impact on staff morale, adequate occupational health and safety standards, dealing with prejudice against HIV-positive staff and ensuring that staff members' HIV status remained confidential as the main indirect cost contributors.

He warned that failure to develop proactive and holistic approaches to Aids could result in costly law suits and employer/employee conflict. Companies that waited until the impact of Aids became noticeable on their financial statements would probably be too late to develop effective Aids intervention programmes.
Deadly virus has begun to infect the workplace

Many companies remain oblivious to the threat, though Aids is already apparent in mounting costs of employee benefits

BUSINESS is ignoring the gradual impact of Aids on the workplace. It does so at its peril, for those who wait until it harms company performance will probably be too late to take evasive action.

The epidemic is already hurting employee benefit schemes in Malawi. It is blamed for a five-fold increase in group life cover costs since 1987, in the Gold Fields Group. It has also doubled employee health-care costs in the past five years.

Businesses need to plan ahead now to protect their bottom lines, says private Aids consultant Dr Malcolm Steinberg, MD of HIV Management Services.

By 2008, roughly one-quarter of SA's working-age population will be HIV-positive and 5% will be sick with Aids. This will raise State and company health-care costs and employee benefit payouts, and depress productivity as firms lose skilled labour and staff turnover accelerates.

"Aids is one of the most important strategic issues facing business in the Nineties," says Metropolitan Life employee benefits analyst Deane Moore. "But its cost has largely been ignored by companies"

Southern Life Aids consultant Wayne Mysik predicts that Aids could cut productivity by 2% in many companies while Aids-related costs could rise five to 10 years. "Companies will have to reconsider their reliance on skilled labour. Increased mechanisation is one solution. Another is "multiskilling" - where understudies are trained in several areas of the business. Aids also threatens employee benefit schemes, where its impact is usually sudden and substantial, says Moore. He predicts the cost of benefits will double for many schemes over the next five to 10 years (see graph).

"Companies will have to consider increasing the employee contribution to such schemes, or reducing the level of benefit," says Mysik. "Fewer companies will be able to offer such benefits and fewer people will be able to afford the contributions."

The upward shift in contribution rates may price medical aid beyond the reach of older members and pensioners who are, in effect, overcharged to cross-subsidise members in younger age brackets where HIV or Aids will be rampant.

The same scenario will prevail in other defined contribution benefit schemes, where, for instance, large death benefits paid to young, single members who have low financial commitments on death are funded by a reduction in the benefits payable to older members.

But Moore warns that the trustees of funds who fail to protect older members could face group legal action.

Attempts to insulate medical aids against the epidemic by excluding or severely limiting medical benefits to those infected have not worked, because of the difficulty in diagnosing Aids-related illness, says Steinberg. "Companies are beginning to realise they are absorbing the cost of Aids though they do not explicitly cater for it through employee benefits."

Business cannot expect to avoid these costs by discriminating against those with the disease.

The Labour Ministry's draft Prohibition of Pre-employment Testing Bill prevents an employer from rejecting job applicants on the grounds of their HIV status unless the Labour Court agrees that this is fair and justifiable.

Discrimination in the payment of employee benefits is considered unfair employer conduct under the new Labour Relations Act.

Aids also raise a host of managerial issues. Mysik says managers will have to ensure employees' HIV status remains confidential and those who refuse to work with an infected colleague, decide whether to recruit, train or promote someone whom they know or suspect is HIV-positive and manage their performance and adapt the working environment as their health declines.

Failure to develop a timely and integrated response to Aids could not only damage company performance but result in workplace conflict and even costly lawsuits.
HIV expected to peak in eight years

Josey Ballenger


The epidemic was expected to peak in about 2005, with about 25% of adults HIV-positive and 5% with full-blown AIDS. Slawski told a recent Gauteng welfare and population development department workshop. The virus would have its greatest effect on the 30-40 age group and would multiply the national mortality rate five or six times. Up to a third of children born to HIV-positive mothers would be infected from birth, with more infected through breastfeeding.

“The suffering of children with or affected by AIDS ranges from the emotional trauma of watching parents die, to the double stigma of AIDS and orphanhood, to insecurity and deprivation, vulnerability and victimisation,” she said.
Government 'guilty of AIDS genocide'  
盲眼被蒙，称活动家

LINDSAY BARNES  
STAFF REPORTER

AIDS activist Gary Lamont has accused the Government of genocide, saying it has turned a blind eye to the spiralling AIDS crisis which will see a quarter of the population HIV-positive by the turn of the century.

Most would develop AIDS and die from the disease, said Mr Lamont, programme director of Wola Nani, a non-government AIDS organisation.

In a hard-hitting speech to the National Association of Women Business Owners in Cape Town this week, he took the Government to task for failing to commit itself fully to fighting "the number-one national crisis".

"If South Africa’s freedom fighters fought apartheid like they are fighting AIDS they would still be stuck in Tanzania," he said.

He attacked the Government’s AIDS budget for 1997/98 for reducing the cost of a life in South Africa to just 48c.

This figure was arrived at by dividing the total AIDS budget by the population.

The Government was spending only 48c a person this year to counteract the spread of the virus and to treat those already infected.

This amounted to "genocide".

Mr Lamont criticised Sports Minister Steve Tshwete and Deputy President Thabo Mbeki for going overseas to punt the Olympic bid while AIDS organisations were battling to get a ministerial commitment to managing the fight against the disease.

It was critical that National Health Minister Nkosazana Zuma drove the country’s campaign against AIDS but she could not do it alone.

He called on Mr Mbeki or President Mandela to lead the campaign. AIDS would be an election issue in South Africa’s national elections in 1999, Mr Lamont predicted.

"They (the Government) will have to answer for the effort they put into the 2004 Olympic bid compared with their fight against AIDS."

Mr Lamont started Wola Nani, which means "embrace", in 1994 as a caring response to AIDS.

Two months ago, he was diagnosed as HIV-positive.

He said the epidemic being fought by AIDS organisations was not so much the transmission of AIDS but the wholesale rejection of those who had contracted the disease.

By the year 2000, one million children would be orphans as a result of deaths from AIDS.

It was virtually a given fact that the country would lose a quarter of its population to AIDS.
Help sought for mums with HIV

JENNY VALL
Health Reporter
PAG 19/9/97

Women with HIV carry the heaviest burden of the AIDS epidemic as they bear children who may also be infected, yet no policies or programmes address this, says Lucy Blamey of the AIDS law project.

She told the all-party parliamentary AIDS group that more than 57,000 babies were born with human immunodeficiency virus last year, up from 19,000 in 1990.

Transmission of HIV from mother to baby could be significantly reduced by giving women anti-retroviral therapy with the drug AZT during pregnancy, and telling them about safe feeding.

She said women had the right to be able to make informed decisions about anti-retroviral therapy, which had been proved to reduce mother-to-infant infection by up to two-thirds in developed countries.

There should also be an emphasis on safe feeding and access to milk formula and safe drinking water.

The risk of transmission of HIV through breast-feeding was 30%.

"While the state argues that such guidelines are not feasible owing to resource constraints, the poorly-researched financial cost of not implementing such policies and practices is enormous."

It was estimated that of the 80,000 people who would develop AIDS this year, 20,000 would be children infected during pregnancy or delivery, or by breast milk.

Poovan Moodley of the National AIDS Convention of South Africa told the group that government departments other than Health were doing little in response to the epidemic.

The impact of AIDS at all levels of society affected the concerns, policies and planning of every sector, and "political commitment" was lacking.

Deputy-President Thabo Mbeki should lead the political response.
Row over Aids tests on SA moms

Mungo Soggot

A n influential United States medical journal has accused South African doctors of endangering the lives of scores of babies to test new drug treatments for pregnant women infected with the HIV virus.

The New England Journal of Medicine says the drug trials — which deny some of their human “guinea pigs” effective, available treatment — violate established medical ethics.

In its September 18 issue, the magazine warns that the trials — and 14 similar tests running in other developing countries — “will lead to hundreds of preventable HIV infections in infants.”

Doctors carrying out the tests are furious about the slur, with one dubbing it a form of “moral imperialism.”

The South African trials are aimed at finding a cheaper, simpler way of giving drugs like AZT to pregnant, HIV-infected women — a complicated, expensive treatment pioneered in the US. The local trials also use AZT, but over shorter periods, according to the Medical Research Council.

The South African tests involve giving some women placebo — blank samples — instead of comparing their findings with the expensive US AZT treatment.

But the journal says: “Only when there is no known effective treatment is it ethical to compare a potential new treatment with a placebo. When effective treatment exists, a placebo may not be used.”

The New England Journal of Medicine compares the developing-country trials using placebos to the infamous Tuskegee study in which black Americans with untreated syphilis were denied penicillin after it became available.

It says justifications given for placebo-controlled trials “are reminiscent of those for the Tuskegee study women in the Third World: they would not receive [the] treatment anyway, so investigators are merely observing what would happen to the subject’s infants if there were no study.”

Professor Jerry Coovadia, who is running trials at the King Edward Hospital in Durban, says that at a recent conference on HIV in children, African researchers agreed their work “should not be subjected to US opinion. It is an insult to South African institutions which have a very ethical history.”

“Moral imperialism. We have been through a major war against racism. It is amazing that they are preaching that we must consult them.”

Coovadia disputes that the expensive US AZT treatment — known as ACTG 036 — is the ultimate standard of care that should be applied. He says the treatment could be inappropriate for South Africa where, for example, many women breastfeed their children. Breastfeeding is one of the main ways of transferring the HIV virus between mother and child.

Coovadia, whose programme is funded by the United Nations Aids Programme (UNAIDS), says he is preparing a reply to the journal and hopes to secure the backing of the Ministry of Health.

He says UNAIDS is happy with the ethics of the programme. Doctors running a similar programme at Chris Hani Baragwanath Hospital in Soweto could not be reached for comment.

Professor Salm Abdool-Karim of the Medical Research Council, who is involved in both programmes, says most local experts agree that very complicated US treatments — which can save the life of one of every seven babies born to HIV-infected women — are too expensive and impractical for South Africa. He says they rely on pregnant women seeking treatment very early in their pregnancies, and their success hinges on a series of follow-ups.

Abdool-Karim adds it is too simplistic to say South Africa — and other developing countries — should simply adopt the US standard of care for HIV-positive pregnant women.

In South Africa, he says, there are two standards of care: for patients with medical aid and access to private hospitals, and for the majority of the rural poor, who are treated by the public health system.

He says most private South African hospitals offer patients the US treatment, whereas most rural hospitals do not. That means the minimum standard of care for pregnant HIV-infected women in South Africa is no treatment at all — or a placebo.

Doctors offer to be guinea pigs

Martin Kettle in Washington

An international group of doctors said this week it would try to accelerate the fight against Aids by volunteering to become human guinea pigs in a trial of a vaccine containing the HIV virus.

The announcement immediately triggered explosive offers from members of the United States public to join the volunteer group.

Some 50 members from several countries of the Chicago-based International Association of Physicians in Aids Care said they had agreed to pledge offering themselves as volunteers in tests of the attenuated viral vaccine, a genetically weakened version of the vaccine.
RESEARCH TO SPEED UP TRIAL RUNS

SA listed to help test future Aids vaccine

JOHANNESBURG: Vaccine trials usually take up to three years to design, but Aids researchers are hoping to leapfrog this process by starting preparations now.

Researchers are shifting the world’s Aids research agenda to Africa to make sure a future vaccine will be affordable to the 14 million people living with HIV on the continent.

What has been hailed as a triumph for South Africa, it will be announced in Washington DC today that two research sites in this country are to be among nine international sites selected by the US government-sponsored HIV Vaccine Network (HIVNet) to build expertise in preparation for testing any future vaccine.

A vaccine is a preparation which stimulates the body to develop antibodies to a specific disease, such as polio or measles.

It will take several years before a potential substance will be ready to be tested on humans.

Usually vaccine trials take up to three years to design, but HIVNet hopes to leapfrog this process by starting preparations now.

The two local sites, the Pretoria and another, the Pienaarsfontein HIV research unit at the Chris Hani Baragwanath Hospital, and the Medical Research Council’s site in Hlabisa, KwaZulu-Natal, are already involved in international Aids prevention studies.

These studies are valuable in their own right, Dr James Mcintyre, leader of the Baragwanath team and co-chair of the Aids Consortium said yesterday. But they will also build research expertise and knowledge of Aids and local trial environments, on which sold vaccine trials can swiftly be constructed.

The South African sites were started by local researchers with a local agenda, and not by American universities seeking to set up research sites in developing countries, Mcintyre says.

Observers believe this gives South Africa the clout to avoid “safari research” and to ensure those who share the risk, benefit from the final product.

Until now, there has been little international support for research into an Aids vaccine because most of the 21 million people worldwide living with HIV were in developing countries and couldn’t afford the drugs.

The research which produced the combination therapy for Aids — the most exciting treatment option to date — is almost meaningless to most South Africans because the drug cocktail costs more than R4 000 a month.

Vaccine research has been slow because the virus has up to 10 sub-types circulating globally.

It is not clear if an immune response to sub-type B (common in the US and Europe) will be protective against sub-types E (found in Thailand) or sub-type C, which is common in Africa, says Dr Des Martin, deputy director of the National Institute of Virology.

Vaccine research has concentrated on sub-type B, but the goal now is to find a vaccine effective against all sub-types, he says.

The Baragwanath team has asked the ethics committee of the University of the Witwatersrand to make a formal review of its study on the transmission of HIV through breastfeeding. The study was one of 15 worldwide criticised as unethical by the US’ influential New England Journal of Medicine.

Mcintyre said the team strongly believed the work was ethical but had asked for a formal review to reinforce that stance — Own Correspondent

Combi-pills make HIV sufferers’ lives easier

WASHINGTON: The US Food and Drug Administration has approved a drug that may let Aids patients cut their tablets a day off their complex pill regiments.

The drug, Glaxo Wellcome’s Combivir, is the first combination pill for Aids therapy, combining two of the most common medicines, AZT and 3TC, into one tablet.

The powerful drug cocktails that help people fight the HIV virus often require patients to take as many as 20 pills a day at precise times. Combivir would let patients take two tablets a day instead of the up to eight pills required when taking AZT and 3TC separately, the FDA said.

Whether taken separately or alone, the drugs can cause such side-effects as nausea, diarrhoea and anemia.

Studies have shown that the more pills someone takes, especially when they must be washed down at different times of the day, the less likely the patient is to take all the doses. Improper use of Aids medications allows the HIV virus to mutate so that many drugs no longer work. — Sapa-AP

TORONTO: Widely heralded Aids drugs that seemed to revive patients from near death are beginning to fail, doctors said yesterday.

“We had a honeymoon period,” said researcher Dr Steven Deeks. “Now the epidemic will likely split in two, and for half the people we will no longer work.”

Deeks presented data from San Francisco’s large Aids clinic at an infectious disease conference here. Prescriptions of so-called three-drug cocktails have revolutionised Aids care. Bed-ridden patients have reported feeling better and even gone back to work. But many worried the virus would grow resistant and resume its insidious destruction.

The latest data suggests this is indeed happening.

Deeks and colleagues reviewed the stories of 46 people with HIV who started on the cocktail in March 1996. Most patients responded dramatically. Their virus levels dropped so low they could not be found out. Tests but since the virus has returned to detectable levels in 35% of cases. Although this is a disappointment, no one knows what it means.

“All of our failures are feeling very well,” said Deeks. “We have no idea of the prognosis of people who have resistant virus.”

There is a mixture of explanations for the failures, said Aids worker Dr David Ho.

He said that for people who had relatively low virus levels to start with and had not used other Aids drugs, failure almost always meant they had not taken their pills on schedule. Even missing a few doses could ruin the treatment.

Also at high risk of failure were those who were on other Aids drugs before starting, or whose T-cell counts were very low.

Deeks said his results were different from the carefully controlled experiments sponsored by pharmaceutical companies.

He said results in the “real world” were not as good because patients in the controlled studies were less sick and more highly motivated to scrupulously follow their drug regimens. — Sapa-AP
World Aids research sites for SA

BY JAMIE SIMON

Local researchers are shifting the world’s Aids research agenda to Africa to make sure a future vaccine will be affordable to the 14 million people living with HIV on the continent.

In what has been hailed as a triumph for South Africa, it will be announced in Washington DC today that two local research sites are to be among nine international sites selected by the US government-sponsored HIV Vaccine Network (HIVNet) to build expertise in preparation for testing any future vaccine.

A vaccine is a preparation which stimulates the body to develop antibodies to a specific disease such as polio or measles.

At present there is no vaccine for Aids, and it will take several years before a potential substance will be ready to be tested on humans.

Normally such vaccine trials take up to three years to design, but HIVNet hopes to leapfrog this process by starting preparations now.

The two local sites, the Peri Natal HIV research unit at Chris Hani Baragwanath Hospital, and the Medical Research Council’s rural research site in Hlabisa, KwaZulu Natal, are already involved in international Aids prevention studies.

These studies are valuable in their own right, according to Dr James McIntyre, leader of the Baragwanath team and co-chair of the Aids Consortium.

However, they will also build research expertise and knowledge of Aids and local conditions, on which solid vaccine trials can be swiftly constructed, he said yesterday.

Both sites are unique among the nine because they were started by local researchers with a local agenda, and not by US universities seeking to set up research sites in developing countries, McIntyre said.

Observers believe this gives South Africa the clout to avoid “safari research” and to ensure local residents who share the risk of research, benefit from the final product.

The Bara team has asked Wits University’s ethics committee to make a formal review of its study on the transmission of HIV through breastfeeding. The study was one of 15 worldwide recently criticised as unethical by the US’s New England Journal of Medicine.

McIntyre said the team strongly believed the work was ethical but had asked for a formal review to reinforce that.
Drugs 'fail real world test'

LOS ANGELES — The celebrated AIDS drugs known as protease inhibitors may not be as effective as clinical trials have suggested, notes a study that finds a high failure rate in "real world" conditions.

University of California researchers said on Monday they had looked at 126 patients who had taken the drug outside of a clinical trial. In more than half those patients — 53% — the treatment failed to reduce the presence of the HIV virus significantly.

"This was a real world study," said Dr. Steven Deeks, assistant professor of medicine. "We were looking at patients who were not the idealized research patient typically found in a clinical trial, but the average patient seen by physicians in a public health hospital." Deeks's study looked at the impact of protease inhibitors respectively by reviewing medical charts of patients treated at San Francisco General Hospital.

The conclusions differed dramatically from clinical trials, which have shown a much lower treatment failure rate of 10% to 20% Deeks presented the results at a Toronto at the 37th International Conference on Antimicrobial Agents and Chemotherapy.

Deeks study found that the patients who failed treatment were usually in an advanced stage, had developed a resistance to some drugs, or had problems complying with the treatment regimen.

Protease inhibitors are most commonly prescribed as part of a three-drug "cocktail" used to attack the HIV virus. But the cocktail requires that the patient take several pills throughout the day in a complex dosing schedule. Failure to take the drugs at the right time can limit effectiveness. Some patients have had to go off the treatment after finding the side effects intolerable. "Clinical trials tend to enrol patients who are healthy, who haven't been on much therapy and who are highly motivated; they aren't the typical patient," Deeks said.

Meanwhile, an Israeli company has developed a device for detecting the HIV virus early enough to limit the spread of the disease, Haaretz newspaper reported yesterday. Shilov Medical Technology said its device accelerated development of HIV antibodies in the blood, enabling identification well ahead of the six months required by most existing tests.

The Shilov device is undergoing clinical tests in the US — Reuters, Sapa-AFP
Company medical schemes slow to face up to AIDS
Mothers give support to placebo trials

Swapna Prabhakaran

Pregnant women undergoing controversial AIDS drug trials at the Chris Hani Baragwanath Hospital are fully aware that they stand a one-in-four chance of receiving a placebo.

Despite this, the women this week gave their full support to the programme which has been slated by a top United States medical journal for being "unethical".

The New England Journal of Medicine criticised a string of similar trials in the developing world for denying some of their volunteers access to treatment which had become standard procedure in the US. Instead, these volunteers receive placebos.

But the local volunteers insist they know exactly what they are getting into and that coverage of the US criticism could threaten the programme.

Dr. Glenda Gray, who works on the programme, says all volunteers get a full explanation about the research beforehand, to ensure informed consent. If they do not speak English, a translator is brought in to make things clear.

"We tell them about the placebo, we call it a placea-drug or a chuff-chuff [pretend] drug. They do recognise that it's somehow unfair, but they're willing to take the chance."

She says some volunteers specifically request not to be given the placebo. "They say they don't want to be on the placea-drug, but it's just a lucky dip. You have to take your chances. Most of them realise the odds are quite good that they'll get an active drug."

The women volunteers at the project say they are upset that the research they are participating in may be seen as unethical.

One volunteer, using the pseudonym Zodwa, says the details of the research and the placebo were fully explained to her before she signed up. "I am in this study because I want it to go on. I know about this chuff-chuff..."
The article on page 140 of the journal discusses the psychology behind the decision-making process in romantic relationships. The research highlights how individuals often prioritize emotional compatibility and mutual understanding over external factors when choosing a partner. The study explores the role of communication in building a strong foundation for a lasting relationship. The findings suggest that open and honest dialogue is crucial for maintaining a healthy and thriving partnership. The article concludes with recommendations for couples to strengthen their bonds through effective communication and mutual respect.
AIDS ‘will halve’ life expectancy in Africa

Harare – Life expectancy in eastern and southern African countries with severe AIDS epidemics will decline by 2010 to half that originally projected before the virus spread, experts predict.

The result, according to recent estimates by the US Bureau of the Census, is that average life expectancy in Malawi will drop to 29.5 years, the lowest in the world, instead of 57.

In Zambia, life expectancy is estimated to fall to 30 by 2010 while in Botswana it will go down to 32, both 50% of that expected.

The average Zimbabwean born in 2010 could have expected to reach 70, but now he will be lucky to reach 33. Life expectancy last year was put at 42, but without AIDS it would have been 64.

East Africa is better off, because although AIDS is still rife there the epidemic is not as severe.

Kenya’s life expectancy for 1996 had been estimated at 66 but fell as a result of AIDS to 64, while Uganda’s dropped from 53 to 40. In 2010 it will be 41 instead of 68, and 35 instead of 54 respectively.

The national percentage of adults infected with the HIV virus that causes AIDS is about 18% in Zambia and Zimbabwe and about 14% in Uganda.

The unprecedented decline in life expectancy will have an important demographic impact, said Geoff Foster, head of the Zimbabwean Mutare Family AIDS Caring Trust. “Many years of life will be lost due to the AIDS epidemic.”

Dr Foster, a paediatrician, said lowered life expectancy due to AIDS meant dramatic increases in the numbers of orphaned children.

UNAIDS, a UN agency dealing with the HIV/AIDS epidemic, estimated that in 1996 the world had 9 million motherless children because of AIDS, and at least 9 million children carrying the virus.

Experts say at least 30 million children are likely to be orphaned in the next few years since they are living with HIV-positive parents.

The Geneva-based UNAIDS projections for Zimbabwe and Zambia indicate that child mortality rate may increase nearly threefold by the year 2010 due to AIDS.

The Harare-based Southern Africa AIDS Information Dissemination Service (Saids), in its latest review of social and economic effects of HIV/AIDS in southern Africa, says studies show that the estimated labour force in Tanzania will shrink 30% by the year 2010.

Saids says preliminary data based on 51 countries indicate that HIV/AIDS has so far had only a small and statistically insignificant impact on macro-economic indicators like the gross domestic product, but it will probably reduce the rate of economic growth by as much as 25% over a period of 20 years.

“The AIDS pandemic is like a carcinoma, no section of the economy will remain untouched,” Marvellous Mhloyi, a respected Zimbabwean demographer, said.

With 14 million people living with HIV/AIDS, sub-Saharan Africa accounts for about 63% of the world’s total cases.

People in the region have learnt to live with AIDS and tolerate death, said Ms Mhloyi.

“It becomes a silent conspiracy of complacency. Life gets trivialised,” she said. – Saps-AFP
Expecantancy in Africa by Half
AIDS is Slashing Projected Life

Shock figures show Malawians in 2010 will, on average, die before the age of 30
Infections third biggest killer in world, Typhoid.

Sex disease shock: Syphilis kills 3A
The cost is $4 a month, perhaps for life, and if you're poor it's just hard luck.
Scientists identify new treatment strategy for HIV and AIDS patients

Washington — US researchers successfully killed cells infected with the AIDS virus with genetically modified T-cells, according to a study appearing this week in Proceedings of the National Academy of Science.

According to the study by a team from the US-based laboratory Cell Genesys and Harvard University, the T-cells — or white blood cells — were modified to recognize cells infected with the AIDS virus. They were also able to eliminate them as successfully during the first stages of infection as after long, antiviral treatments.

The T-cells used by the scientists were modified in order to track a protein known as gp120, which appears on the surface of cells infected by the Human Immunodeficiency virus (HIV) that causes AIDS.

After their first clinical trials, the modified cells were able to eliminate infected cells as efficiently as their natural counterparts when attacked by HIV.

"We believe we have identified an important new treatment strategy," said researcher Dr Bruce Walker, from Harvard's medical school.

"Not only did we demonstrate that the genetically modified T-cells perform as efficiently as naturally occurring cells, but the cells recognized the infected cells early enough to enable the genetically modified cells to destroy them before they produced the virus, thus inhibiting viral replication," he added.

According to the study's authors, the modified cells, administered intravenously in the blood of HIV-positive people, are also able to efficiently attack various mutations of the AIDS virus.

Other clinical trials are expected. —AFP
We have a duty to protect all the tens of thousands who are affected. Write Mark Heywood.
Sex workers join the fight against Aids

The complexity of sexual behaviour is forcing medicine to be unconventional in fighting Aids, writes Julia Grey

'Stadiums' — places where "the game" is played — take many different forms around the mines in Carletonville, south-west of Johannesburg. A stadium may be the parking lot in front of a beer hall, a stretch of veld near bulk-mine machinery, or any one of the shacks that women occupy. The game being played? One of the oldest, and now, in the era of Aids, one of the most dangerous — sex.

But these "hot spots" in the community are now playing their role in a new kind of Aids prevention project. The taverns, beer halls and other "stadiums" where mine workers meet sex workers are becoming points for condom distribution and the spread of information about Aids.

This initiative — the second of its kind in South Africa, after a similar one being run in the area around Welkom in the Free State — is based on Aids projects that have been run in other African countries like Zambia, Mozambique and Uganda. The strategy that has been successful in these projects is training sex workers as "peer educators."".

Says proctor worker Sihl Moema, these sex workers will be "the gatekeepers to the community," eventually establishing a network to provide information about Aids and "to make sure that our colleagues insist on the use of condoms.

Together with community outreach co-ordinator Zodwa Mzaidume, and a sexually transmitted diseases (STDs) co-ordinator who is yet to be appointed, Moema works closely within both the formal and informal settlements around the mines to identify prostitutes who could become peer educators.

Not all sex workers are candidates. One young woman called Flora, her face swollen and scratched from being raped a few days before, boasts that by eleven o'clock in the morning she has already "survived" 10 men from the nightshift, at R20 a time. No, she did not use condoms — and she complains that she lost three other clients who wanted to use them. She tells Mzaidume that she suffers from a "burning feeling in her genitals," and that "her urine is green.

Mzaidume says that such a woman would not be suitable as a peer educator, but her older neighbour, who had been cleaning the floors and gossiping while Flora told her tale, would be. This older prostitute told Mzaidume that "there are a lot of diseases these days, and there is a lot of sleeping around, and you have to use a condom to be safe." She concludes "I would rather not have those R20s than have Aids."

Training credible peer educators is one important arm of the strategy; the other is to effectively treat STDs. Mzaidume points out that this not only involves the creation of accessible STD clinics, but also bringing the other health workers in the community — traditional healers — on board. Although there are those traditional healers who work in conjunction with clinics and have received some basic medical training, there are others who work independently and claim they can cure Aids.

One such sangoma, whose stall of stools, jars of roots and piles of herbs was set up outside Jokers' Sportsmans Tavern — one of the "hot spots" — says his cure for Aids is a mixture of roots and herbs. Just boil the brew with water, drink it down, and you're cured. He reports a great success rate, and says he gets 10 to 15 requests every day for his cure.

These claims from respected members of the community confuse the Aids issue further. The case for using condoms becomes less convincing if there is the impression that it is a curable disease.

Mzaidume says the community is divided in its view on which group — the traditional healers or the clinics — they regard as the most credible health workers. Many go to both and, complains Mzaidume, who worked as a nurse at the Community Health Care Clinic for 13 years, the patient "will never say, sister, you helped me No! He believes he has been cured by a traditional healer."

There is also a tendency, says Mzaidume, for miners who develop full-blown Aids to say "they've been bewitched." Mzaidume sees this as an obstacle to dealing with the Aids problem, because it shows "they still haven't come to terms with the fact that it was an Aids-related ailment."

It is an attitude of denial helped by the "invisible" nature of Aids death, according to diseases such as TB. Thus Carletonville project, which will be running for three years, is still in its fledgling days. But if the progress made in the Free State project is anything to go by, there is reason to be optimistic.

Tony de Cotto, who co-ordinates the Free State project, says that the way to evaluate the success of the intervention is to measure the STD rates among prostitutes and miners. In the first year the project has been running, the cases of STDs have dropped between 50% and 80%.

The complexities of human behaviour around sex, make the Aids epidemic a hard nut to crack. But already there are signs that some people have been persuaded to take seriously the three miners who refused to have intercourse — X. Flora is an example, and more encouraging, a group of high school children have formed their own group of peer educators.

Miners have long been recognized as a high-risk group. This is not only because they are young males, but also because of the nature of their work — after hard day's night underground, it's not surprising that a popular pastime is ice-cold beer and sex.

Over the past decade, the strategy of the mining houses has been to contain the Aids epidemic by raising awareness levels among miners. This largely failed when it matters most — changing people's behaviour. Many may know details of how HIV is transmitted, and even have a pocketful of condoms, but whether they use them during sex is another matter.

This project is trying to combat Aids with a different approach. The ingredient that is being counted on for the success of the project is the fact that it is community-based and driven.
SA drug ‘helps against Aids’

TROVE LUND

A POSSIBLE key to a cure of HIV-infected patients has been growing in our gardens all this time. Researches at the University of Stellenbosch have declared that immune modulator tablets that cost less than R100 a month and are completely natural will extend the lives of HIV infected people by four times or more.

But according to Mr Luc Montagner, who discovered the virus, this breakthrough could be the cure if used with anti-viral cocktails.

Montagner will be starting trials at the Pasteur Institute in Paris next year, combining the immune booster with anti-viral cocktails, which are not readily available in South Africa because they cost about R6 000 a month.

It all started with the anti-cancer properties found in two fats in the African Potato plant: sterols and sterolins. After extracting these fats and working with them, Stellenbosch University’s Professor Patrick Bouc discovered that the same fats exist in all plants.

HIV infected patients whom Bouc started treating with the immune boosting tablet five years ago show no progression in their disease.

Without treatment, AIDS patients lose many immune cells a year and this is higher in places like Africa where there are more bacteria and parasites,” said Bouc.

Fast recovery is also guaranteed for patients suffering from other diseases that are characterised by dysfunctional immune systems, like tuberculosis, rheumatoid arthritis, systemic lupus erythematosus, psoriasis as well as certain cancers.

Bouc claims his trials have also proved that the chances of re-infection are significantly reduced.

The healthiest can also benefit from the breakthrough.

Two Oceans marathon runners whom Bouc fed immune modulators a month before the race were significantly less inflamed and had less of an immune abnormality response after the race than a set of runners who did not take the pills.

“I have given 10 years of my life to this. The beauty of it, aside from the price, is that it is totally non-toxic.” It is impossible to overdose on this. These fats are available in all plants.

“But, because we refine and process everything, we are not getting it,” said Bouc, who predicts that this will become the treatment of the future.

He has just returned from Dar es Salaam, Tanzania, where he made final distribution arrangements for the immune modulators with a local firm, Principal Company Ltd.

In South Africa the tablets are available over the counter at chemists.
Scientists quit over Aids row

Mungo Soggot

Two eminent editorial board members of an influential United States medical journal which slated South African Aids drug trials on pregnant women have resigned in protest at the articles.

The New England Journal of Medicine said the trials—which gave some of the women an Aids drug called AZT and others a placebo—violated established medical ethics.

The New York Times news service reported that the two editorial board members who quit—Dr David Ho, a virologist, and Dr Catherine Willert, a paediatrician—were the journal's chief advisers on Aids.

Neither was consulted when the journal published the controversial editorial, which linked the trials to the infamous Tuskegee experiment in which black Americans with untreated syphilis were denied penicillin after it became available.

The magazine criticised the trials—which are also being conducted in 14 other developing countries—for denying some of their volunteers access to treatment which had become standard procedure in the US. Some local doctors involved in the trials were incensed at the criticism, as were the patients themselves. The doctors argued the criticism was culturally insensitive and that the US treatment—which is extremely expensive—could be ineffective among breastfeeding populations.

Dr Glenda Gray, who works on one of the trials at Soweto's Chris Hani Baragwanath Hospital, said this week that the board members' decisions were "appropriate". Gray said the articles had not been balanced and had "far-reaching implications".

She said that a US Aids drug trial due to start in South Africa next year had been cancelled after the articles appeared. The trials will be conducted in Brazil, Thailand and Argentina.

Gray told the Mail & Guardian earlier this month that the patients know they stand a one-in-four chance of being given a placebo. A string of Southern African doctors have written to the Department of Health and Human Services in Washington, to give their support to the trials "Studies to test new therapies in Africa must take into consideration the local cultural, economic and social conditions," they wrote.

The articles have sparked fierce debate in the US. The Chicago Tribune wrote in an editorial this week that the trials in developing countries "are merely doing what grim circumstance requires, sacrificing ethical punctilio in favour of seeking results that could conceivably save hundreds of thousands of lives in Third World countries".
Hospital denies spurning HIV girl

Josey Ballenger

The Johannesburg Hospital has denied claims it turned a child with chicken pox, who later died, away from its ward for being HIV-positive.

"We have no policy of refusing admission to HIV patients," paediatric head Peter Cooper said yesterday.

Four-year-old Lerato died last Friday at the Ethembeni Children's Home in Doornfontein after a "communication breakdown" between hospital staff.

Ethembeni matron Barbara Mahas and hospital officials disputed a report in The Star yesterday, saying she never made it to the hospital.

Mahas said a doctor told her to wait for staff to tell her which ward to enter. She was later told there were no beds and the child could not be admitted because of her HIV-status.

Chief medical superintendent Trevor Fransch said while hospital staff were waiting for the child to arrive, the casualty section filled up.

"The (communications) breakdown was that the severity of her condition was not conveyed from the day to the night staff, so when a shortage of beds occurred, the decision was taken to refer her."

Mahas said legal action would not be taken.
Ill-prepared companies pay dearly

‘Corporate Aids strategies now essential’

RICHARD STOVIN-BRADFORD

Johannesburg — Many South African companies were paying dearly for Aids-related costs because they have not yet responded to the urgent need to formulate corporate Aids strategies, including what medical aid benefits might be payable, Johan Human, a senior manager at D&E Health Benefits, said this week.

Aids was already costing companies millions of rands in lost productivity, said Human. This was because of absenteeism caused by what the medical profession terms “opportunistic” illness. Also, the “unnecessarily high medical costs” of treating these illnesses at too late a stage, instead of preventing them, and the burden of training staff to replace sick workers were proving costly to companies, he said.

“A strategy for dealing with HIV/AIDS cannot be ignored, because the costs of ignorance far outweigh the costs of being proactive,” Human said.

“We must manage the impact of HIV/AIDS on the workplace, company operations and health care costs,” he said.

The lack of reliable information on the effect of Aids hampered companies’ ability to plan their approach to Aids.

This was compounded by human rights and labour law uncertainties relating to disclosure and the resulting social alienation of known Aids sufferers, Human said.

Actuaries predicted that group life premiums might rise by as much as 700 percent by 2005, treatment was becoming more and more expensive and medical aid tariffs might have to rise dramatically, yet companies remained uncertain of the costs involved in managing medical aid benefits for Aids sufferers, Human said.

Part of any corporate’s strategy should be to implement an Aids health management scheme.

“Although health care costs increase with health management schemes, the savings generated in avoided absenteeism, hospitalisation and re-training more than compensated for the short-term cost increase,” said HIV Management Services, the HIV/AIDS consultancy.
AIDS cost ‘will cripple health care by 2007’

CAROL CAMPBELL

The cost of AIDS to the South African public is set to rocket as medical aid schemes increase tariffs to meet the demand for financial assistance from members sick with the virus.

Within a decade, about one in five medical aid scheme members will be HIV-positive, Southern Life actuary and AIDS “risk” consultant Janna Slaoui has warned.

Ms Slaoui has travelled throughout Africa to assess the impact of the epidemic on third world economies and her projections are now being used by companies like Anglo American and Mondi Paper.

The pressure on medical aid schemes to pay medical bills will be so great in the new century that employees will be paying five times more for medical cover than they are paying now, she said.

This means that if you are paying R375 into a medical scheme now, in 10 years you will pay R1 600. In today’s terms this is R645.

“There is no way medical aid schemes will offer the same benefits in future because too many people will be sick and need help,” Ms Slaoui said.

The only way a medical scheme could stay afloat and help AIDS members would be to “manage” the amount it paid out for treatment, said Gary Taylor, the director of human resources for Medscheme.

“We asked a doctor to give us a figure on how much it would cost to treat an HIV-positive person from diagnosis to death. He estimated between R150 000 and R300 000.”

If a fifth of medical scheme members were HIV-positive, which Medscheme predicted would happen within 10 years, and payouts continued unconditionally, the schemes would be “decimated”, he said.

In the past, some medical schemes had refused to pay for treatment for AIDS patients, believing it to be a lifestyle disease which could be avoided.

There is a move to managed health care schemes which will demand a full diagnosis

To page 3

HIV ‘to cripple health care’

From page 1

before a patient’s bills are paid.

At the same time medical schemes would be upfront with a doctor on exactly how much a patient could afford for medical treatment.

There is legislation coming which will stop medical schemes from limiting their membership to only healthy people to keep premiums low.

“Health minister Dr Nkosazana Zuma doesn’t want a situation where the sick have no cover and the public health system has to care for them. There has to be cross subsidisation of medical schemes,” said Mr Taylor.

Life insurance and disability benefits were also areas which companies were beginning to reassess, he said.

“Instead of group life policies paying out four times an employee’s annual salary on death they are reducing benefits to make sure the premiums do not radically increase.”

Dr Aslam Dadoo, spokesman for the Representative Association on Medical Aid Schemes (Rams), said schemes had to completely reassess the way they operated to survive.
Cape employers face looming AIDS crisis

CAROL CAMPBELL

The Jeffs family from Simon's Town in June ran out of medical aid for which father Bryne pays R735 and his employer R410 a month.

Southern Life AIDS actuary Janina Siewkski said that in 10 years the family would pay about R3 300 for fewer benefits because of the impact of AIDS on medical schemes.

"To get the same benefits in 2007 that they enjoy now they will have to pay about R9 000, but this is totally unaffordable, so medical aid schemes will be forced to offer substantially fewer benefits.

In the Western Cape, where the AIDS infection rate is 3.6%, the lowest in the country, big business and organised labour are preparing for a looming disaster.

The chairman of the Cape Clothing Manufacturer’s Association, Johann Baard, said most employees in that industry were members of a health care fund run jointly with the

Southern African Clothing and Textile Workers’ Union (SACTWU)

"AIDS is not a crisis here yet, but we have agreed, in principle, with the union that should it become an issue and threaten to bankrupt the fund, we will cap the amount an individual can be paid. The fund cannot be allowed to go bankrupt, it would hurt too many people.

SACTWU spokesman Wayne van der Rheede said the staff’s weekly contribution to the health care fund was R7.40, plus R4.40 contributed by the employer.

Because contributions were small, primary health care was the priority The union had 50 000 members in the Western Cape and 160 000 nationally.

"We are planning talks with the Ministry of Health so we can tackle this issue with them. Our health care fund cannot afford expensive treatment, and members who have AIDS will have to be helped by the state."

The union had sent a delegation to Zimbabwe to learn how the AIDS epidemic there was being handled.
The spread was noted in New Study and Western Europe. Governments can contain AIDS — new study
Treatment for AIDS-related illness on trial

A CLINICAL trial of an antidiarrhoeal drug aimed at advanced HIV and AIDS patients is being launched nationwide, and is looking for participants.

UK-based clinical research organisation LG BioScience will conduct the trial on 135 patients by 16 SA doctors.

The drug has been through preliminary tests in the US.

Participants need to be HIV-positive, at least 18 years old, suffering from severe diarrhoea, have a CD4 (white T cell) count of less than 150, and be willing to take part in the trial for four to eight weeks.

The treatment is free and patients' identity will be treated "in the strictest confidence".

The trial has been approved by the research ethics committees of the Medical Association of SA and the Universities of Witwatersrand, Free State, Natal and Cape Town.
THE cost of providing group death and disability benefits, part of the remuneration package of most people in formal employment, could double over the next five years, Old Mutual risk benefit actuary Trevor Pascoe said yesterday.

Pascoe said the past few years had seen an increase in the number of AIDS-related death claims. "This trend is expected to continue and will force insurance companies to increase their rates," he said.

"The rising cost of death benefits could lead to a reduction in the contribution made towards the member's retirement fund if the overall contribution remains the same. Indications are that this could result in members' retirement benefits being more than 20% lower," Pascoe said.

Many employers, however, were exposed to the effect of rising costs. Pascoe said despite the swing to defined contribution retirement funding, most schemes continued to provide death and disability benefits on a defined benefit basis.

"Where a fund still provides death and disability cover on a defined benefit basis, the employer bears an open-ended liability to meet increased costs in order to provide the promised level of benefit," Pascoe said.

He said employees increasingly regarded their group benefits as part of their remuneration package, resulting in increased claims awareness. "Besides the greater tendency to claim, there is also more awareness of the cross-subsidisation which exists between young and old members of traditional defined benefit risk arrangements.

"Younger members subsidise their older counterparts because the cost of providing cover increases with age. However, younger members have no guarantee they will be cross-subsidised later in life. In an AIDS environment, they will be subsidised also by older members because younger members are most affected by the cost impact of the virus," Pascoe said.

"Solutions to many of these issues could be found in structuring risk benefits on a defined contribution basis, which increasingly had become the standard for retirement benefits."

A new Old Mutual product made it possible to apply the defined contribution principle to risk benefit arrangements.

"The intention is to curtail the rising cost of death and disability benefits, to provide equitable benefits, even in an AIDS environment, and to match benefits to age-related needs. Benefits are determined by what the contribution rate can purchase."

"Because the age cross-subsidisation is largely removed, the amount of cover bought with, say, 2% of salary decreases with age." — Sapa
Aids workshop to be held after stats shock

By Mokgadi Pela

GAUTENG director of communicable diseases Dr Liz Floyd is to address an Aids workshop near Bronkhorstspruit on Friday as part of the fight against the epidemic.

The event, which has been organised by the National Convention of South Africa, will be held at the Zithabseem Holiday Resort over two days.

Floyd will talk about departmental progress and review recommendations while Mrs Eneka Motaung of the Township Aids Project will deliver the opening address.

Organisers say the workshop aims to build a coalition to campaign against the disease.

It further aims to ensure that non-governmental organisations and other role players are involved in the efforts.

Shocking statistics

The event comes against the backdrop of shocking statistics showing that South Africa is losing the battle against Aids.

According to the Ministry of Health, over 1 000 South Africans acquire the human immunodeficiency virus (HIV) daily.

Experts also point that many people admitted to hospital since the virus first hit the country in 1982 have been HIV positive.

Meanwhile, annual HIV incidence rate estimates among women attending ante-natal clinics show a rapid increase.

The provincial breakdown shows that North West leads the country with 25.1 percent followed by KwaZulu-Natal with 19.9 percent and Free State at 17.5 percent.

Experts say the impact of HIV on health services is starting to be felt as increasing numbers of infected individuals acquire Aids.

TB is the most common presenting feature of HIV.
Fears as TB on rise in HIV cases

Preventative plan launched

JENNY BALL

Hospitals in the Western Cape are beginning to see a huge increase in the number of people with tuberculosis and HIV, a situation expected to get even worse in the next five years.

Gary Maartens, who runs the HIV (human immunodeficiency virus) clinic at Groote Schuur Hospital, said the situation was putting enormous pressure on beds.

Dr Maartens was speaking at the launch of a research project which will determine whether people in an advanced stage of HIV infection can be prevented from getting TB.

The project is a collaborative effort involving the Western Cape’s three universities and community clinics.

It will hopefully provide valuable data to prevent the spread of TB and improve the quality of life of people with HIV.

A hundred people with HIV will be given preventative treatment with the drug Isoniazid for a year.

It will be administered by community supervisors. HIV weakens the immune system which allows dormant TB bacteria to become active.

TB is a leading killer of people with HIV and in the Western Cape most patients with HIV will get TB.

The focus of the project is people in an advanced state of HIV infection who have a higher risk of getting TB and are more likely to take their prophylactic medicine.

Of all infections which people with HIV get, TB is the only one that can be spread into the community. By reducing TB in people with HIV and AIDS, TB can hopefully be contained.

The Western Cape has the highest incidence of TB in the world.
Dispensing doctors braced for costly fight

Doctors are taking their fight to dispense medicine to court to stall the presidential signing of legislation limiting this right.

They say litigation is the next step in delaying the signing of Health Minister Nkosazana Dlamini-Zuma's bill by President Nelson Mandela and its subsequent promulgation.

Elaine Claassens, chairman of the Dispersing Family Doctors' Association, said legal action had been sought and senior counsel engaged.

"Doctors were raising the money for impending costly civil litigation," she said. "We consider it our duty to do this as we alone have to listen to the voices of our patients."

Under the bill, doctors will have to apply for licences to dispense medication, which will be granted only in areas where pharmacies are scarce.

Because the term "scarce" is open to interpretation, it stops all doctors in metropolitan areas from dispensing medicines and also affects those in country towns where doctors have surgeries near pharmacies.

There are pharmacies in almost all residential areas on the Cape Flats.

The bill, passed last month by the National Assembly, may take another six months to become law. Dispensing doctors will then have six months to clear medicine stocks.

If they fail to comply with the law after this period, they face fines running into tens of thousands of rands.

At the annual meeting of the Dispersing Family Doctors' Association, members expressed disappointment at the passage of three health bills.

Delegates found it regrettable that politicians had introduced legislation with such far-reaching implications for the poor without consultation.

Dr Clarke said: "It is sad to see politicians have forgotten where they came from -- the people who put them in power and the fact that many of them benefited from the care provided by doctors in their residential areas during the political struggle.

"Many of the family members of these very politicians, as well as the vast majority of their constituency, have expressed anger and disappointment about these laws and continue to depend on all the services rendered by their doctors, for which they are charged a single fee for consultation and medication."

---
A better fight against Aids

By Mokgadi Pela

The Gauteng health department is to embark on a serious plan to combat the rising HIV problem in the province.

Addressing a workshop in Johannesburg yesterday on the management of HIV in mining communities, Gauteng director of communicable diseases Dr Liz Floyd said “Unless plans are devised and implemented, the province, and indeed the country as a whole, could be in serious trouble.”

Floyd said the Aids plan the province had in mind included:

- Information and awareness campaigns that were sustained and sustainable,
- Distributing condoms, and
- Empowering communities with life skills programmes.

In this regard, the department would target mining communities, the youth, sex workers and lower socio-economic groups such as informal settlements.

Floyd said figures for women attending antenatal clinics in Gauteng showed a 20 percent HIV-positive rate. She said women booking into antenatal clinics faced risk factors such as husbands being unfaithful and having extra-marital affairs; gender inequality, and development issues.

Speaking at the same workshop, health and safety co-ordinator for the National Union of Mineworkers Mr Welcom Mbona said members of his union were opposed to pre-employment testing, a measure being proposed by a number of employers.
AIDS: lost generation warning

Washington – Nearly 40 million children in developing countries stand to lose one or both parents to AIDS over the next 13 years, with catastrophic results, US experts have said.

A survey by the US Agency for International Development (USAID) and the Census Bureau predicted the AIDS epidemic would create a lost generation at risk of exploitation and disease.

“More than 40 million children in 23 developing nations will likely lose one or both their parents by 2010. Most of these deaths will be the result of the HIV/AIDS pandemic and complicated illnesses,” Brian Atwood, administrator of USAID, said in a statement yesterday.

In countries across Africa, parents will lack protection, love and care, USAID warned.

“Many of these children will increasingly be forced into child labour and will suffer higher rates of disease and death,” the agency said in a statement.

Dr. Nils Debats, senior adviser to Atwood and the orphans could strike back at the society that neglected them. “A deeply troubling consequence also be the growth of the phenomenon we have seen in recent years... ragtag armies of child combatants, unfortified by social concepts of what is considered acceptable behaviour in war, wreaking death, destruction and crimes against humanity across a ravaged landscape,” he said.

The report called for a package of actions to prevent the worst consequences, starting at the local level and working up to changes in national laws – Reuters.
Soldiers at greater risk of contracting AIDS than others

PRETORIA - Military personnel run a particular risk of contracting HIV and AIDS, Norman Miller, director of the International Civil Military Alliance, said yesterday.

The alliance, launched outside Pretoria last year, is a network of health experts, non-governmental organizations and media organizations committed to combating AIDS.

Miller, who is in Pretoria for a lunch of the SA Medical Service, said 50% of Angolan and Zimbabwean troops were estimated to be infected with HIV, compared to about 1% of civilians in those countries.

Soldiers were three times more likely than civilians to contract the virus, which causes AIDS, infection rates increased even more during wartime, he said.

The mission is greatly enhanced in the presence of an untreated sexually transmitted disease, Miller said.

The military personnel also fell into the high-risk group of the greatest risk, and were included to take greater risk. Because they were often away from home for extended periods, soldiers are consistently exposed to the presence of sex workers and drugs.

"Officially troops have cash - Adams - in their pockets," he added.

The new civil-military alliance was formed to prevent HIV/AIDS among the military, para-military, police personnel, military families and communities where these groups are located, the SA Medical Service said.

The alliance would, among other things, provide HIV/AIDS prevention messages and publish a quarterly newsletter.

Miller said the effect of HIV infection among military personnel included higher medical costs and compromised military security, while compounding foreign deployment as a result of concerns about blood safety, field fitness and contact with the local population.

---

8D 20 11 99
HIV posing the severest threat to SA

DURBAN — AIDS-related deaths could orphan up to 200,000 children in KwaZulu-Natal by 2000, provincial health MEC Zwelethu Mkhize said yesterday.

At the launch of the KwaZulu-Natal executive committee's AIDS initiative at Clairwood racecourse, premier Ben Ngubane said the threat of HIV and AIDS was probably the most severe facing SA.

Professor Alan Whiteside of the University of Natal's economic research unit said in his presentation: "The province of KwaZulu-Natal is in the middle of an HIV epidemic which will turn soon into an AIDS epidemic." — Sapa
Targeting the riskiest groups

Tough decisions on AIDS

Research by the World Bank into the incidence of AIDS shows that 23m people worldwide are now HIV positive, and 8,500 new victims are infected each day.

Two decades after the first appearance of the human immunodeficiency virus (HIV), 6m people have died from AIDS.

In its report, Confronting AIDS, the Bank records that most cases of HIV — 14m of them — are in sub-Saharan Africa. But the virus may be on the verge of exploding in other places such as China, India and Central and Eastern Europe.

A map of the world, published in the report, shows that the only populated continent where levels of infection are low is Australia.

Other facts about AIDS uncovered by the research show the most effective strategy in slowing the spread of the disease is to invest in programmes that prevent HIV infection among people with high-risk behaviour.

"For example, in Nairobi, treating sexually transmitted diseases among 500 prostitutes and increasing their condom use to 80% prevented 10,000 infections a year among their clients, the clients' wives and other partners," said the report. "A similar level of condom use among 500 men in the community would have prevented fewer than 100 infections."

"The AIDS Epidemic"
Drug body to deliver Virodene affidavit

Josey Ballenger

The Medicines Control Council would deliver an affidavit to the police today to be used in criminal charges against researchers and doctors involved in administering the banned HIV/AIDS drug Virodene, council chairman Prof Peter Folb said yesterday.

The charges are that the use of an unregistered medicine is illegal, criminal, potentially dangerous and unethical. If professional people are involved — doctors and pharmacists — it will be referred to their professional councils," Folb said yesterday.

He said the affidavit stemmed from searches last week of the facilities of University of Pretoria-associated researchers, following a complaint from the AIDS Law Project about patients who had developed "severe toxic effects" from the use of the drug. The symptoms included diarrhoea, throat swelling, a burning sensation and shortness of breath.

Folb said the searches indicated that "many more" patients had been taking the drug.

The council rejected Virodene P158 earlier this year on the grounds that its benefits had not been proven to outweigh the risks associated with an industrial solvent, dimethylformamide, which is included in the drug. The researchers claimed the drug killed the human immunodeficiency virus and sought R3.7m in state funding.

The Sunday Independent reported yesterday that a patient claimed he had seen Olga Visser, one of the Virodene researchers, about a month ago. He alleged that Visser had advised him to ask a certain doctor for "plasters" — not Virodene by name. A patch emits the drug through the skin into the bloodstream.

Visser declined to comment yesterday.
HIV-positive children in spotlight

By Mokgalapa Polokwane

NATIONAL NEWS

25/11/97
A R7-million national AIDS awareness campaign has been launched in Johannesburg in the hope of heightening public concern about the disease.

The "Beyond Awareness" campaign tender was won by a consortium of non-governmental organisations (NGOs) in July, after four months of interviews held by the national Department of Health with top advertising agencies and other NGOs.

The goal of the campaign is to limit the impact and extent of the AIDS/HIV epidemic in South Africa by supporting existing resources and developing new ones to provide a supportive communications infrastructure.

The consortium is headed by the Society for Family Health and includes Soul City, Ulwazi Educational Radio project, Dramaide, and the Community Agency for Social Enquiry (CASE).

All the NGOs have had extensive experience in promoting AIDS/HIV precautions and have used educational and participatory methodologies to create awareness.

"That is why we need an effective awareness and educational campaign," Smart said.

According to Mitchell Warren of the Society for Family Health, communities and individuals can take action to enable AIDS/HIV care and prevention activities.

"Getting people to change their sexual behaviour is going to be very difficult. People should not expect to see a decline in HIV in this country within a year, and turn around and say that the campaign has failed.

"It will be a long process of convincing people to join the 'rubber revolution' and use condoms," he said.

"Many people do not realize that their chances of getting HIV are higher if they already have a sexually transmitted disease."

AIDS HELPLINE
0800-012-322

'It's going to be a very long process...'
HIV-AIDS hits 41-m Kids

By: Retha Philandos

Somran 26/11/97

Developing nations the major victims
Free State pupils made AIDS-aware

BLOEMFONTEIN - The life skills and HIV/AIDS programme launched by the Department of Education in collaboration with the Department of Health had created remarkable AIDS awareness in Free State schools and communities, says the provincial education department's special needs directorate.

Thirty five-day training courses were held from July to October, in which 666 teachers took part.

In conjunction with Old Mutual, a project and competition was held for all secondary schools in the Welkom area. Christo Greyling, a haemophiliac who tested HIV positive 19 years ago, and his wife Leel, were the project leaders.

The course involved visits to the blood transfusion service, an AIDS training information and counselling centre, a visit to a hospice and talks with HIV-positive people. - Sapa
World epidemic worsens – and SA rate may be one in 10

AIDS shock: 30 million carrying virus
AIDS awareness not translated into action — govt campaign

Josey Ballenger 30 26/11/97 (9a)

SOUTH Africans had not translated their awareness of Acquired Immune Deficiency Syndrome (AIDS) into "action" against the human immunodeficiency virus (HIV) infection, the health department said yesterday while announcing details of its R7m "Beyond Awareness" campaign.

"The objective is to call South Africans to action — although there are very high levels of awareness about HIV/AIDS, people have not yet translated this into action to prevent the spread of HIV/AIDS, or in caring for and supporting people living with AIDS," campaign organisers said.

"There is little evidence yet that people are internalising this information because there is little evidence of behaviour change," said Rose Smart, national director of the health department's HIV/AIDS and sexually transmitted disease programme.

Despite government and private sector efforts in educating the public, SA's AIDS rate has risen in recent years. Statistics show 14% of women attending antenatal clinics were HIV-positive at the end of last year, which extrapolates into an estimated 2.4-million HIV-infected South Africans.

Smart said the one-year campaign, awarded by tender to a consortium of nongovernmental organisations, aimed to "personalise" risk so people would seek testing, counselling, condom and care services.

"Getting people to change their sexual behaviour is difficult," said Mitchell Warren, director of the Society for Family Health, the consortium's leading agency. "Condoms are still our best method of preventing AIDS."

From today, the campaign's media component will use 30-second, three-minute and five-minute "fillers" during prime time television in the run-up to World AIDS Day on Monday in an effort to reach its key target audience — SA's young people.

The campaign would also create a national "clearing house" to compile and evaluate all AIDS materials, and would spend about R1m on workshops involving churches and business as well as youth, women's and academic groups to promote education, research, evaluation, distributing condoms and educating teachers are other campaign components.

The campaign would also promote its new logo, which incorporates the international recognised symbol for the fight against AIDS — the red ribbon.
AIDS is rampant says UN report

Over 30 million thought to be HIV-positive, with sub-Saharan Africa worst hit.

Infection with HIV, the virus that causes AIDS, was far more common than previously thought, a joint report by the United Nations Programme on HIV/AIDS and the World Health Organisation said.

The report, released worldwide yesterday, said more than 30,6 million adults and children were believed to be living with HIV. More than 5,8 million people were infected last year at a rate of 16 000 new infections every day.

This included 590 000 new infections among children, bringing the total number of children under the age of 15 currently living with HIV/AIDS to 1,1 million.

If current transmission rates held steady, the figure could soar to 40 million by the year 2000, the report said.

"The more we know about the AIDS epidemic, the worse it appears to be," UNAIDS executive director Peter Piot said in a statement.

"We are now realising that rates of HIV transmission have been grossly underestimated, particularly in sub-Saharan Africa, where the bulk of infections have been concentrated to date.

"In South Africa, new estimates that one in 10 adults are living with HIV - up by more than a third since 1996. And in Namibia, AIDS now kills nearly twice as many people as malaria, the next most common killer," he said.

Since the start of the epidemic, 2.7 million children under the age of 15 have died. Over 90 percent of them acquired the virus through their mothers, before or during birth, or through breastfeeding.

So far, more than eight million children have lost their mothers to AIDS and many have also lost their fathers. The figure was expected to double by the turn of the century.

UNAIDS estimated "conservatively" that nine out of 10 HIV-positive people did not know their HIV status; because over 90 percent of sufferers lived where there were few facilities for voluntary testing and counselling.

"At current estimates, that would suggest there are over 27 million people in the world today who have no idea they are infected," the report said.

"The full impact of the epidemic in terms of AIDS mortality is only just beginning," Piot said.
Killer HIV picking up momentum
30 million affected, says UN

More than 30 million people worldwide are now living with the AIDS virus, and about 18,000 new victims are infected every day, the United Nations said yesterday in a report that showed previous figures underestimated the disease’s reach by a third.

One in every 100 sexually active adults worldwide is infected with HIV, and only one in 10 knows they are infected, UNAids said in a report released in Paris.

"If current transmission rates hold steady by the year 2000 the number of people with HIV/AIDS will soar to 40 million," the report said. "The full impact of the epidemic in terms of AIDS mortality is only just beginning."

Earlier figures on HIV infection were much lower because infections were occurring at a much more alarming rate than previously thought and calculations of HIV infection in sub-Saharan Africa were grossly under-estimated, the report said.

Some 5.8 million people had been infected in 1997, and an estimated 5.3 million were infected in 1996, up from the count of 3.1 million people that doctors estimated a year ago. "It is estimated that 2.3 million people died of AIDS in 1997, a 50% increase over 1996. Nearly half of those were women, and 450,000 were children under 15."

The report paints a devastating picture of AIDS-ravaged sub-Saharan Africa, with 7.4% of people aged 15 to 49 thought to be infected.

The rate of HIV infection in Botswana had doubled over the past five years, and was now between 25 and 30%.

One in five adults in Zimbabwe were HIV positive in 1996, with seven pregnant women in 10 HIV positive in 1995 in one town with a large population of migrant workers.

The report said Asia’s Aids epidemic was more recent than Africa's, but India’s 3 million to 5 million HIV-infected people made it the country with the highest infection rate.
Sub-Saharan Africa 'has highest HIV infection rate'

Josey Bellenguer

THE United Nations (UN) has delivered a damning report on the global state of the human immunodeficiency virus, saying the HIV epidemic is far worse than was previously thought — particularly in southern Africa.

"The more we know about the AIDS epidemic, the worse it appears to be," Dr Peter Piot, executive director of the Joint UN Programme on HIV/AIDS (UNAIDS), said yesterday in Paris on the release of a joint UNAIDS/World Health Organisation report.

"We are now realising that rates of HIV transmission have been grossly underestimated, particularly in sub-Saharan Africa, where the bulk of infections have been concentrated to date."

Southern Africa continued to be the worst affected area and was seeing "unprecedented" infection rates.

About one in 10 SA adults was living with HIV — a 30% increase over 1996 — and 25% to 30% of the adult Botswana population was infected. One in five Zimbabwean adults was believed to be HIV-positive, and there had been a 25% jump in infant mortality in Zambia and Zimbabwe due to the virus.

The UN programme and that updated surveillance techniques revealed an estimated 6.8-million people — or 16,000 a day — had been infected so far this year, and that 30.6-million people were living with HIV or full-blown AIDS.

About 2.3-million people had died of AIDS in 1997, a 50% increase over last year.

Both the World Bank and UNAIDS say that at least 50% of people with HIV live in the developing world. Due to inadequate testing and counselling facilities, social stigma and discrimination, the UN estimates only one in 10 is aware of his or her status.

The UN report follows one by the World Bank earlier this month, in which it said that more intensive governmental efforts to prevent the spread of the disease, especially among people who have many sex partners or inject drugs, could save millions of lives and reduce economic and social costs.

The bank advised governments to introduce needle "exchange" programmes for injecting drug users, to get sterile equipment, as programmes in Glasgow, Scotland, and Sydney, Australia, had managed to hold infection rates among such users below 5%.

It encouraged governments and their partners to target sex workers, their clients, military men, police officers, prisoners, long-distance truck drivers, migrant workers and homosexual and bisexual men.

UNAIDS estimates the sub-Saharan region accounts for 68% or 21.8-million of the 30.6-million total.
Aids: help those most at risk first

Try to educate the carriers and stop them from infecting others, urges World Bank

BY JANINE SIMON

Governments' fundamental responsibility in confronting AIDS is to help people with the riskiest behaviour to protect themselves and others from HIV infection, says the World Bank.

This will prevent the largest number of infections among all people, even those who do not take risks, says Mead Over, co-author of the bank's report, Confronting the Spread of AIDS. Public Priorities in a Global Epidemic, released this week.

The report aims to assist governments in identifying policies which are both fair and cost-effective, and is one of the few attempts to analyse the epidemic from the perspective of how to allocate government resources.

One key recommendation is that governments focus on containing the spread of HIV among injecting drug users, sex workers, their clients, soldiers, police officers, prisoners, long distance truck drivers, migrant workers and homosexual and bisexual men who often have more sexual partners than others.

"HIV moves through the population in a series of overlapping epidemics," says co-author Martha Amosworth. "Once the virus has spread widely among people with very risky behaviour, preventing its spread to others becomes increasingly difficult."

Nineteen African countries are in the most advanced stage of the epidemic, where HIV has spread far beyond the original sub-populations with known high-risk behaviour.

The report says governments in these countries have to cope with increased demand for medical care, and recommends they ensure that low-cost, effective treatments for illnesses that often strike people with HIV are available.

These include treatment for oral thrush and tuberculosis, which can cost between R10 and R100 to administer.

"Even poor households would readily find money to pay this, provided the medicines were available," says Over.

Antiretroviral therapy costs about $12 000 (about R60 000) a year and requires sophisticated clinical support that is rarely available in developing countries.

"To be fair," says Over, "governments should subsidise expensive HIV treatments at the same rate as they subsidise other equally experimental treatments."

Governments should also ensure anti-poverty programmes for poor families affected by HIV/AIDS, as they often reduce food consumption and withdraw their children from school to cope with losing the income of an adult breadwinner who dies.

The authors recommend governments act as early as possible, as every country which now faces an epidemic initially believed that it would not be affected.
High rate of STDs among teenagers

Keeping teenagers free from sexually transmitted diseases (STDs) has become a key focus for Gauteng’s health authorities. STDs such as gonorrhoea are endemic to South Africa and increase the risk of contracting the HIV virus during sex eightfold.

More than 50% of teenagers are sexually active by the age of 16, and almost all are sexually active by the time they leave school, says Dr Liz Floyd, Gauteng’s director for AIDS and communicable diseases.

Professor Ron Ballard, of the National Reference Centre for Sexually Transmitted Diseases, says “You have only a one percent chance of getting HIV from heterosexual sex if your partner is infected. That rises to eight percent if one partner has a STD sore, and 64% if both do.”

Gauteng health authorities are trying to make STD services freely available at all health facilities, and particularly to teenagers – Staff Reporter

Prevention is major priority – health chief

By the end of last year, it was estimated that about 2.4 million adults in South Africa were HIV positive and 166,000 babies born since 1990 are infected with HIV.

Of the provinces, it was estimated that KwaZulu Natal had almost 750,000 infected people, followed by Gauteng with 456,000. The Northern Cape, with the smallest population, had about 22,000 HIV infected people.

The health department is collating figures and is expected to release them in March/April next year.

According to Dr Liz Floyd, director for AIDS and communicable disease in Gauteng’s department of health, the 20- to 24-age group carries the highest rate of infection, and most HIV infections occur in people under 30.

The rate of new infection is possibly slowing in provinces most affected by the epidemic, Floyd says, and the provinces with relatively low infection rates remained most vulnerable to the rapid spread of HIV in the near future.

Prevention remains the major priority and in addition, special efforts need to be made to prepare for the emerging care needs, Floyd said in her report in the 1997 South African Health Review.

The lack of credibility following Sarsfina 2 also affected the whole AIDS programme. For example, questions regarding the effectiveness and financial accountability of all AIDS programmes affected NGO funding.

The net result was that AIDS workers were saddled with a national programme that was lacking in credibility – Staff Reporter

<table>
<thead>
<tr>
<th>Women with HIV at antenatal clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
</tr>
<tr>
<td>KwaZulu Natal</td>
</tr>
<tr>
<td>Mpumalanga</td>
</tr>
<tr>
<td>Free State</td>
</tr>
<tr>
<td>Gauteng</td>
</tr>
<tr>
<td>North West</td>
</tr>
<tr>
<td>Eastern Cape</td>
</tr>
<tr>
<td>Northern Province</td>
</tr>
<tr>
<td>Western Cape</td>
</tr>
<tr>
<td>South Africa</td>
</tr>
</tbody>
</table>

SOURCE: 7TH NATIONAL HIV SURVEY OCT/NOV 1996
Courage speaks out in war against Aids

HIV-positive woman urges changes in attitude towards the dreaded disease threatening SA

By Mokgadi Pela

A 25-YEAR-OLD HIV-positive woman has bravely come out to speak publicly about the dreaded virus that is wreaking havoc in the country.

The attractive, dreadlocked Miss Prudence Babele, who studied electrical engineering at Peninsula Technikon, saw her world come crumbling down when she was diagnosed with the virus six years ago.

Speaking to Sowetan in Garankuwa, Pretoria, yesterday on the eve of World Aids Day (WAD), Babele called on churches and politicians to move with the times and preach the gospel of safer sex practices.

"Everyone has a role to play in the battle against Aids. I want to see churches, schools, politicians coming on board and making Aids education their daily business and not something just to be remembered on World Aids Day.

"For far too long churches and religious communities have focused on abstract things to the exclusion of day-to-day realities like Aids and how it's transmitted. This virus has presented us with an ideal opportunity to talk about things we feel uncomfortable about, like sex and death," Babele said.

She said she was not taking any medication as "drugs at present are too expensive for ordinary people to afford. Only the rich can afford medications like AZT and similar anti-viral therapy. I rely on a proper lifestyle which includes regular exercise, eating healthily, being in touch with my emotions and coping with stress."

She said since her diagnosis, she had not experienced any "physical changes or suffered from any diseases that take advantage of my compromised immune system."

All I get is what I would call normal flu," Babele said post-test counselling was vital as this enabled people with the disease to know how to take care of themselves.

Increasing numbers

In her WAD message, Babele said, "I'm convinced that by now most of us know the facts about Aids. What we need to know is that there are many people like us who are living with HIV and Aids and that the numbers are increasing all the time. I want to appeal to the public out there to change their attitude to people with Aids. We need to remember that Aids is like any other disease and therefore we should treat it with understanding and compassion," Babele said.

She urged other HIV carriers not to live in isolation but to form links with other Aids activists.

Babele said the time had come for the private sector to take a stand around this issue and form Aids policies and programmes in the workplace.

"As much as we have business against crime, we want to see business against Aids," she said.

Babele was diagnosed with the disease in 1991. "This was after I had continuous headaches. I still don't know how I acquired the virus," she said.

Yesterday Babele addressed hundreds of congregants at the Garankuwa African Methodist Episcopal Church in Zone 4 on Aids and sexuality.

Meanwhile, Charity Bhengu reports that a warm hug from outgoing Gauteng Premier Tokyo Sexwale meant the world to a 19-year-old HIV-positive girl in Joubert Park, Johannesburg, during an Aids rally on Saturday.

Miss Angela Hlatshwayo, of Soweto, who was diagnosed with Aids two years ago, wept bitterly before hundreds of people after relating the pain of living with the virus. Reaching out for her hand, Sexwale said, "You are not alone. We are with you."

See also pages 8 and 9 and a special supplement on World Aids Day from page 18 to 21.
Focus on AIDS

PIC JOE MOLFE

Saturday

Another Hillsbrow (472) at the Hope for the Children AIDS celebration in Border Park, Johannesburg.

Outlook General Premier Tony Soekoe seen with three HIV-infected children - Chibs, Gibit (5), Gove (6), and Godfrey

resources

showing the need to which community

Support group to offer HIV-prevention counselling and training to 15000 people in 10000 to 12000

the highest number of children in the country. The children's health services are provided at the Department of Health.

Tuberculosis is common to children, the minister said.

related every day

TB and HIV more

TB and HIV more

By Mowedi Pela

South Africa (1/1997)

1997

In 1997, TB and HIV became a major concern in South Africa. The government launched a national TB and HIV/AIDS campaign, with health workers reaching out to communities to raise awareness and support. The campaign aimed to provide information on how to prevent the spread of the diseases and offer support to those affected. The image shows a health worker and children during a TB and HIV awareness campaign.
Business pitches in for institution

By Mokgadi Pela

Ethembeni Care Centre, a collaborative effort of local industries in Richards Bay, will be opened today by the Department of Health's national director of HIV and AIDS, Ms Rose Smart.

Local industries established the institution to cater for the needs of HIV-infected employees.

According to coordinator Ms Carol Willott, companies have a "responsibility to manage industry concerns and address them in a socially responsible way. This management starts with caring for infected employees."

It is hoped that by minimising the effect of HIV-related illnesses with proper health-care management, the productivity of infected employees will be prolonged.

According to Willott, comprehensive management needs to encompass:

- Care of the physical, mental and spiritual state of the patient
- Care of the social and economic performance of the patient
- Maintenance of the family structure and function
- Maintenance of community stability

The centre has also been necessitated by recent statistics in the country and provincially which show that over 14.7 percent of women attending anti-natal clinics were HIV-positive.

Figures for KwaZulu-Natal stand at 19.9 percent while locally selected clinics in the Lower Umfolozi area show an HIV-positivity rate of 27.5 percent.

Ethembeni also comes in the wake of the provincial health department's guiding principles regarding care of HIV-infected patients which proclaim that:

- An holistic approach to care should underpin all interventions
- Care provision shall be comprehensive and the link between prevention and care shall be recognised

The centre will consist of:

- A home-based care unit
- This unit will assist infected employees and their care-givers by providing training either at home or at the centre, according to the wishes of the employees
- A 10-bed care facility which will render simple short-term crisis care and basic nursing care to keep the patient comfortable and pain-free.

Even army is losing battle

By Mokgadi Pela

The launch just a few days ago of the South African Civil Military Alliance to Combat Aids just goes to show that the country has lost its battle against the HIV-virus.

It also shows that no sector of the community is free from the ravaging effects of the epidemic. Already, it is thought that over 20 percent of people in the military are HIV-positive.

The words of Professor Norman Miller, director of the International Civil Military Alliance, could not have come at a better time. "Armed forces that do not deal with HIV prevention will be condemned to contest with Aids."

Experts have said that the surest way of averting this scenario is to devise appropriate interventions for those most vulnerable. This category includes executives, the uniformed services and migrant workers.

Estimates for Malawi show that over 50 percent of the military is HIV-positive. Suggested intervention strategies for South African soldiers include:

- Effective management of sexually transmitted diseases
- Suppyling condoms
- Ongoing evaluation of the situation
- Lifeskills programme for the youth
- Educating soldiers to raise awareness about the disease

University of Natal's professor Alan Whiteside said it was in the interest of the armed forces to protect themselves. "No army can operate without the sort of mortality or absences due to sick leave that they will face as the epidemic begins to take grip in South Africa."

Women
Number of AIDS cases in S.A.

AIDS cases in S.A.

Forces
A shocking number of related illnesses is starting to bring home the extent of the epidemic in this country.

Shock HIV Infection Rate Highest in Southern Africa
Shocking disclosure on HIV-positive babies

FAST FACTS

- About three million South Africans are now infected with HIV virus.
- About 90,000 new cases of AIDS developed this year; 20,000 of them were children born to HIV positive mothers.
- Over five million people will be HIV positive by the turn of the century and the epidemic is expected to peak in seven years' time.
- Life expectancy in South Africa is seven years shorter than it would have been in the absence of HIV/AIDS. The epidemic has the potential to reverse many health gains made by the policy of free health care.
- Companies can expect that between 10% and 12% of their workforce is currently HIV positive - but this may rise to 20% or more according to some estimates.
- Costs of direct health care are expected to rise from R13 million in 1991 to R16 billion in 2000.

THE WORLD BANK REPORTS THAT:

- An estimated 90 million people worldwide have HIV/AIDS.
- Six million have died of AIDS worldwide.
- 90% of infections occur in developing countries.
- 63% of all HIV/AIDS infected persons live in Sub-Saharan Africa.
- There have been more than 1.4 million new infections in Africa every year since 1991. That averages more than 3,900 new HIV/AIDS infections per day in Sub-Saharan Africa.
- About 90% of all HIV transmission in Sub-Saharan Africa is by heterosexual sex.
- The level of infection among pregnant women in urban areas of the Democratic Republic of Congo has levelled off four to five percent, but in Botswana and Zimbabwe, rates are six times as high and still climbing.
- In Francistown, Botswana, and Harare, Zimbabwe 40% of women attending antenatal clinics are positive.
- In Zambia and Malawi, more than one in four pregnant women is infected with HIV/AIDS.
- In Zimbabwe, the AIDS epidemic has reduced life expectancy by 23.2 years.
- HIV/AIDS accounts for a third of all deaths from infectious diseases in Sub-Saharan Africa.
Government taken to task over response to scourge

Health Minister Dr. Nkosazana Dlamini-Zuma visited a UNAIDS co-ordinating meeting in Nairobi last week to review progress made on interventions to curb the spread of HIV/AIDS.

And last week the Government launched a K7 million "Beyond Awareness" campaign in an attempt to get people to accept the risk posed to their health by HIV/AIDS, and take precautions.

But say business observers, Government action so far has fallen far short of an effective response to the epidemic.

Chapters on AIDS have been included in recent health legislation and white papers. But an example of the Government's lack of understanding of the impact of the epidemic is the prediction that child mortality will decrease by 2000, when in fact AIDS mortality will drive up the figures, says Janina Slaouki, senior manager of Southern Life's risk management consultancy.

Primary health care is the correct approach, she says, but the Government is missing the point that the expected huge increase in the AIDS epidemic over the next seven years will strain the resources put aside to fund PHC.

AIDS was not considered when, for example, the number of nurses needed to run the primary health care system was calculated, she says.

Southern Life estimates that the total direct costs when the HIV epidemic peaks in about seven years will be an estimated R20 billion, with indirect costs of R80 billion over the 12-month peak.

The World Bank suggests that government's fundamental responsibility in the face of the epidemic is to ensure that HIV is prevented among people with the riskiest behaviour, that treatment for common infections is easily available, and that anti-poverty programmes are in place for families worst affected.

The prevention strategy will prevent the largest number of infections among all people, even among people who do not take risks, says Mead Over, co-author of a World Bank report on confronting the spread of AIDS, which was released last week.

This means government intervention should focus on people who inject drugs or have many sex partners. These include sex workers, their clients, soldiers, police officers, prisoners, long-distance truck drivers, migrant workers and homosexual and bisexual men.

In Nairobi, Kenya, for example, treating sexually transmitted diseases among 500 prostitutes and increasing condom use to 80% prevented 10,000 infections a year among their clients, the client's wives and other partners.

Primary health care is the correct approach,

Programmes making it easier for injecting drug users to get sterile injecting equipment have also been highly effective.

Cities such as Glasgow, Scotland, and Sydney have needle exchange programmes and have held infection rates to less than five percent of the population.

The report recommends that governments ensure that low-cost, effective medications for illnesses that often strike people with HIV are available.

For example, treating oral thrush, which often makes swallowing extremely painful and affects many people in the early stages of AIDS, costs about R10.

Recent medical advances involving combinations of expensive drugs, require sophisticated clinical support and are too costly for widespread use.
Companies urged to be sensitive

Many company education efforts on AIDS have failed, and businesses are retracting their steps as the HIV rate soars.

Lectures and pamphlets distributed to large groups means the individual takes away very little, says Sheila Naaddoo, training and development programme co-ordinator for Southern Life AIDS Management Consultancy.

And top management still urge employees to get educated about AIDS, but do not see the need to attend any of the education sessions themselves, says Naaddoo, who designs education programmes for large companies.

Existing programmes often overlook poor literacy and education levels, and ignore the fact that the issue has not been discussed among workers, or even in their households and communities.

"We need a more sensitive approach," she says. Interactive groups of under 20 are ideal.

Workplace efforts must also include dispensing condoms and promoting their use. There is a high resistance to using condoms, but industrial theatre groups and peer group educators have helped to break it down.

Peer education is particularly effective as workers tend to distrust the messages from people outside the peer group, Naaddoo says.

But no AIDS programmes, no matter how well planned, will succeed without involving trade unions and top management.

Companies need to set up counselling for employees who test positive and their relatives and set up support structures.

Any initiative must include the issue of HIV-positive employees in the workplace. Managers have to ensure fair management, or face labour relations difficulties.

"We have not seen enough of two-pronged strategies combining management and prevention of the disease in the workplace."

A manufacturing company with a staff of 1500 operating in an area of 20% HIV prevalence that manages a modest 10% reduction in the rate of infection over three years, could save £64 million over three years.
Life assurance, medical aids offer security

Balancing act needed

Business urged to intensify drive to fight deadly disease
Trade unions have also been notable by their absence from the recent Workplace Forum established by the Department to examine the impact of HIV on the workplace.

Business South Africa has been totally opposed to the bill to prohibit pre-employment HIV testing, says Heywood.

Cosatu's constituency is prejudiced daily by this practice, but there is no campaign to stop it.

A decade ago, trade union response to the epidemic seemed progressive and promising.

Cosatu called for a trade union campaign around AIDS in 1990; in 1991 a special Cosatu conference was held on AIDS in the workplace; in 1994 the Chamber of Mines and the National Union of Mineworkers signed a ground-breaking AIDS agreement.

"Today the trade union movement seems to have little time, capacity and - dare we say it - will to deal with these issues," Heywood says.

Trade union response is more than just playing politics, he points out. It could greatly assist with prevention.

Once working people start to listen to and talk about HIV and AIDS, these messages will spread far faster than anything that is being attempted at present.

The work of unions to improve the lives of their members will be of cold comfort if they are infected with HIV, facing discrimination and a society ill equipped to cater for their needs.
Lesotho takes action to prevent domestic forecasts

**Sexual activity before or drive even Prevention**

Adolescent girls are the focus of HIV prevention efforts. The project's main objective is to reduce the incidence of HIV infection among young women. The project aims to improve knowledge and awareness of HIV prevention among adolescents, promote negotiation skills, and encourage the use of condoms. It also seeks to create a supportive environment that fosters safe sexual practices and promotes gender equality.

**Rising toll**

Sex industry.

The sex industry in Lesotho is a significant contributor to the spread of HIV. Prostitution is widespread, and many clients are unaware of the risks associated with unprotected sex. The project aims to educate sex workers and their clients about HIV prevention measures, including the use of condoms and regular medical check-ups. It also seeks to promote healthier sexual practices and reduce the stigma associated with HIV/AIDS.

**Immigration**

Lesotho has been hosting refugees and migrants from neighboring countries. The project aims to provide support and assistance to these individuals, including HIV/AIDS education and counseling services. It also seeks to promote social cohesion and reduce discrimination against refugees and migrants.

**National Action Plan and Commitments**

The project is part of a national action plan to combat HIV/AIDS. It is supported by various stakeholders, including government agencies, international organizations, and local communities. The project is committed to achieving the 90-90-90 targets set by the UNAIDS program, which aim to ensure that 90% of people living with HIV know their status, 90% of people with treatment know it, and 90% of people on treatment have undetectable viral loads.

**Conclusion**

The project is making progress in reducing the incidence of HIV infection among adolescents and reducing the stigma associated with HIV/AIDS. It is committed to continuing its efforts to promote healthy sexual practices and ensure that all individuals, regardless of gender or background, have access to the information and support they need to make informed decisions about their health.
HIV takes its deadly tithe ...

One in ten W Cape children found positive

LEIHEV OLIVER
STAFF REPORTER

One in 10 children admitted to Western Cape hospitals is infected with HIV – the human immuno-deficiency virus.

And one of every three children born of HIV-positive mothers is infected by his or her mother, during pregnancy or at birth.

1996 statistics from the Department of Health show that the Western Cape has the highest incidence of HIV in children. Only 469 children are HIV-positive in the Western Cape, compared to more than 17 000 in KwaZulu Natal and 6 600 in Gauteng.

AIDS paediatric professor Greg Hussey said that between 60 and 90% of these children usually came from less affluent areas with major social problems. “Most children come from single-parent families and are often destitute. A lot of these children end up at Nazareth House,” he said.

The fact that they were infected only came to light when they were admitted to hospital for common childhood illnesses such as diarrhea and pneumonia.

“These illnesses are usually more severe and more recurrent in these children.”

Professor Hussey said the dramatic growth in the number of children with HIV was having a major impact on children’s health services, especially since a three percent reduction in hospital beds for children “Because these children suffer these illnesses more severely, they have to be admitted for longer and this in turn means more children and fewer beds.”

Professor Hussey said that follow-up investigations during the past five years showed that 50% of children with HIV died before the age of three, while most died in the first year of their lives.

“But we must not be too pessimistic – the other half survive for long periods of time and we find that children between five and 10 years old are reasonably well.”

Professor Hussey said he was convinced the way forward was to attempt to reduce transmission from mother to child.

“There are ways of reducing transmission by treating the mother with the AIDS drug AZT during her second trimester and during labour. The baby is also given the drug shortly after birth. This reduces transmission by between 80 and 70%,” he said.

“This is the only specific way to reduce the burden of the disease on children.”

But this sort of intervention was expensive and not routinely available.

At recent national meetings between the health department, provincial services, academics and non-governmental organisations, a recommendation was made that AZT be made available during pregnancy.

The Department of Health is presently looking at ways to make this possible.

“The growing number of infected children is providing a real crisis in the health service. Soon health workers may be faced with choices because of scarce resources. Choices might have to be made between two patients. If two patients have to be admitted and there aren’t enough beds, the health care worker might have to make a prejudiced choice,” Professor Hussey said.
otherwise complacency will smother all efforts to halt its spread.
What will it take to wake up to Aids?

DESPITE ALL the publicity about HIV, the UN estimates that each day 16 000 more people are infected with the virus that causes Aids. JUDITH SOAL asks what will it take before we respond effectively to this epidemic.

"MOST people know about Aids," says Mr Kes in Osbourne of Napwa — the National Association of People living with Aids — but everyone thinks that it won’t happen to them, that it happens only to other people.

"And South Africa is a very fertile ground for this. People say it happens to blacks, or to whites, or to gays, or to anyone that they aren’t."

Today is the 13th World Aids Day, yet it seems little has changed since the virus forced its way into the headlines in the 1980s. Recent studies show that people are not changing their sexual behaviour and experience shows that those living with the virus still face discrimination and hostilities.

In some ways Aids education campaigns have been successful in raising awareness of the disease. An international study by a condom manufacturer Purse found that most people in 1970 knew about Aids, but the same study found that only one in ten of South Africans use condoms every time they have sex. A large survey of South Africans last year found that only 25% of sexually active youths had ever used a condom.

Aids activists like Osbourne say that this discrepancy between knowledge and behaviour can be put down to people’s assessment of their own risk of becoming infected.

"We think that the campaigns are directed at someone else, that ‘they’ must change," Osbourne believes that this is also why people with Aids meet such hostility — they have to be seen as ‘evil’ to protect our belief that we are safe. So what will it take for our behaviour to change?

If experience in other countries is anything to go by, the answer is not very encouraging.

"It seems that people only really respond when they know someone who is HIV-positive," says Ms Amy Melyn’ of the Aids group Wola Nani.

In Uganda, behaviour only started changing when the prevalence was so high that everyone knew someone who was ill. Then the message got through.

Agrees Osbourne: "It’s like a child who only learns not to touch the hotplate after he has burnt his hand. People only change when they feel the deaths.”

According to a report released last week by the United Nations, this scenario is not too far away. South Africa now estimates that 1 in 10 adults is living with HIV — up by more than a third since 1996," said UNAids executive director Mr Peter Piot in a statement.

The Western Cape has the lowest incidence in South Africa (the 1996 estimate was 3.09%), but the prevalence has almost doubled since 1995, when the rate was 1.66%.

This means there are about 126 000 people living with HIV/AIDS in the province, and about 2.4 million in the country. But the UN estimates that one out of 10 people with HIV don’t know that they have it.

"Quite clearly," says Osbourne, "we need to do more."

"Historians will look back at us and wonder what we were up to, they will judge us by our response to HIV/AIDS," he says.

Many see HIV/AIDS as the “new struggle”, and Wola Nani is running an advertising campaign which equates Aids with apartheid. The advertisements show photographs of a sign on a toilet which reads: "Non-Aids only.

"We’re trying to tackle the discrimination," says Melyn’.

"You can’t separate attempts to prevent the spread of Aids from the need to stop discrimination against people who are HIV-positive. The two are linked. It’s only when we see those who are HIV-positive as human beings, like ourselves, that we will realise that we are also at risk and need to change our sexual behaviour.”

Napwa will be opening a remembrance garden for people who have died of Aids in the Company Gardens at noon today. City mayor Dr Theresa Solomon will open the garden.

A street collection to benefit Wola Nani will be held in the city, and Radio Kfm will have a special HIV/AIDS broadcast from St George’s Mall.
DURBAN: AIDS is spreading rapidly and neither the world nor South Africa is winning the fight to stem the epidemic, says Minister of Health Dr Nkosazana Zuma.

In a statement released to coincide with World Aids Day today, Zuma called for 1998 to be declared a year of consolidating efforts to combat the disease.

She said the appointment of a special Aids sub-committee, chaired by Deputy President Thabo Mbeki, should help to boost efforts.

Aids needed to be demystified and brought out of the closet, she said.

According to the World Health Organisation and UNAids, the number of HIV-positive people in Southern Africa has increased by more than 30% since last year to 2.4 million.

The figure for sub-Saharan Africa is 3.4 million.

"The more we know about the epidemic, the worse it appears to be," said Dr Peter Plot, executive director of UNAids.

In Botswana, the proportion of the adult population living with HIV has doubled in the past five years. In Zimbabwe in 1996, it was estimated that one in five adults was HIV-positive.

The prevalence of sexually transmitted infections (STIs) is a major contributory factor in the rampant spread of HIV, according to the Medical Research Council.

Researchers estimate that about a quarter of South Africa's sexually active population may have at least one STI.

Studies in KwaZulu-Natal by the Medical Research Council have found that 77% of sex workers and more than 50% of pregnant women have at least one STI. The rate of HIV infection is also high: 50% of sex workers are infected, 16% of pregnant women and 24% of women attending family planning units.

What is becoming increasingly clear is that although just about every country is touched by HIV, the epidemic appears to be fastest moving in sub-Saharan Africa, which is now thought to have two-thirds of the total number of people with the virus.

According to a consultant with Aids Management and Support, Mr Clive Ewan, South Africa is hovering at the "take-off point" and the epidemic's impact will be felt at the end of the millennium.

"We shouldn't be lulled into a false sense of security," he said. "We're on the verge of a take-off of the Aids curve."

"LOSING WAR": Nkosazana Zuma

No national research has been done on the impending epidemic's effect on the economy and few have been done at provincial level.

In KwaZulu-Natal and certain parts of Gauteng, 40% of medical beds are occupied by patients who have HIV-related illnesses.

In Harare, Zimbabwe, which is about three years ahead of South Africa on the Aids curve, 80% of hospital beds are occupied by patients with HIV-related complications.

"Certain companies (in South Africa), are beginning to feel the effects in staff absenteeism and deaths, but not in a big way yet," says Ewan. "The mining industry is one example.

"In the next two to three years we will see a rapid increase in casualties and the impact will be felt then. At the moment the cost is being absorbed by the economy."

Sapa reports that Britain is to give up to R6.5 million in technical assistance to South Africa's National Aids Prevention and Control Programme, a Presidential Lead Project.

Announcing this, British High Commissioner Ms Maeva Fort said the assistance would be provided by the United Kingdom's Department for International Development over three years from January.

It would focus on establishing a National Aids Resource Centre to support the development and implementation of an effective national Aids programme, the British High Commissioner said.

Also, an expert in sexually transmitted diseases (STDs) would be appointed for 11 months to guide the nine provincial health departments in providing treatment at primary health-care level for STDs.

Fort emphasised that the only "credible tool" against HIV and Aids is prevention through information and education.
Let sufferers use Virodene, pleads Zuma

Pretoria Correspondent

Dying Aids patients who are willing to take responsibility for their actions should not be prevented from using the still-unapproved Virodene drug, Health Minister Dr Nkosazana Zuma said yesterday.

Speaking at Odi stadium in Mabopane, North West, during a joint World Aids Day function by her department and the Department of Education, she said her department had nothing to offer as treatment for the Aids epidemic, and Virodene could be the cure.

Zuma said the pleas coming from dying Aids sufferers to be allowed to use Virodene brought tears to her eyes.

"This breaks my heart. I have a lot of compassion for Aids sufferers, but my hands are tied. I feel no one should play God.

"But one day, just one day, I can't say when, I will take a firm decision about the matter. The new health law soon to be tabled before Parliament will enable me to take that decision," she said.

Zuma added that many countries were resorting to Virodene treatment.

The SA Medicines Control Council will not allow patients to use the drug because it has not completed tests and were trying to impose their protocol.

She added that she saw no reason why - especially when doctors treating Aids sufferers were willing to take responsibility for their actions - patients could not use the drug.

It is an international standard rule that dying patients are allowed to use a non-registered drug. Zuma emphasised that it was every dying person's right to choose what he or she required to be helped.

Her remarks were backed by Education Minister Dr Sibusiso Bengu, who accompanied her to the function.

Meanwhile, Bengu has announced that from next year Aids education programmes would be included in the education curriculum.
The world paused to take stock in its fight against AIDS yesterday amid warnings of the danger of apathy and complacency.

The 10th World Aids Day was marked by rallies, vigils and fine words from politicians confronting the prospect of 40 million global cases of the disease by 2000.

In India, schoolchildren and factory workers marched through the red-light district of Bombay behind a huge black plastic of a pars snake, the "Aids anaconda", before burning it symbolically on a bonfire.

In London, Aids awareness campaigners planned a candlelit vigil including a special tribute to Princess Diana for her efforts to highlight the plight of sufferers.

Diana, who died in a Paris car crash in August, opened Britain's first Aids ward in 1987, and did much to change attitudes towards the disease by touching and shaking hands with victims.

In Italy, clothes group Benetton launched a typically outspoken campaign with advertisements asking if the fight against AIDS was going out of fashion.

AIDS was first reported in the United States in 1981 and the HIV virus that causes it is present in virtually every country.

Scientists have scored partial successes with a drug "cocktail" that drives the virus to undetectable levels in thousands of patients. But thousands are still dying, and such treatment is prohibitively expensive for many countries, especially in the Third World.

The UN said last week that 30 million people were now infected with HIV, up sharply from fewer than 23 million a year ago. By 2000, they predict, 40 million could be infected.

The United Nations Educational, Scientific and Cultural Organisation called for new Aids treatments to be extended to patients in the Third World, saying that reserving them for rich countries was both immoral and medically reckless.

"It is shameful to let Aids patients in poor countries die without benefiting from the new treatments available to those living in developed countries," Unesco director-general Federico Mayor said.
Medical aids 'not tackling AIDS problem'  

Samantha Sharpe

CAPE TOWN — SA medical aid schemes are not addressing the AIDS problem effectively and need to devise cost-effective disease management schemes accommodating HIV-positive members. Old Mutual Actuaries & Consultants says Geetesh Solanki, the company's practice partner on health issues, said recent Old Mutual health benefits surveys showed medical schemes were responding in an ad hoc way to the AIDS problem, which was understandable given the ignorance and uncertainty surrounding the spread of the epidemic among medical scheme members.

"However, in the light of the rapid increase of the epidemic in SA and the threat that it poses, there is an urgent need for schemes to devise a coherent framework for cost-effective disease management."

Solanki said this would have to include the flexibility to cope with the likely increase in the prevalence of HIV cases. What could clearly not be allowed to continue was the existence of exclusion clauses for members that were or became HIV positive, a situation prevalent among 5% of the schemes Old Mutual had surveyed.

"To address this dilemma we believe it is crucial for schemes to adopt a non-discriminatory philosophy that regards HIV and AIDS in the same way as comparable life-threatening illnesses."

"This means incorporating HIV and AIDS into the scheme's overall framework for chronic disease management."


AIDS may cut 10 years from average lifespan

MAPUTO — In more than a dozen sub-Saharan African countries, AIDS may cut average life expectancy by at least 10 years.

A brief, grim document at the World Bank office in Maputo forecasts average life expectancy in 2010 in neighbouring Zimbabwe at 57 years "without" and 30 years "with". The variable factor is AIDS.

"The virus is crossing borders, and the prospect is frightening," says Roberto Chavez, veteran World Bank delegate in Mozambique. "It could be the greatest obstacle to development."

United Nations (UN) figures say 783,700 Africans have died of AIDS since the epidemic surfaced in the 1980s.

Last year 1.9 million adults were infected with the deadly virus — as many as the rest of the world combined.

In Africa, Chavez and UN officials warn, a large number of victims are from educated elites — top public servants, technocrats, military officers, businessmen — the people needed to run countries. "If a fragile country like Mozambique does not confront AIDS aggressively, that could set back development 200 years," Chavez said.

Statistics were difficult because some nations masked the problem, Gareth Jones of Unands said in Geneva. He estimated 14 million Africans were infected.

Central and southern Africa were worst off, from Kenya down through Zimbabwe, Botswana, which escaped early outbreaks, was "in horrible shape", Jones said, citing a new report not yet released. SA and Mozambique were less affected but were in serious danger of getting worse quickly.

Christof Maletsky reports from Windhoek that Namibian Health Minister Libertine Amathila said at least 9,5% or 150,000 Namibians were infected with the HIV virus. She released a report which listed the disease as the top killer among the nation's adults, followed by tuberculosis, malaria and pneumonia.

A new draft plan of action on HIV/AIDS states the Namibian epidemic should be seen as "a national emergency" owing to the "projected magnitude of the socioeconomic impact" of the disease — Sapa-AP.
World AIDS Day yesterday.

Several groups are calling for an end to HIV and AIDS discrimination.

The Department of Health and Human Services released a report yesterday on the state of AIDS in the United States.

The report is based on data from the National Center for HIV/AIDS, Viral Hepatitis, and STD Prevention.

The report found that the number of new HIV infections has decreased in recent years, but the overall number of people living with HIV continues to rise.

The report also found that disparities in HIV infection rates persist among certain groups, including women, people of color, and those living in poverty.

The Department of Health and Human Services has set up a multi-agency task force to address these disparities.

The task force will focus on increasing access to HIV testing, treatment, and prevention services.

The task force will also work to increase awareness of HIV and the importance of prevention.

The Department of Health and Human Services has also released a new campaign to encourage people to get tested for HIV.

The campaign includes public service announcements and social media messages.

The Department of Health and Human Services has also announced a new $50 million funding initiative to support HIV prevention and treatment programs.

The Department of Health and Human Services has also announced a new multi-year plan to reduce the number of new HIV infections by 2025.

The plan includes goals to increase access to HIV testing, treatment, and prevention services, and to increase awareness of HIV and the importance of prevention.

The plan also includes goals to reduce the number of people living with HIV and to decrease the number of deaths from AIDS.

The Department of Health and Human Services has also announced a new initiative to support research on new HIV treatments and vaccines.

The initiative includes $100 million in funding over the next five years.

The initiative will support research on new HIV treatments and vaccines, and on the prevention of HIV transmission.

The initiative will also support research on the use of new technologies to detect and treat HIV.

The Department of Health and Human Services has also announced a new multi-agency task force to address the issue of HIV-related discrimination.

The task force will focus on increasing awareness of HIV-related discrimination and on developing strategies to address it.

The task force will also work to increase access to legal services for people affected by HIV-related discrimination.

The Department of Health and Human Services has also announced a new $50 million funding initiative to support legal services for people affected by HIV-related discrimination.

The initiative includes $100 million in funding over the next five years.

The initiative will support legal services for people affected by HIV-related discrimination, and for people affected by other forms of discrimination.

The initiative will also support research on new technologies to detect and treat HIV-related discrimination.

The Department of Health and Human Services has also announced a new multi-agency task force to address the issue of HIV-related discrimination.

The task force will focus on increasing awareness of HIV-related discrimination and on developing strategies to address it.

The task force will also work to increase access to legal services for people affected by HIV-related discrimination.

The task force will also work to increase access to legal services for people affected by other forms of discrimination.

The Department of Health and Human Services has also announced a new $50 million funding initiative to support legal services for people affected by HIV-related discrimination.

The initiative includes $100 million in funding over the next five years.

The initiative will support legal services for people affected by HIV-related discrimination, and for people affected by other forms of discrimination.
Zuma to use new laws on Virodene ban

OWN CORRESPONDENT
PRETORIA Young Aids patients willing to take responsibility for their actions should not be prevented from using the still-untested Virodene drug, Health Minister Dr Nkosazana Zuma said yesterday.

Speaking at Odi Stadium in Mabopane during a joint World Aids Day function by her department and the Department of Education, she said that her officials had nothing to offer as treatment for the Aids epidemic, and that Virodene could be the cure.

Zuma said the endless pleas from dying Aids sufferers to be allowed to use Virodene brought tears to her eyes, "...but one day, just one day — I can’t say when, I will take a firm decision about the matter. The new health law will enable me to take that decision."

Zuma said many countries were resorting to the use of Virodene to treat the escalating Aids epidemic, but said the SA Medicines Control Council (MCC) would not allow patients to use it because they had not completed tests and were trying to impose their protocol.

She said no reason, especially when doctors treating Aids sufferers were willing to take responsibility — patients could not use the drug.

Education Minister Dr Sibusiso Bengu backed Zuma, and said doctors who treated their patients with Virodene recently approached the cabinet for funding to continue their research. He said patients gave testimonials that Virodene had cured them.

The ANC Youth League has also appealed to Zuma and the MCC to explore the testing of various drugs, including Virodene.

“We owe it to the infected people to test the drugs. Lives must be spared. Not exploring this is irresponsible in the extreme,” said a league statement.

People's researchers responsible for Virodene are planning litigations soon in the High Court and the Constitutional Court — Own Correspondent.

---

PEOPLE PERSON: Miss South Africa Kenzhe Naicker signs autographs at a World Aids Day commemoration at Athlone stadium yesterday where she had a special place for Nazareth House children.

PICTURE: KIM LUDBROOK

---

Miss SA hugs Aids babies in call for help

CYNTHIA VONGAI

TAKING a leaf out of Princess Diana’s book, Miss South Africa Kenzhe Naicker hugged children living with HIV/AIDS at Athlone stadium yesterday.

Naicker, who took the crown in August and is headed for the Miss Universe competition in May, flew down to Cape Town to be with the children on World Aids Day. She also presented children from Nazareth House with toys.

Nazareth House, in Vredehoek, is a haven for children in need.

Run by Roman Catholic sisters from the Poor Sisters of Nazareth Order, the home shelters abandoned and ill children. It is the only live-in centre for children with Aids in the city.

Speaking to about 300 primary and high school children at the event, organised by Zikhulu Aids Project, Naicker said her main mandate as Miss South Africa was "to work with terminally ill people, those with Aids, cancer and other life-threatening diseases."

The 24-year-old said people had to overcome the stigma attached to people living with HIV/AIDS.

She encouraged them to "come out", and to help to change society's attitudes.

"By declaring that you are HIV-positive you will help overcome some of the stigmas from people's lack of education about the virus," said Naicker.

"Our prejudices will not be here forever. But Aids is going to be here a long time.

"There are many people living with the virus. I believe they should not give up, but do everything to prolong their lives."

"My reign will focus predominantly on Aids and cancer patients. I hope that my contribution will help people change their attitudes and prejudices towards people living with HIV and Aids."

She also challenged the Western Cape to follow KwaZulu-Natal's provincial Aids programme.

"We have nine provinces, but there is only one that has embarked on an Aids initiative. KwaZulu-Natal will be focusing on HIV/AIDS not only on World Aids Day but throughout the year," said Naicker.

"I think that KwaZulu-Natal's initiative should be a learning experience for other provinces," she added.
Outcry over use of placebos in Ugandan Aids drug trial

KAMPALA: The Petra drug trial in Uganda, sponsored by the United Nations AIDS office, has sparked controversy because some pregnant women and their babies are given placebos.

Some mothers are so desperate for a cure that they take part in the trials on the off-chance that they will be among those who receive the drug.

The use of drugs to reduce "vertical" or "in-uterus transmission" of the virus from mother to child is an accepted practice. What has sparked controversy in the Petra trials is that some mother-baby pairs only get placebos.

Trials in the US have proved that AZT reduces babies' exposure to vertically transmitted HIV from one in four to about one in 11. However, at $1 000 (R4 850) a treatment, most women in the developing world cannot afford similar therapy.

In the Petra drug trial, African physicians have combined AZT with another drug, 3-T-C, in an attempt to produce a less-expensive, short-cycle alternative that may prevent HIV transmission to babies.

In the research group, some mothers are given the drugs two weeks before their babies are due. Others receive medication only at the onset of labour. Some mothers continue to get drugs after delivery and some babies are given drugs.

"Maria," one of the volunteers for the trials, has had Aids for several years. "They told us a placebo is a drug where there is no medicine," said Maria. "I did not care, I was looking for something to help me."

Maria, one of the lucky ones, is now the proud mother of a healthy baby girl.

Josephine, 25, is trying to protect her unborn baby from HIV. She says she understands that the medicines don't get the medication, but says she will harvest no ill feeling if she receives the placebo.

Professor Francis Muro, an obstetrician, gynaecologist and member of Uganda's Makerere University Medical College, says his research group is trying to customise treatment to fit African budgets and lifestyles.

"We don't say these patients are different, but our conditions differ so much that what may be practical and easily accessible in the US is impossible here," Muro said.

By running simultaneous trials of several drug combinations, researchers hope to find an affordable combination to stop HIV transmission from mother to child in the shortest time possible.

Another trial uses the short-term drug, Nevarapine. "We give women one dose during labour and a dose to the newborn baby," said Muro. If Nevarapine prevents or minimises vertical transmission, Uganda may have a therapy that would cost under $10 (R48) a patient.

---

I did not care. I was looking for something to help me.
Swopping Aids for schoolbooks in Mozambique

MARY BRAID

Maputo — AIDS may have lost some of its sting in the West but it casts a lengthening shadow over Africa. In central Mozambique an epidemic unfolds.

In the shade of the village mango tree, near Morrumbala in central Mozambique, more than 20 children, some as young as eight, have dissolved into giggles.

In the midday heat Amelia Zeca, their teacher, is struggling to roll a condom over a chewed corn husk. When the rubber rips she turns her attention to the arm of a chair. By then the village headman monitoring this culturally sensitive sex education experiment, and a host of parents watching shyly from the shade of another tree, are also smiling.

"Does everyone know about Sida (Aids in Portuguese)?" Zeca asks. The laughter subsides. She drills them on ways HIV can be contracted. "Does anyone want to die?" she asks. "No," the children chorus, no one wants to die.

This village, like every other in Zambézia province, is struggling to stitch itself back together following the country's brutal 17-year civil war. Just a few years ago the area was deserted. Millions had fled across the border to Malawi to escape the fighting between Mozambique's Frelimo government and South African-backed Renamo rebels. Houses were razed and villages massacred. Millions died until neither side had the energy to slug it out any more.

After peace was brokered in 1992 the refugees streamed back from Malawi. The past echoes on in the mortared buildings and the fenced-off minefields along the verges of the few pitted, surfaced roads. The war bankrupted Mozambique but its economy is showing signs of recovery. But all these precious signs of progress are threatened by a new enemy. In Mozambique it is AIDS. In Zambézia, the refugees carried it back there from Malawi, which boasts one of the worst rates of HIV infection in sub-Saharan Africa.

New United Nations statistics, released to coincide with World AIDS Day yesterday, show that of the 31.6 million people in the world who are now thought to be HIV-positive, a shocking two-thirds are in Africa.

In the West, education, reasonably good healthcare and the discovery of expensive, life-prolonging combination therapies have robbed the virus of some of its sting.

In Africa by contrast, AIDS is claiming victims at breathtaking speed, ploughing through countries whose populations are too worn out to offer much resistance to the disease. Charities such as Save the Children's local project director, points out child mothers as young as 12 tilling the soil in the nearby fields with their babies on their backs.

"In towns, men usually have two or three wives and in rural areas as many as six," she says. "Girls marry as young as 10, often to much older men. Three out of 10 girls are married before they reach the age of 12."

Da Cuíma disperses condoms. In the villages as we tour the district the men look unperturbed. Some believe "Sida" is a government conspiracy to curb their traditional polygamy. Those who do accept the condoms do not always use them for their proper purpose. In some villages we see boys kicking footballs made of blown-up condoms, ropes and banana leaves.

The men have girlfriends and prostitution is widespread. Ironically, the postwar economic revival is helping to spread HIV infection. Morrumbala is again teeming with people, and the local brothel does a roaring trade. Every week a lorry arrives in town to pick up "used" women and deposit another consignment of girls.

The presence of international charities draws one local girl called Anna, 25, to Morrumbala. She found work with the UN high commissioner for refugees. But it wound up a couple of years ago, and the Indonesian worker she was living with returned to his wife. Now she now tawa the bars. If not, she does not eat.

It is the fate of so many local women. "There is no other work," says Anna. Competition for clients is fierce, but she still sympathizes with her rivals. Girls as young as 10 work the bars just to go to school. "They swap sex for money or exercise books," she says. "I really feel for them." Like her they seldom use condoms because most of their clients refuse.

The pieces are all in place for a terrible epidemic. Sexually transmitted diseases (STDs) are widespread and largely untreated (increasing vulnerability to HIV). There are no reliable statistics, but local AIDS workers reckon the HIV infection rate among pregnant women is about 25 percent.

That the local health services are ill-equipped for the crisis is an understatement. Malaria and other diseases which long ago ceased to trouble the West have them beaten. Morrumbala has just witnessed an outbreak of bubonic plague.

"There are no needles, no aspirin, no antibiotics," says one official, who does not want to be named, "except when an official visits."

In the face of such bleak reality, Save The Children believes the only hope is to target the next generation as early as possible. Their controversial sex education pilot only started after they had convinced parents their children not only knew about sex but were sexually active.

Even with education the children who chant about Sida beneath the tree face heavy odds. The social standing of women is unlikely to improve unless the economy takes off. Until then girls and women will not have the luxury of choice or the power to insist on a condom. — The Independent, London
Aids project needs urgency

Challenge faces teachers to impart life skills about the disease to children

By Mokgadi Pela

The challenge facing South Africa is how long it will take for teachers trained in life skills Aids education to impart their knowledge to their pupils.

Addressing a UNAIDS meeting in Pretoria this week, Gauteng director of communicable diseases Dr Liz Floyd said the transmission of newly acquired skills from teachers to pupils should be treated with the urgency it deserved.

"The life skills programme aims to "equip young people not only with information but also with personal skills that will put them in a position to make wise choices in life."

According to Floyd, it is estimated that

- Over 20 percent of women booking in at public sector ante-natal clinics are HIV-positive,
- A total of seven percent of infants born this year carry the virus and
- About 15 percent of young people between the ages of 15 and 30 years in Gauteng are infected.

Biggest problems

Floyd said two of the biggest problems in preventing the spread of HIV were denial of the reality of the epidemic and widespread discrimination against people living with Aids.

"Both these attitudes stand in the way of people taking the precautions that can save their lives and those of their sexual partners and even the lives of their children."

The meeting, the theme of which was "Children living in a world with Aids", started off with a tour of the zoo by children from Bethesda House, the Soweto home caring for children with HIV and Aids.

Speaking on the topic of the private sector and HIV, chairman of New Africa Investment Limited Dr Nthato Motlama said business must "begin to respond to the scourge of Aids in a more positive way as we all know that prevention is the most important way of controlling the disease."
Virodene 'best anti-Aids drug available'

While the controversial Aids drug Virodene is still subjected to intensive testing in South Africa, some European countries are using the drug and successfully treating the virus, according to Zigi Visser, administrator of Cryo Preservation Technologies which has the patent for Virodene P668.

He said doctors and Aids specialists in countries such as France, Portugal, Italy and Spain were successfully treating patients with the drug.

Speaking from Portugal yesterday, Aids specialist Dr A Martina Ferreira said he had been using Virodene for more than a year.

"Since I started using the drug, I have patients coming from all over Europe and they have been doing exceptionally well. They don't suffer from any side-effects except minor nausea, depending on whether the infected person was an alcoholic or drug addict."

Patients who are on Virodene treatment also don't suffer from bone marrow problems, gastric problems or bleeding, as it is the case with other Aids drugs.

In his opinion, South Africans should be allowed to use Virodene. The Medicines Control Council (MCC) has banned the use of the drug in South Africa, saying it is toxic.

But Ferreira disagrees. "Virodene is not toxic. I have done a 150-page scientific research report on the drug and I say it is the best available drug to combat the HIV/Aids-related epidemic."

In yesterday's top editorial The Star reported that Health Minister Dr Nkosazana Zuma told a rally on Aids Day that she would soon be in a position to overrule the MCC and make Virodene available to Aids sufferers.

Zuma said yesterday she had made the remarks in response to questions from journalists after the rally and not during the rally.

We apologise for any inconvenience caused.
Facing AIDS with Fighting Spirit

If was something I never thought could happen to me.
NEW CENSORS PICKED - BUT NAMES ARE BLANKED OUT

Cape Congress postponed in party shake-up

NP acts against errant MP

The new board will operate in accordance with the rules and regulations that have been approved by the party's federal executive council. The board has the power to approve the appointment of the federal executive council and to approve the appointment of the provincial executive councils.

The new board will be elected by the provincial executive councils.

The new board will have the power to appoint the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.

The new board will have the power to approve the appointment of the federal executive council.

The new board will have the power to approve the appointment of the provincial executive councils.
Scientists get AIDS drug interdict

Josey Ballenger

TWO University of Pretoria scientists have been granted an urgent interim court interdict against the trade, dispensing of or further research on the reputed anti-AIDS drug Virodene by the drug's third developer, Olga Visser, and her husband Zigi Visser.

José da Silva, an attorney representing Pretoria University cardiologist, surgery department head Prof Dirk du Plessis, chemical assistant Dr Calie Landauer and eight other members of closed corporation Cryopreservation Technologies, which holds the Virodene P158 patent, said the Pretoria Supreme Court had granted the interdict last week until a hearing next Tuesday. Landauer said the interdict was against two "unscientific" members of the corporation's management — researcher Olga Visser and administrator Zigi Visser — due to their "mismanagement". They could not furnish details as the case was sub judice.

Meanwhile, an SA Police Service narcotics spokesman said that after receipt of an affidavit from the Medicines Control Council last week, the division was investigating the alleged sale and use of the drug, which has severe side effects.

Parents 'should challenge education policies'

Farouk Chothia

DURBAN: Teachers and parents should united to challenge the government's education policies because it would result in a decline in standards in schools, National Party leader Martin van Schalkwyk said at a public meeting yesterday.

Van Schalkwyk said each school should register with a university, and ask it to keep a "watchful eye on standards". This would make it easier for matriculants to enter university.

He said the African National Congress (ANC) wanted to deploy unqualified teachers, who would "not know more than the children", to schools. The teachers were ANC members, and the party was trying to "force" a political agenda on schools.

Van Schalkwyk addressed about 50 NP supporters at a lunch-time meeting at the International Convention Centre in Durban in a campaign to drum up support in KwaZulu-Natal.

Van Schalkwyk lashed out at the truth commission, saying it was granting "blanket amnesty" — but only to ANC leaders.

Criticising the Democratic Party, Van Schalkwyk said the party was short-sighted in challenging the NP in local by-elections such as the one in Roodepoort last week. He said opposition parties should focus on slashing the ruling party's majority.

NORTHAM PLATINUM LIMITED
AIDS AND CONSUMER MARKETS

The virus that kills people attacks our pockets too (ga)

Epidemic will reduce the size of markets for mass consumer goods and change consumers’ spending patterns, say experts

Few retailers realise that Aids will make nearly all South Africans poorer. Over the next decade the epidemic will reduce the size of many markets for mass consumer goods and change consumers’ spending patterns.

“The market populations for certain mass consumer products could be up to 15% smaller by the year 2010 than without Aids,” warns consultant Dr Anthony Kinghorn of HIV Management Services.

Kinghorn says that Aids can be the deciding factor for companies in determining the nature and scale of their investments in mass consumer goods market.

Fashionable clothing, food, footwear, beverages, tobacco, furniture, transport, accommodation and financial services are likely to be most affected, he says.

It is estimated that Aids will curb SA’s total population growth by about 8% by the year 2010. Most vulnerable is the 15-59 year-old age group where the impact could be as much as 8.5%.

Aids will also reduce infected consumers’ disposable incomes as they are forced to shift expenditure towards necessities like health care. Even healthy people will see their incomes eroded by Aids.

Janna Sliwak, a senior manager at Southern Life’s Risk Management Consultancy, estimates that by 2005 the household income of the 4m families who earn between R2 500 and R8 000 a month (in current prices) is likely to be reduced by 20%, due to increased medical aid contributions and taxes as government reacts to rising public health costs (see graph).

“Many families in this market sector will have to change their spending patterns. This has serious implications for SA retailers,” she says. “Because they enjoy less take-home pay, these families will be forced to stay away from upmarket outlets such as Stuttafords, Woolworths and Boardmans, for example, and switch to less expensive stores.”

Woolworths director of retail operations and human resources, Johan van Vuuren, says the company has looked at the future impact of the disease on its market, but only as one of a host of likely future determinants. “We certainly don’t foresee ourselves selling downgraded products or repositioning our market niche.”

Many consumer products are targeted at the middle-income emerging market — the young black adult — which is one of the most vulnerable population groups to the Aids virus.

“For businesses looking for marginal expansion or planning major long-term capital investments to accommodate the projected growth of this market, Aids could be the most critical factor in determining what production capacity will be sufficient,” says HIV Management Services director Dr Malcolm Steinberg.

“Aids has been the swing factor that has forced a few large corporations planning substantial increases to their production capacity to change their investment strategies,” he says.

But Steinberg stresses that there is no reason for companies to panic and withdraw from high-risk sectors. A company should determine the likely impact of Aids on its individual market as it will vary considerably according to the product and consumer profile.

Dr Clive Evan, MD of AIDS Management & Support, was recently consulted by a large cement company concerned that Aids deaths will cause a reduction in the demand for housing. He doesn’t expect there to be a major impact on the market for the next five years, as only then will SA enter the final stages of a full-blown Aids epidemic. “The impact should be gradual which should allow the cement company to plan for it as it goes along.”

Some sectors will profit from the epidemic, especially those in health care as Aids will increase the demand for certain pharmaceuticals, terminal and home care facilities and low-intensity hospitals.

Claire Bissolier

---

**IMPACT OF AIDS ON INCOME GROUPS BY 2005**

<table>
<thead>
<tr>
<th>No of families (millions)</th>
<th>Proportionate reduction in take home pay (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R4 2001 to R7 500</td>
</tr>
<tr>
<td></td>
<td>R7 500 to R12 400</td>
</tr>
<tr>
<td></td>
<td>R12 400 to R18 500</td>
</tr>
<tr>
<td></td>
<td>R18 500 to R25 000</td>
</tr>
<tr>
<td></td>
<td>R25 000 to R35 000</td>
</tr>
<tr>
<td></td>
<td>R35 000 to R50 000</td>
</tr>
<tr>
<td></td>
<td>More than R50 000</td>
</tr>
</tbody>
</table>

Without Aids

With Aids

Source: Demax Life

FINANCIAL MAIL DECEMBER 5 1997
Resolve status of Virodene – Zuma

OWN CORRESPONDENT

Pretoria – Health Minister Dr Nkosazana Zuma has urged the Medicines Control Council (MCC) to work with researchers to speedily resolve the status of Virodene P056.

"The matter is of international interest. It is important that the council and researchers do a proper, credible and legal study that will put the matter to rest," she said.

Dr Zuma again refused to be drawn into influencing the outcome of the MCC's decision whether to legalise Virodene or not, although she has already made her feelings clear regarding the drug.

"I know they are having a meeting, but I don't know whether Virodene is on their agenda.

"But, a proper and a legal study which will tell us the status of the drug should be done. This will put the matter to rest," she said.

Dr Zuma did, however, express her concern that some AIDS patients were using Virodene illegally and said that, if a law was being broken, law enforcement officers would know what to do.

Dr Zuma said the treatment of AIDS was both a South African and international priority.

In a statement released late yesterday afternoon, the MCC said it had decided that there should be a comprehensive review of all the information available on Virodene.

However, the council again reiterated its concerns about the drug and said that, while it supported Dr Zuma's compassion for terminally ill patients who are requesting Virodene treatment, more clinical testing must be done on the drug.

The MCC has recommended that a comprehensive review of all the Virodene data be made.

An urgent meeting be held with the clinicians involved in testing Virodene on their future plans for the product, and

a final decision on the safety of Virodene be made only once a series of research steps have been completed, including gaining finality on the formulation which is to be used, dose, quality and standardisation of the product and the stability of the product both in storage and during administration.
Traditional healers enlisted in fight against HIV-AIDS

Consultants to create awareness

Glynnis Underhill

Cabinet minister Nkosazana Zuma’s Department of Health has enlisted the help of traditional healers to join the fight against HIV-AIDS.

Rose Smart, director of the national AIDS programme, said the department had hired three traditional healers as consultants for six months.

The traditional healers, who diagnose and treat with roots and herbs, would be working with other traditional healers, sangomas and diviners in the communities, she said.

“The department recognises that a big proportion of South Africans go to traditional healers.”

“So we put out a tender for consultants to work with the Department of Health on sexually-transmitted diseases (STDs) and HIV-AIDS,” said Mrs Smart.

The three selected traditional healers were associated with the Nyanga Zezwwe Centre in Johannesburg and would be working in the nine provinces, she said.

“They will be mobilising traditional healers around the issue of HIV-AIDS and STDs and consulting with various communities and leaders,” said Mrs Smart.

Large traditional healer workshops will be staged in each province by the end of March, she said.

“Traditional healers recognise they can treat the symptoms but they cannot cure. But they offer a large range of treatments for various symptoms. Where necessary, they refer the cases to the formal health sector, for example tuberculosis,” she said.

Traditional healers have been co-operating with other AIDS organisations for years, she said.

“The traditional healers we have hired as consultants will be providing basic training in STDs, HIV and AIDS and creating an awareness of the diseases. They will be looking at infection control, for example the sharing of blades and needles,” she said.

“The big issue was to create consensus among traditional healers and the formal health sector that there was no cure for HIV-AIDS, said Mrs Smart.

“Traditional healers have always acknowledged this and, while there are some out there who believe they can cure HIV-AIDS, most recognise that this is not the case. The benefit of intervention and the introduction of programmes like this will help this process,” she said.
Medical trials to be allowed on ‘Aids fighting drug’ Virodene

BY PRISCILLA SINGH
Health Reporter

Holders of the patent for Virodene P668, which researchers claim can halt the advance of HIV/AIDS, have welcomed the Medicines Control Council’s (MCC) softening of its stance on the drug.

Ziggi Visser, administrator of patent-holders Cryo Preservation Technologies (CPT), said they welcomed the MCC’s statement committing itself to allow clinical trials on Virodene, following an outcry from Aids patients who claim the banned drug has helped them enormously.

Visser said the phase 1A clinical trial would be done in the United Kingdom and stabilisation of the drug was being done in another European country. Further investigations into antiviral activity on a cellular level would be subcontracted to a pharmaceutical research firm in Germany.

All data should be complete in three to four months, after which a new protocol for phase III clinical trials can be considered.

Health Minister Dr Nkosazana Zuma yesterday welcomed the announcement, saying she needed to establish whether Virodene was effective.

The MCC announced its turnabout, which allows for renewed research into Virodene, on Friday.

Virodene was formulated by former Pretoria University researcher Olga Visser, cardiothoracic surgeon Professor Dirk du Plessis, and clinical assistant Dr Callie Landaue. 18 months ago, the discovery became public knowledge in January when the trio approached Cabinet for R37 million to continue their research.

They claimed Virodene could reverse full-blown Aids to HIV, but their claims were met with disbelief and suspicion by their peers because the clinical trials were said not to have been conducted ethically.

The MCC banned research on Virodene because the product was made from “an industrial solvent with unknown impurities and was known to be toxic.”

However, on Friday the MCC said it was committed to supporting and facilitating the development of new, safe drugs for the treatment of HIV/AIDS and had the interests of the community in mind.

It said the way in which Virodene was being delivered was unreliable and the doses administered were erratic.

Ziggi Visser, spokesman for CPT, which holds the patent for the drug, said yesterday he had had a look at the MCC statement, and if it was a genuine offer, he welcomed it. By late yesterday, Visser had not yet been contacted by the MCC.

“We still have all the data from the pilot study, including a subsequent toxicology study, which we can make re-available to the MCC,” Visser said.

“If they (the MCC) need another pilot study to facilitate the decision on mercy treatment, none of the original researchers or anyone connected to Virodene or the company can or will be connected to future trial research.”

“It will have to be an independent study which is contracted out to an independent pharmaceutical research firm of our choice,” Visser said.
Virodene — MCC comes on board

JOHANNESBURG: The Medicines Control Council, relenting over a potential Aids drug it has dismissed as toxic, has agreed to allow clinical trials of Virodene if certain criteria are met.

The Medicines Control Council (MCC) has decided to become involved in research into the Aids drug Virodene, and the drug could soon be used in clinical trials if certain conditions are adhered to.

Virodene was formulated 18 months ago by former Pretoria University researcher Ms Olga Visser, cardio-thoracic surgeon Professor Dirk du Flesses and Dr Colte Landauer, a clinical assistant. It became public knowledge in January, when the trio asked the cabinet for R3.7 million to continue their research.

They claimed Virodene could convert Aids to HIV, but their claims were greeted with disbelief and suspicion by their peers because, according to the MCC, the clinical trials had not been conducted ethically.

The MCC, saying the product was made from "an industrial solvent with unknown impurities" and was known to be toxic, halted the research.

However, on Friday, in response to a World Aids Day call by Health Minister Dr Nkosazana Zuma, the council said it was committed to supporting and facilitating the development of new, safe drugs for the treatment of HIV/AIDS.

To this end, the MCC said, it would allow clinical testing of the drug, provided certain criteria were met. It said it was concerned about the drug being administered to patients who had volunteered to use it and that it wished to ensure that testing was reliable and safe.

"There has been no good laboratory data on whether Virodene has any action against HIV," the statement said.

However, Ms Ziggie Visser, spokesperson for Cryo Preservations Technology, which is run by Ms Olga Visser and her colleague, said yesterday that if the MCC statement was a genuine offer, she welcomed it. The company has conducted trials.

Visser said, "We still have all the data from the pilot study, including a subsequent toxicology study, which we can make available again to the MCC."

"If (MCC) needs another pilot study to facilitate the decision about mercy treatment, none of the original researchers or anyone connected to Virodene or the company can or will be connected to future trial research."

"It will have to be an independent study contracted out to an independent research firm."

While the drug was in limbo, researchers had been conducting experiments similar to those carried out by the MCC on Virodene, Visser said. The results would be available in about four months.

"We will give the (MCC) a chance and whatever assistance we can," Visser added.

Welcoming the MCC's announcement, Zuma said she was interested in establishing whether Virodene was effective.

"I believe the MCC will engage in extensive discussion with researchers before the trials commence," Zuma's spokesperson, Mr Vincent Hlongwane, said yesterday.

"All South Africans who are concerned about the HIV/AIDS problem should be encouraged by this development, without raising false hopes for those who have HIV/AIDS."

Zuma was "passionate" about HIV/AIDS, Hlongwane said, and believed that if there was no intervention, "this country is doomed to fail."

The MCC decided that the available data on Virodene, including all the information referred to by local and international researchers, should be reviewed comprehensively.

In researching Virodene, the MCC is to establish details of its formulation, dosage, quality, standardisation and its stability in storage as well as its anti-viral activity — Own Correspondent.
AFRICA focus

More than 20 million with HIV in sub-Saharan Africa

More than 20 million people in sub-Saharan Africa carry the virus that causes AIDS, and most of them don't even know it, an expert on the disease told an international conference yesterday.

"The situation in this region is unprecedented," said Dr Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS. Piot was addressing the opening session of the 10th International Conference on AIDS and Sexually Transmitted Diseases in Africa, a five-day gathering bringing together hundreds of researchers who will discuss methods for stemming AIDS' spread on the continent.

Albright in Africa: US Secretary of State Madeleine Albright sets off today on a seven-nation African tour to assert American interests in a continent often neglected by Washington. Albright is making her week-long trip after less than a year in office. Under present plans, Albright's route will take her to Ethiopia, Uganda, Rwanda, Democratic Republic of Congo, Angola, South Africa and Zimbabwe.
MCC’s nod to Virodene is hailed

By Mokgadi Pela

SEVERAL leading physicians have welcomed the decision by the Medicines Control Council (MCC) to allow further test trials on the controversial Aids drug, Virodene POSS.

The dramatic turnaround by the MCC followed two days of intensive discussion after threats by Minister of Health Dr Nkosazana Zuma to seek powers that would enable her to override the body.

Zuma said it was scandalous for such a body to “have such extraordinary powers as to deny Aids patients the use of Virodene even on compassionate grounds”.

Centre for Epidemiological Research in South Africa (Cersa) director Dr Salm Abdool Karim said “I trust that the MCC is making its decision based on scientific and not political grounds.”

“If the MCC is convinced that Virodene is safe, then I support the decision. In the interests of transparency, it’s important for the MCC to make a public statement on whether Virodene is safe for human trials.”

South African Medical and Dental Practitioners chairman Dr Norman Mahasa said “We welcome the lifting of the ban. We thought it was a hindrance for the MCC to ban the drug without saying when it was going to be given the chance in the field of research so that it could be designed to be more user-friendly.”

Preliminary merit

Dr Nchaope Mokoape said “If the drug has some preliminary merit, it should be put through the entire protocol which is used to evaluate the efficacy of medicines. Its ultimate merit should be rigorously tested. We should, however, guard against falsely raising people’s hopes.”

At its meeting the MCC resolved that:
- There should be a comprehensive review of all the available data on Virodene.
- Noting that Virodene researchers are themselves expressing some concerns about the safety and quality of the product, an urgent meeting will be sought with those involved to get clarity on future plans for the development of the product, and
- To finally get resolution on whether Virodene is safe and effective, a series of research steps will be discussed and implemented. These will include finality on the formulation to be used, dose and route of administration, quality and standardisation of product, stability of product both in storage and during administration as well as antiviral activity.

The drug was suspended after the MCC declared it to be toxic because it contained insolvents that caused fatal liver damage.

“The way in which the drug is being delivered is unreliable and the doses being administered are erratic. There has been almost no good laboratory data on whether Virodene has any action against HIV,” the MCC said.

It also said not enough subjects had been tested for the researchers to claim a breakthrough. Researchers had claimed the drug was able to reverse the status of a person with full-blown Aids to HIV.

The MCC said it supported Zuma in her expression of compassion for “those terminally ill Aids patients who are requesting Virodene treatment.”

“We will give necessary support that will help establish rapid answers to several questions, thus allowing clinical trials to proceed as quickly as possible.”
Optimism after talks on Virodene trials

Dr. Peter Sauer
Health Reporter

Virodene researchers and the Medicines Control Council were "confident" and "positive" yesterday after their first meeting to discuss clinical trials of the drug.

The meeting followed the MCC's announcement on Friday that it was prepared to look at all research and data available and decide whether Virodene could be used in the treatment of Aids.

Virodene's researchers — Olga Vesser, Dr. Calice Landauer and Dr. Dirk du Plessis — have welcomed the move.

Dr. Helen Rees, a member of the MCC and the national convenor for reproductive health, said yesterday's meeting with the researchers was positive and they were "finding a way forward.

Larry Heidebrecht, spokesman for Cryo Preservation Technologies, said the researchers were satisfied that the meeting had gone "pretty well" and that many questions had been answered. On Friday, the council said it supported Health Minister Nkosazana Zuma in her expression of compassion for those terminally ill AIDS patients requesting Virodene treatment.

Mary Crewe, who co-chairs the Aids Consortium and the National Aids Convention of South Africa and also runs the Johannesburg Aids Programme, said she trusted the MCC's integrity with Virodene.

"I hope that the decision that the MCC made was on the basis that the researchers may match the council's standards.

"If there was any political pressure, then it is really disturbing."

"If it does come to clinical trials, we know the MCC will oversee them with the proper controls. It is crucial we don't lose sight of the ethical dimensions of doing trials like this.

"Patients have the right to decide what treatment to use, but can only exercise that right if they know what the treatment is all about. And nobody knows the mechanism by which Virodene destroys the virus."

"Allowing people to take drugs on a compassionate basis should not be on the level of raising false hopes. There isn't a single Aids worker who wouldn't welcome a cheap, safe and effective drug," Crewe said.
Virodene is not being tested in US, says FDA

By Rich Mendez
Washington

South Africa's controversial AIDS drug, Virodene, was not being tested for future use in the United States, according to the Federal Drugs Administration (FDA).

"We have no information on any tests being done on Virodene," said FDA spokesperson Ivy Kupec.

Kupec said after investigation she had found no American company testing the drug using another name.

Drug experts said it was possible Virodene could be tested in the US using a different name given to it by the company which has its patent rights.

Ziya Vissar, administrator of Cryopreservation Technologies, which has the patent for Virodene P053, said last week some AIDS specialists in countries such as France, Portugal, Italy and Spain were successfully treating patients with the drug.

There were also rumors that the FDA has been testing the South African drug to see if it could be licensed.

Kupec said an application to use Virodene in the US could take anything between six months and two years.

"There is a strict procedure. The process begins with an application, and includes a number of procedures such as shipping the drug to several clinics, intensive tests for its effectiveness and side effects, all the way till the law is passed approving the drugs," she said.

AIDS specialist Dr A Martius Ferreira said he had been using Virodene for more than a year and disagrees that the drug is toxic.

"Virodene is not toxic. I have done a 150-page research report on the drug and I say it is the best available drug to combat the HIV/AIDS-related epidemic," Star Foreign Service
Hope for more accessible Aids therapy

Ways examined to prevent pregnant women from passing disease to their babies

By JANICE SIMON

New initiatives to make expensive combination therapy for HIV/AIDS more accessible in the developing world may bear fruit next year.

Glaxo Wellcome South Africa is negotiating with the South African Government on pricing structures for its drugs, based on expected usage, said corporate affairs director Vicki Ehrlich.

Discussions will be finalised only when results from PETRA (peri-natal transmission drugs trial) become available early next year. The United Nations-sponsored PETRA trials are being conducted at two South African and two other African sites, to find out whether giving short courses of the anti-HIV drugs AZT and 3TC during pregnancy and labour will prevent an HIV-positive mother from infecting her baby.

At the same time the Joint United Nations Programme on HIV/AIDS is starting four pilot projects to make expensive antiretroviral drugs accessible in developing countries, where most of the 30 million people with HIV live.

Major multinational companies like Glaxo Wellcome and F Hoffmann-La Roche have confirmed their intention to subsidise drugs for the UN Aids HIV Drug Access Initiative.

Janssen Pharmaceutica NV and Organon Teknika NV have also expressed interest, and discussions are ongoing with others, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The UN initiative will not immediately impact on South Africa, although UNAIDS clinical research specialist Dr Joseph Saba says the organisation will speak to any country which asks for help.

There are also surveys being conducted to see what role non-government organisations can play in making drugs more accessible, adds Dr Sandra Anderson of the UNAIDS inter-country team, eastern and southern Africa. Results should be out late 1998.

Funding is only part of the puzzle, however UNAIDS executive director Dr Peter Piot says the aim is to strengthen health systems to make sure the sophisticated treatments will be correctly distributed and administered.

The drugs include base palliative drugs, the newest antivirals that treat drug-resistant bacterial infections and sophisticated antiretrovirals to fight HIV infection.

Four pilot programmes - in Uganda, Chile, Côte d’Ivoire, and Vietnam - will start next year by setting up a national HIV/AIDS drugs advisory board, and a non-profit clearing house to import and distribute the drugs. Funding will come from the pharmaceutical companies and local health ministries, and from a $1-million (about R4,85-million) UNAIDS subsidy.

None of the four sites is in southern Africa despite UNAIDS identifying the region as the worst hit by the epidemic.

Piot says “To evaluate and perfect the approaches we are trying, we must begin with small-scale pilot programmes. These involve some tough decisions to determine the limits of participation. But the alternative is to do nothing.”

The Drug Access Initiative was crafted over a year of discussions with pharmaceutical and diagnostic companies, public health and policy officials, researchers, health practitioners and HIV/AIDS community representatives.

The four pilots will be evaluated to determine the improvements in overall health care delivery, the number of people receiving the drugs, and the impact of the programme on HIV/AIDS illness and death rates.
Fear of lawsuits hampers AIDS vaccine research

INTERNATIONAL
Ex-teacher feels discrimination

Nokhembunhane speaks out

But what of vaccination?

AIDS: Cheaper drugs on way

EX-TEACHER FEELS DISCRIMINATION

Nokhembunhane speaks out

But what of vaccination?

AIDS: Cheaper drugs on way
WHO IS ... OLGA VISSE? 

The researcher who spoke too soon

Lizeka Mda

Olga Visser is so surprisingly ordinary she easily fits the stereotype of home-maker. But that would be far from the truth. For one thing, this mother of six does not cook, and her husband Zigi swears she is a hopeless slob.

Visser's life is all very well as her interests lie elsewhere. In January this 29-year-old pathologist, a technician who controls the heart-lung machine during open heart operations, was catapulted into the headlines. She together with two cardio-thoracic surgeons from the University of Pretoria, Professor Dirk du Plessis and Dr Kalie Landauer—claimed to have found a formula to stop HIV in its tracks, and possibly cure AIDS.

The scientific, medical and AIDS establishments came down heavily on the three. They had not submitted their work for peer review; and, because no details of their compound — Virodene F668 — were available, there was no way to verify their conclusions.

The Medicines Control Council (MCC) banned the drug and halted its testing as it contained an industrial solvent, dimethylformamide, which the council said was toxic to humans. That was in February.

Three weeks ago, MCC officials raided the Pretoria office and home of Olga Visser, apparently looking for evidence that she and her colleagues were still treating AIDS patients with Virodene. Allegedly, a patient had become ill after being treated with the drug at Visser's instigation, and had reported her to the AIDS Law Project. Visser was adamant that they were not treating any patients.

Visser was probably a desperate attempt by the MCC, pharmaceutical companies and AIDS activists who are trying to bury Virodene before the new health bills come into effect. Zigi Visser frequently speaks for his wife of 15 years. She sits by, chain smokes, and interjects now and then. "But that is confidential, Zigi. You should not be talking about it!"

But the impression that this is the root of her problems. As a researcher she may be cautious and concentrate on inquiry, but that being pipped all the time by the prude her husband has in his achievements, and has awareness of the commercial value of her discoveries.

Two years ago, while working as a freelance cryogenics researcher for Du Plessis, Olga Visser claimed to have developed a cryoprotective formula known as cryopreservation, that would enable human hearts to be frozen without any damage.

This "discovery" made it to the British Sunday Times. The scientific television programme Beyond 2000 included Visser in its South African itinerary. President Nelson Mandela invited her to lunch.

Then European scientists inundated her with queries about her formula where did she publish her work? They could not find anything in Cryobiology or Science.

In the United States, where cryonics — the preservation of human bodies for possible thawing in the future — is big business, these reports created a stir. Just who was this upstart? A cardiovascular perfusionist? What did she know about cryobiology?

Brian Wynn, president of CryoCare, wrote: "This South African thing is beginning to sound like a cold fusion-style public relations gambit to drum up research grants and venture capital from naive investors."

Visser would not give details about her formula, and in the end it was Du Plessis who attempted to describe the experiment. But cryonacists remained sceptical.

However, the Cryonics Institute and Alcor Foundation, rivals to CryoCare, put their weight behind Visser. They sold them exclusive rights to her technology. Alcor flew her to its headquarters in Arizona where she demonstrated her experiment. By all accounts, her demonstrations failed. The rat hearts did not resume beating.

Zigi Visser says there were a number of problems which explain why the experiments failed, not least of which was that Olga Visser had not travelled with her own formula from South Africa.

Fred Chamberlain, Alcor Foundation president, who reportedly paid $35 000 for the rights to her technology, told the M&G that this signalled an end to its association with Olga Visser.

Vital Statistics

Born: July 20, 1958, Mozambique
Defining characteristics: Very stubborn, won't give up on something she believes in
Ambition: To develop an antidote for HIV/AIDS
Favourite car: White Mercedes 300
Favourite people: Chris Barnard, Peter Sellers
Least favourite people: People who talk too much
Likely to say: "I was the first person to..."
Not likely to say: "I made a mistake when..."

Du Plessis believes that their cryoprotective findings were made public too soon, just as many of Visser's supporters in the Virodene fiasco do.

However, there has been criticism of the MCC action as well. While South Africa has been keeping a lid on Virodene, there are clinics in Africa and Europe that claim to have been using the drug and refuse any charges of toxicity.

"I have read your MCC reports," says one French doctor. "and what can I say? They sound like children! All this happened because the researcher opened her mouth too soon. She has no understanding of how this industry works. Pharmaceutical companies have a lot of money invested in AIDS research. If something comes up just like that, that is cheap, it's a problem for them."

"As physicians we are forced to work as if we were in the Middle Ages, in secrecy. I would advise your Visser to shut her mouth and stop talking so much."

It appears Visser's biggest handicap is that she is an outsider. Much of the response to her work has been to question her credibility. Visser says all she ever wanted to do was alleviate suffering. "Nothing has helped before," she says.

Zigi Visser says his wife's Aids findings interested the medical establishment until the patent came up. And the Vissers are not prepared to give the patent up.

"Denying desperate people access to unproven therapies has been known to build underground manufacturers, and that is more risky."

Perhaps the MCC had this in mind on December 5 when it reversed its decision and allowed further research into Virodene. This was a few days after Minister of Health Nikosazana Zuma had declared her intention to reverse the MCC's decision as soon as the law allowed her to. She owed it to HIV/Aids sufferers, she said.
No room at the inn for AIDS children

For AIDS children
The Department of Health has increased the number of HIV/AIDS aware and educated students and educators. The increase in the number of HIV/AIDS awareness workshops and training has led to a better understanding of the disease. essay is about children and HIV/AIDS in institutions.
im-indenting homes, turning sick children away.

Don't at the him for HIV babies.
AIDS impact on family ‘stressful’

By Mokgadi Pola

MEDICARE experts have predicted that the impact of HIV and AIDS on the family will become the principal topic for future research in South Africa.

Writing in the latest issue of AIDS Bulletin, a publication of the Medical Research Council, Ms Joanne Stein of the Centre for Health Policy at the University of the Witwatersrand and MRC says the impact of HIV and AIDS on the household is multi-faceted, in accordance with the progressive stages of the disease.

"...it has been identified as an essential time for the provision of psycho-social support to the family. Family members may experience guilt, anger and fear, including that of infection, as they come to terms with having an HIV-infected person in their midst," Stein said.

She said it was primarily the economically-active young adults who become ill, increased medical and other associated costs occur simultaneously with reduced capacity of breadwinners for work and household incomes; therefore doubly eroded.

"Families are faced with considerable expenditure on medication and food supplementation. HIV-infected mothers attempting to avoid transmission to their infants via breastfeeding also need to buy infant milk formulae.

"Family members may find it hard to accept that their child, spouse or sibling will die of AIDS and spend a lot of time and money in the pursuit of treatment and, in many cases, in the pursuit of a cure," Stein said.
ANC call to legalise prostitution

Bid to curb AIDS

JOHANNESBURG - The African National Congress has adopted a resolution calling on the Government to scrap all legislation making prostitution a criminal offence.

The resolution, adopted at the party's 50th congress in Mafikeng, was triggered by the serious health threat posed by AIDS.

The epidemic affects especially people living south of the Sahara, who account for 60% of the reported cases in the world.

Delegates were told the criminalisation of prostitution was a deterrent to the rigorous monitoring of the health of prostitutes.

The congress resolution called on the Department of Health to take appropriate measures to ensure prostitutes had regular and confidential access to the public health system as a means of curbing the spread of all sexually transmitted diseases.

It also called on the Department of Labour, in cooperation with the Department of Health, to draw up a confidential register of all active prostitutes.

Earlier this year Gauteng led the way, when the provincial cabinet adopted a report, commissioned by Safety and Security MEC Jessie Duarte, which recommended decriminalising prostitution.

The move ensured that while prostitutes' civil rights were protected, pimps and traffickers in child prostitution would become the focus of renewed scrutiny.

Although changes to the Sexual Offences Act of 1957 were necessary to decriminalise the profession nationally, the Gauteng move gave greater protection to prostitutes operating in the province and enabled the law to deal more effectively with the exploitative aspects of the profession.
Free State taking on the HIV fight

By Mokgadi Pela

THE Free State Department of Health has called on non-governmental organisations involved in the struggle against sexually transmitted diseases and Aids to apply for funding before January 29.

As part of boosting the campaign, the department has made available R750 000 for programmes relevant to the provincial HIV and Aids plan. According to Ms J. Wessels of the department of health, interventions that have been prioritised for funding of NGOs and community based organisations include:

- Community-based awareness campaigns and condom distribution campaigns,
- Support groups for people living with Aids, and,
- Community-based and home-based care programmes.

Wessels said queries could be directed to (051) 405-4635 or (051) 405-5028 during working hours.

The call comes against the backdrop of increasing HIV and Aids figures in the Free State and country wide. Latest figures show that over 17.5 percent of women attending antenatal clinics in the province are HIV positive.

The national Department of Health said over 2.4 million South Africans were HIV positive by the end of 1997. The department further said more than 1 000 people acquired the virus daily in the country.