HEALTH AND DISEASE — T. B.

1996 - 1997

US scientists create new germ to fight TB

ARG 24/11/96 (91)

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 vaccines 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 10 times greater than normal BCG.

Dr Young compared the human body's immune response to many batallions 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 bn 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 — Reuter

Thousands of TB vaccine jabs since 1970s 'useless'

(91) Star 2/3/96

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

THE NEEDLE: A woman has her child vaccinated against meningitis, but the efficacy of different vaccinations used worldwide is in doubt PHOTOGRAPH AGENCE FRANCE-PRESSE

Cape Town – Thousands of children have developed serious forms of tuberculosis countrywide over the past 20 years in spite of being vaccinated against the deadly disease because of an ineffective vaccine applicator

In a recent study, Emeritus Professor Maurice Kibel 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 has failed to vaccinate successfully

Kibel 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 into 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

Kibel said the multiple puncture tool was introduced in the mid-1970s to replace the Heaf gun, which had 20 needles and left an "unsightly" scar The tool was meant to be disposable but is being re-used with appropriate 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

Kibel 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," Kibel 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 arms 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 "

Kibel added that the World Health Organisation was in favour of South Africa changing to the more effective intradermal method

TB TREATMENT SUPPORTERS READ JAIL FOR DOCTORS

Thousands of infants exposed by defective injections

■ A Japanese-made multiple puncture tool used to vaccinate babies against tuberculosis, especially TB meningitis, has been found to be ineffective.

ADELE BALETA, 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 applicator.

In a recent study Maurice Kibel and his research team found that a Japanese-made vaccine applicator with nine needles used to immunise infants against TB has failed to vaccinate successfully

Professor Kibel is the former head of Red Cross Children's Child Health Unit

He said in an interview that contrary to parental and health workers' expectations, infants had not been given sufficient amounts of the vaccine, leaving them unprotected

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"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"

Professor Kibel said the WHO was in favour of SA changing to the more effective intradermal method as many countries in Africa were doing

"But the logisitcs of training nursing staff in the needle method are difficult

"If we can show that the multipuncture method is effective when done properly with an effective tool, it would be a major advance because of its applicability to developing countries

Professor Kibel has advised parents not to be dissuaded by his research findings. "Vaccines are very safe and helpful in preventing deadly diseases Infants respond well to vaccines because their immune system is better But if the baby shows no mark or reaction to the first BCG vaccine on the upper arm, the infant should be taken for another BCG at 10 or 14 weeks"

This applied only to the BCG vaccine

World health group to launch global campaign against TB

(91) CT 6/3/96

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 95% 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 Nakajima 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. — Reuter

Santa poised for major anti-TB drive in Cape

ADELE BALETA Staff Reporter (a) ARG 16/3/96

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 campiagns lined up.

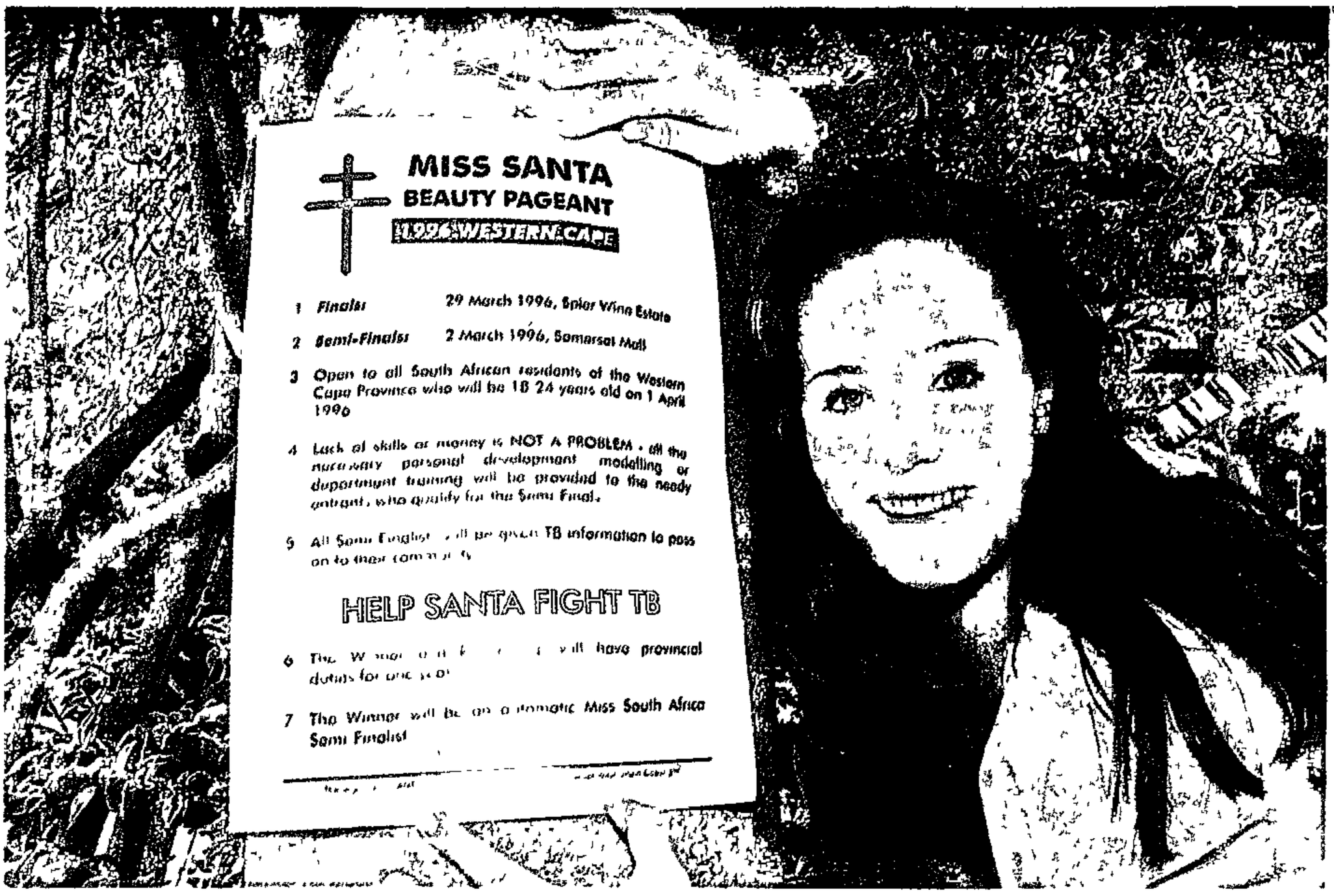
First up is the finals of a beauty contest to be held at Spier on Friday next week

A Miss Santa will be chosen from 10 finalists at a fromal dinner at Spier 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"



Picture OBED ZILWA, Staff Photographer

□ **MISS SA WESTERN CAPE:** Natalie Bernard is using her beauty and talent to fight South Africa's number one infectious disease, tuberculosis

Tuberculosis: A global problem rife in W Cape

ARG 16/3/96 (91)

ADELE BALETA
Staff Reporter

A STAGGERING 80 609 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 80 609 people infected had the most invasive form of TB — pulmonary (lung) TB

TB figures were highest when compared with other infectious diseases (spread from one person to another) Malaria was second with 5 337 cases, followed by measles (3 114), all forms of viral hepatitis (1 510), congenital syphilis (890), typhoid fever (820) and meningoccal infection (336)

Western Cape Santa chairman Dave Perkins said a major reason for the high figures was "poor" TB control programmes, with scant 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 invasive 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

■ Tuberculosis is rife throughout the world and the World Health Organisation, taking note of a rapid rise in the number of infected people, gave it the dubious honour in 1990 of being the first disease to be declared a global emergency

'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 this 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 shown increases 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 29 000 infected people in the Western Cape for example, although the death rate was down and good medication was available

This could be attributed to the fact that at least 30 percent of people did not complete their medication after two months when they started feeling better This was a major headache for everyone involved in the TB arena

The symptoms were fairly dramatic Productive cough, drenching night sweats, combined loss of appetite and weight and listlessness

Although the symptoms might disappear, a sputum test result needed to be free of the bacteria and X-rays needed to be clear

More education, positive staff attitudes, especially among nurses, and more clinics would make for better control of TB programmes, said Dr Perkins

● **Demographic changes** As the health system improved, the child mortality rates dropped

With a population of 40 million, it was estimated 10 million South Africans were infected with TB when they were children (about 1 4) At least 85 percent of these infected children experienced spontaneous healing and 15 percent incomplete healing which meant they had a latent infection.

The disease can be 'woken up' as a result of poor socio-economic conditions

If 15 percent of cases were re-activated in adulthood, then we are looking at 150 000 new cases a year Only half of this amount are being diagnosed nationally because of a lack of clinics especially in Mpumalanga, Eastern Cape and Kwazulu Natal

To add to the high rate of TB from infected children coming down with the disease in adulthood, there is a bigger problem When there are enough new cases of TB, they spread again and people can be re-infected up to four times, usually with a new and different strain

About 60 to 70 percent of new adult cases in Elsies River have proved to be new infections in their epidemic setting of the Western Cape

● **The HIV virus.** HIV is 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 this 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

FRIDAY
MARCH 22, 1996 ★

DRUG-RESISTANT STRAIN IN SA

TB 'could kill 30m in next 10 years' (91)

21/3/96

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 "sloppy" 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

Picture DOUG PITHEY, The Argus

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

IT 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 900 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 whizz-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 Ciba-Geigy, Noristan-Hoechst, 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 lures 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 1986, 97% of cases were found in poor countries

Up to three million deaths and nine million new TB cases were reported in 1995, 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 90 000 new cases and about 2 600 deaths were recorded

The national incidence rate was now 222 per 100 000, but rates for mineworkers 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, and in pockets, 3 000 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 leads 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, said GW's director group public affairs Michael Elves

TB – mankind's biggest killer

Global emergency declared as researchers try to discover new cure

The Argus Correspondent reports from Johannesberg.

TUBERCULOSIS, dubbed the greatest killer of humans in history, has been creating respiratory cripples among the poor for centuries

President Mandela, Archbishop Tutu and ex-Miss Universe Margaret Gardiner are among its former sufferers, Pocahontas and Chopin are among its most famous victims

TB will once again take centre stage this Sunday, which has been declared International TB day, 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 first launched on March 24, 1982, to mark the centenary of German researcher Robert Koch's electrifying announcement that he had identified the bacillus that caused the lung disease

The World Health Organisation [illegible] lobal public March 24 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 unknown bacillus

Complacency in the past is part of the cause of today's problem Much of the developed world endured a centuries-long TB epidemic, probably as a spin-off of the poverty and overcrowding caused by industrialisation and urbanisation

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

In the 1960s and '70s, says Professor Douglas Young of London's St Mary's Hospital Medical School, the incidence of TB in most developed countries slid by up to 10 percent a year Cure rates stood at almost 100 percent

But public interest and funding declined along with the disease's TB monitoring programmes were dismantled before the disease was eradicated

The WHO itself had only one full-time staffer for TB in the 1980s, compared to 40 today, Paul Nunn of the WHO's Global Tuberculosis Programme told a United Kingdom Press briefing last week.

In the developing world, antibiotics eased TB, but never completely eradicated it

In South Africa, incidence rates dropped from 372 per 100 000 in 1963, to 162 per 100 000 in 1986, said Paul van Helden, professor of Medical Biochemistry at the University of Stellenbosch Now the local incidence rate is 266 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, said Dr Nunn, 99 percent of the three million TB deaths a year occur in developing areas

The pandemic appears to be underpinned by drug resistance, HIV and cross-border movements

[illegible]rolled treatment – currently a numbing combination of rifampicin and isoniazid taken for six months – increases resistance

People who don't complete the treatment regime, have not been treated properly, remain infectious, coughing and sneezing enough of the now drug-resistant TB bacilli into the air to infect 10 to 15 others within a year, the WHO said

TB and HIV also form a deadly combination, each multiplying the effect of the other

TB shortens the time from infection with HIV to full-blown Aids It also causes a third of all Aids deaths in the world and 40 percent in Africa States are that by the year 2000 HIV will have caused an additional 1,4 million active cases of TB

Dr Nunn added that up to 60 percent of HIV positive cases seeking treatment are being misdiagnosed, or not being treated properly Most often this is negligence takes the form of medical workers not making sure patients take their medication

Air travel, migration and immigration has swept through international borders In most industrialised countries, half the cases are found among foreign-born people

The WHO has deemed TB a global problem needing global action and thrown its weight behind extending what is known as Directly Observed Treatment, Short Course, or Dots

Dots is a well-known, cheap, but effective means of limiting an epidemic through curing carriers by getting health or community workers to watch patients swallow each dose of the laborious treatment

But it needs political commitment to secure the drug supply, register patients and evaluate outcomes

South Africa's Health Department says its revitalised Tuberculosis Control Programme is following WHO recommendations It is concentrating on Dots and taking steps to maintain a reliable drug supply, provide patient-friendly service and keep a record of those on treatment

A new register and new treatment guidelines had also been drawn up But the process was still mired in transition without dedicated, trained TB staff and budget allocations in all provinces, a spokesman for the Directorate for Communicable Diseases said

More Dots was one approach, but better tools to tackle TB were as important, said Dr Nunn, adding that less than 0,1 percent of world research budgets are directed towards TB

The British pharmaceutical company GlaxoWellcome, which made its fortune on the anti-ulcer drug Zantac, has committed £10 million (about R60-m) over five years to find new anti-TB treatments

Scientists don't understand why and how the bacillus lives undetected for long periods in the very human cells supposed to kill it, nor why it becomes active in only 10 percent of those humans

The 20 academic research groups in the UK, Canada and South Africa are tackling these questions from every conceivable angle

Scientists are talking shop across disciplines from molecular biology to epidemiology, immunology, trying to catch up on the lack of knowledge bred by decades of ignoring the bacillus, and to slash the 10 or more years it takes to develop a drug

The bacillus is a hazard that grows slowly

It is also relatively difficult to get access to patients, but researchers have come up with innovative ways of overcoming these problems

At GlaxoWellcome's vast new research facility north of London, researchers have cloned genes from a marine organism onto a fast-growing non-hazardous mycobacterium called M Aurum

They then used robotics to test compounds against M Aurum, including the Chinese plant Magnolia officialis

The use of robotics rocketed the rate of screenings from 200 a week to 80 000 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 But Groote Schuur researcher Stan Ress said drug resistance and HIV meant that raising living stan-

TB incidence rises with HIV infection

Kathryn Strachan

BD 22/3/96

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 HIV 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 with the rest of the world to mark Sunday as World TB Day

Emergence of new multidrug-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 multidrug-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 Organisation's control strategy where patients are given a short course of treatment directly administered by a nurse. At present, patients are given a wide array of medicine 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 Mpumalanga 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

BD 22/3/96

CAPE TOWN — Incriminating 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 there was a debate within the commission about the status of information supplied by victims of 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 attorneys-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 attorneys-general would increase the pressure on offenders to apply for amnesty and raised the possibility of a flood of applications in December.

Perpetrators have the rest of this 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 as complete a picture 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 60 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 had already taken place, he said, adding that they would get under way in the regions early next week. Serving 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

Star 22/3/96 (91)

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

By Janine Simon
Medical Correspondent

Tuberculosis, dubbed 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 "Kansas City" Cyril Bongani Mchunu, among its former sufferers, and Pocahantas 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 Organisation (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 bacillis

Past complacency is part cause of

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 spinoff 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 in 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 programmes were dismantled before the disease was eradicated The WHO had only one full-time staffer for TB in the 1980s, compared to 40 today, Dr Paul Nunn of the WHO's Global Tuberculosis Programme told a UK press briefing last week

In the developing world, antibiotics eased TB, but never eradicated it

In South Africa, incidence rates dropped from 372 per 100 000 in 1963 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 Nunn, 99% of the 3 million TB deaths a year occur in developing areas

The pandemic appears to be underpinned by drug resistance, HIV, and cross

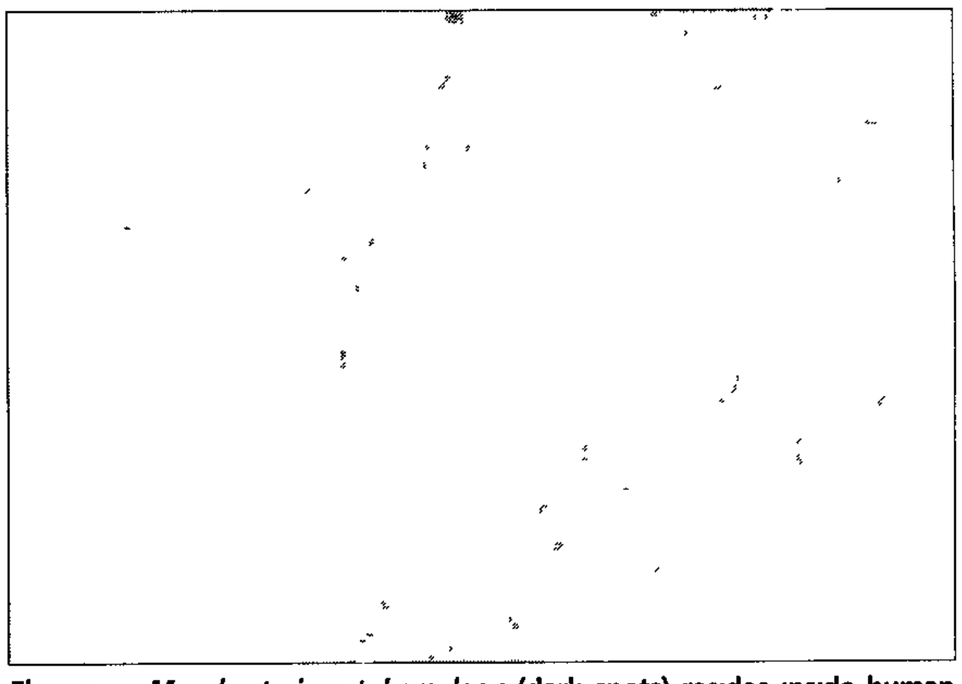
Regime . two hands can barely hold 18 days of treatment for tuberculosis.

border movements

Poorly controlled treatment – currently a numbing combination of *rifampicin* and *isoniazid* over six months – feeds resistance

People who don't complete the treatment regime, or have been improperly treated, remain infectious, coughing and sneezing enough of their now drug-resistant TB bacilli into the air to infect 10 to 15 others within a year, the WHO says

TB and HIV also form a deadly com-



Elusive ... *Mycobacterium tuberculosis* (dark spots) resides inside human macrophages where it can escape detection by the immune system for years.

bination, each multiplying the effect of the other

TB shortens the time from infection with HIV to full blown Aids It causes a third 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, Nunn says

Air travel, migration and immigration have swept TB through international borders In most industrialised countries, half the cases are among foreigners

The WHO has deemed TB a global problem needing global action, and thrown its weight behind extending Directly Observed Treatment, Short Course, or DOTS

DOTS is a known, cheap and effective means to limit an epidemic by curing the carriers Health workers watch patients swallow each dose of the treatment, but it needs commitment to secure the drug supply, register patients and evaluate outcomes

South Africa's Department of Health says its revitalised Tuberculosis Control Programme is following WHO recommendations It is concentrating on DOTS, taking steps to maintain a reliable drug supply, provide patient friendly service and keeping a record of treatment

There's a new register and new treatment guidelines, but the process is still mired in transition without dedicated, trained TB staff and budgets in all provinces, said a spokesman for the Directorate for Communicable Diseases

More DOTS is one approach, but better tools to tackle TB are as important, says Nunn, less than 0,1% of world research budgets are directed towards TB

The British pharmaceutical company, GlaxoWellcome, has committed £10-million (R60-million) over five years to find new targets for anti-TB therapies

Scientists don't understand why and how the bacillis 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 at those 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

Department of Health has commited itself to fight

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

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

At GlaxoWellcome's new medicines 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 aurum*

They then test compounds, including the Chinese plant Magnolia officialis, which might be effective against TB using robotics which have rocketed the rate of screenings from 200 a week to 80 000 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 researcher Dr Stan Ress, says drug resistance and HIV alone won't be enough

But if a drug is developed, will developing countries like 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

(91)

By Janine Simon
Medical Correspondent

Star 22/3/96

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 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 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 mineworkers 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.

▶ New look at TB cure
Page 1-

First World Tuberculosis Day as easily stopped disease tightens deadly grip

(91) Star 23/3/96

By JACQUI REEVES

In 1947 a young Sophiatown boy was suffering from chest pains, night sweats and a cough that just wouldn't go away

His friend, Trevor Huddleston, recognised the symptoms as tuberculosis and rushed him to Coronation Hospital

The lungs of the dangerously ill 15-year-old were haemorrhaging, and doctors warned Archbishop Huddleston that his young friend might die.

Global effort

After 22 months of treatment, the boy was discharged, totally free of the disease, and went on to become one of South Africa's most well-known figures, Archbishop Desmond Tutu

Tomorrow sees the launch of the first World Tuberculosis Day, with high-profile patrons like Tutu and President Mandela putting their weight behind this global effort

The establishment of World TB Day is a vital step in combating the disease, Tutu believes

"We thought this disease was under control, and that we were winning the battle against it, but it's increasing in epidemic proportions and we have to take serious action to beat it," he said

Every second of the day, someone in the world becomes infected with the tuberculosis bacillus, in South Africa, another person is infected every 40 minutes

Currently, one-third of the planet suffers from this potentially lethal disease, and the numbers are increasing

Joyce Lotter of the Health Department says one of the most frightening aspects of the disease is the powerful impact the HIV virus is having on TB

"HIV and TB are known as the terrible twins, because when the HIV weakens a person's immune system, they are 30 times more likely to contract TB," she says

The World Health Organisation has estimated that by 2000, HIV will produce 3 million cases of TB that would otherwise not have occurred

The treatment for TB is relatively cheap and easy to administer, but a new strain of the virus is threatening to set the treatment of TB back into the Dark Ages, making it potentially incurable

The problem is called multi-drug-resistance (MDR) and results from inconsistent or partial treatment

"We are all guilty at one time or another of not completing a 10-day course of antibiotics – but with TB the course is six months, and people stop taking their drugs as soon as they start feeling better, but they are not cured," Lotter says

Researchers estimate there may already be more than 50 million people worldwide infected with a TB strain that is resistant to one or more of the more common anti-TB drugs

"MDR patients can't use the normal, inexpensive medication – they require special treatment which is exorbitantly expensive," Lotter says

Communities can be debilitated by the TB virus because of the massive effect it can have on the workforce

Nearly 80% of South Africa's TB patients are between 15 and 59 years old, in the peak of their earning capacity, leaving their families to cope with lost wages

Lotter makes a plea to employers not to dismiss infected workers, but rather to take a proactive role in fighting the problem

"Direct-observed treatment provides a standardised combination of the most effective medicines, which are given to the patients and overseen by, for example, a family member or employer

Change image

"In this way the patient is sure to take the medication and can be back to full working capacity in a few months It also prevents the problem of multi-drug resistance," says Lotter

A strict regime of medication, a good diet and rest are essential for TB sufferers, while the perceived image of the disease has to be changed

"People must get over the idea that TB is a disease to be ashamed of It has been stigmatised and people are afraid to admit that they have it, but we have to band together and fight it together," Tutu says

FIGHTER: Archbishop Desmond Tutu nearly died from tuberculosis as a young boy and is putting his weight behind the anti-TB campaign

TB kills more in SA than all other diseases

(91)
ARG 23/3/96

Own Correspondent

AIDS may strike fear into the hearts of men and women, but tuberculosis 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

Tuberculosis : a global emergency

(91) 23/3/96 (91) ARG 23/3/96

TUBERCULOSIS (TB) is the world's leading infectious killer of adults, and is expected to kill 30 million people during this decade Twenty-six percent of the avoidable adult deaths in the developing world can be attributed to TB, says a spokesperson for SANTA

The disease has reach astronomical proportions one third of the world's population is already infected, and someone is infected each second of every day

As the disease spreads through the air and by relatively casual contact, one carrier can be expected to infect 10 to 15 people in just one year

It is believed an additional 300 million people will become infected with TB within the next 10 years

Incredible spread

To add to the incredible spread of this killer it appears TB drugs may soon become obsolete, as the disease evolves into more resilient forms with each treatment More than 50 million people may already be infected with the drug-resistant TB bacteria, which is the result of poorly-managed TB control projects Treatment for the disease is relatively inexpensive, costing a US outpatient around $2 000 The cost, however, escalates to $250 000 if the patient is infected with the multi-drug resistant TB bacteria

Even though infectious diseases cause nearly 30 percent of the deaths in poor countries, only 1,5 percent of all foreign aid received is for the treatment of contagious illnesses

Female deaths

Women, children, refugees and travellers are most at risk, with TB being the leading single infectious cause of female deaths – more than a million women die each year, as a result of the disease

The number of orphans created each year by TB continues to grow, and the number of children under the age of 15 infected with TB in the United States of America increased by 35 percent between 1985 and 1992

TB is also the leading cause of deaths in HIV-infected patients, and it is estimated that 266 000 HIV-positive people will die from TB this year

DOTS treatment

The directly observed treatment shortcourse (DOTS), which involves the observation of the swallowing of each dose of medicine is an effective manner to combat the disease

If a patient should forget to take his medicines, as may be the case outside the DOTS programme, he may not be cured, will continue to infect others and may develop drug-resistant TB

The treatment for the disease is relatively inexpensive, with TB medicines which are more than 95 percent effective costing as little as $11

For more information on the disease, or to offer your help in combating the spread of TB, contact SANTA in Cape Town on 696 5128/9

BEATING TB: Among those saved from TB are celebrities like President Mandela, Bishop Tutu and Margaret Gardner, who is seen here holding the sunflower logo of the Western Cape TB Alliance The logo was designed to introduce the DOT (Directly Observed Treatment) programme which was developed to cure TB

Working together to fight TB

WORLD TB Day will take place on March 24 this year and the TB Alliance will be using the day to highlight the importance of togetherness in fighting this disease

Annually 895 people die of Tuberculosis in the Western Cape, and three million globally Yet a cure for the disease was found 40 years ago

The combination of education, health care and patient support can help prevent the spread of the disease and for this reason the TB Alliance will host a collaborative march and ceremony at the Guguletu Sports Complex on World TB Day

The march and ceremony aim to draw awareness to TB in the Cape and to the fact that the disease is curable Among those saved from TB are celebrities like President Mandela, Bishop Tutu and Margaret Gardner

The march will begin at the Manenberg Police Station at 13h30 on March 24, and proceed to the Guguletu Sports Complex During the ceremony a specially written TB song, Together we stand, will be sung

Those present will notice the three sunflowers which make up the logo of the Western Cape TB Alliance The logo was designed to introduce the DOT (Directly Observed Treatment) programme which was developed to cure TB

The sunflower, a symbol of life and vitality, illustrates the togetherness, upliftment and hope the TB Alliance provides

The intertwined flowers represent the joint efforts of the three major players, non-governmental organisations, health providers and the community For TB patients it is the promise of a healthier future

Together we stand

Sometimes it's hard for me to understand
Why we pull away from each other so easily
Even tho' we're all walking the same road
Yet we build dividing walls between our brother and ourselves

But I, I don't care what label you wear
If you believe in unity, you belong with me
The bond we share, is all I care to see
And we can change Cape Town forever
If you'll join with me, join and sing

Chorus
You're my brother, you're my sister
So take me by the hand
Together we will work to fight TB
There's no disease that can defeat us
When we're walking side by side
As long as there is hope
We will stand!

The day will come
When we will be as one
And with a mighty voice
Together we will proclaim
That TB, TB can be cured
It will echo thro' the earth
It will shake the nations
And the world will see

World TB Day programme

March 24
Awareness March, from Manenberg Police Station to Guguletu Sports Complex, starting at 13h30

Programme
(commencing 14h30)

Opening prayer
Father Basil van Rensburg (St Gabriel's Catholic Church, Guguletu)

Welcome
Explanation of the purpose of World TB Day by Mr Lyndon Barends, Project Manager of the Western Cape TB Alliance

Messages of support
Prof Glatthaar to read messages from President Nelson Mandela and Ms Margaret Gardner

Singing item
Ms Smith and Ms Coetzee, project staff, and the Kuils River Youth Choir

Guest speaker
Archbishop Desmond Tutu

Rap item
PEACE (Peace Education And Community Entertainment)

Message from ex-TB patient

Messages of encouragement to TB patients, communities and role players
Minister Ebrahim Rasool

Singing item
Together we Stand

Vote of thanks
Ms G Sogaxa (Community Representative)

Closure
The National Anthem

'Control sexual diseases'

CHRISTINA STUCKY
Own Correspondent

WITH tomorrow being World TB Day, the Reconstruction and Development Programme has awarded R10 million to the Department of Health to help combat the spread of sexually transmitted diseases and tuberculosis .Both are closely linked to Aids0 – and they have a severe impact on the lives of South Africans.

BEFORE the outbreak of the Aids epidemic, sexually transmitted diseases (STDs) were virtually ignored

More recently, as the link between STDs and the human immuno-deficiency virus (HIV) was established, STDs were given "a new priority and resources became available", says Glenda Fehler, a medical scientist and project co-ordinator for the National STD Reference Centre in Johannesburg

The World Health Organisation (WHO) estimated that in 1993 the annual prevalence of STDs was 11 percent among the sexually active population in South Africa

Each year, three million cases of STDs are diagnosed, with many people contracting more than one STD

The consequences of these diseases are grave abortions, infertility, still births, cancer and life-long effects on children born to mothers infected with an STD Some STDs, such as certain forms of genital ulcers, can increase the risk of contracting HIV tenfold, says Ms Fehler

"If we can control STDs we will reduce the burden of STDs on society as well as slow the spread of HIV," she says, pointing out that detecting the diseases at an early stage, encouraging the use of condoms and improving treatment all benefit the fight against Aids

The Reference Centre was established in 1994 on a three-year contract as part of a national effort to fight STDs and Aids. The R7 million allocated to the centre will enable it to continue its work for another three years.

In the short term, the goals of the centre are to monitor the surveillance of STDs throughout Southern Africa in order to detect patterns of resistance and determine the extent of the influence of HIV, and to conduct research on prevention, control, treatment and management of infected patients as well as their contacts to form a basis for making national recommendations

Two of the most important objectives, however, are the provision of information to the provinces and training health workers

Because of the stigma attached to these diseases, it is vital that patients feel that doctors and nurses will treat them without prejudice If patients are can trust the health workers they are more likely to visit clinics, consequently improving the cure rate.

As part of their mandate, representatives from the Reference Centre have visited every province to speak to roleplayers – a task made difficult by the fragmentation of health services, Ms Fehler said

New TB programme saves money and lives

(91) Sowetan 25/3/96

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 *inyanga* (traditional healer) Now she is back, and may have to stay for up to six months in Tintswalo Hospital in Bushbuckridge, more than 150 kilometres from her home in Lydenberg

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 specialised TB drugs, and thousands more to treat her at Tintswalo Hospital

Staff at Tintswalo'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 Tintswalo 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, Tintswalo 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 Wits University's TB research programme at Tintswalo

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 their 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 percent to more than 80 percent in less than a year At Tintswalo, 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 *inyangas*, who sometimes tell them to stop taking TB medicines

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

Inyangas, 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 *inyangas*, 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 *inyangas*," says Sekatane

The R60 000 patient...Margaret Manzini requires sophisticated, diligent tuberculosis treatment.

TB scam claimed over state handouts

(9/) ARG 26/3/96

Patients 'stay ill' to get disability grant

PIETER MALAN
Staff Reporter

THOUSANDS of tuberculosis patients in the Western Cape are suspected of not taking their medicine 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 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 Annie 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

WHO strategy aims to curb killer TB in SA

(91) ARG 18/4/96

If tuberculosis (TB) is not treated it is a lethal disease.

According to the Department of Health, an estimated three million people will die of TB worldwide this year, while there were about 3 000 deaths notified from TB in 1995.

TB kills more adults than any other infectious disease, more than Aids, diarrhoea, malaria and other tropical diseases combined.

TB is a highly infectious disease. People are infected by breathing in the droplets which float in the air after someone with untreated TB coughs. In fact, one out of every three people in the world have already become infected with TB

However, not everyone who is infected becomes ill with TB, but it still remains a major cause of illness. Over 90 000 South Africans became ill with TB last year.

The annual number of people who have become sick with the disease has increased by more than one third over the last 10 years in South Africa.

The TB epidemic has been accelerated by the growing prevalence of HIV infection. By destroying the body's immune system, HIV makes it 30 times more likely to become sick with TB once a person is infected.

> **"TB kills more people than Aids, malaria combined"**

TB has become an even greater menace to the public as a result of new drug resistant strains which are the cause of about 1% of new cases in South Africa. These cases are difficult and very costly to treat.

Fortunately, there is an effective cure for TB

In response to the public health emergency of TB in South Africa, the Department of Health, in consultation with the Global Tuberculosis Programme of the World Health Organisation is reorienting the National TB Control Programme to implement an effective strategy for curing those who are spreading TB at the first attempt.

The goal is to cure at least 85% of patients who are coughing up TB bacilli in their sputum.

The strategy includes using smear microscopy for diagnosis, a patient-friendly approach to TB management, directly observed treatment using a cost-effective set of treatment regimens, monitoring treatment outcomes and improved management.

An important part of the new strategy for TB control is the implementation of a new standardised TB register which was initiated in January 1995

The new register gives a more accurate picture of cure rates and helps identify areas of the country where the TB programme needs to be strengthened.

As part of the efforts of the Department of Health to improve TB control in South Africa, a major review of the TB Control Programme will take place in June this year.

Participants in the review will include national and international experts, as well as the people who are fighting TB at provincial and district levels.

The review will provide a situational analysis of TB control in South Africa, will identify solutions to the problems being encountered in each province, and will give recommendations on how to improve TB control throughout the country

Implementation of the recommendations of the review will only be successful with the commitment of patients, community members, nurses, doctors, and health officials at all levels.

Mark Resnik of Lifecare .. To organise 90 facilities nationwide is a feather in the cap of the National Hospital Network.

Network ensures a facility wherever a patient needs it

The need to drive change in the provision of quality, cost effective health care, as well as Government's proposal to introduce a compulsory hospital insurance plan for all salaried employees, has led to the formation of the National Hospital Network (NHN), South Africa's largest network of private hospitals and day clinics, according to Mark Resnik of Lifecare.

The NHN comprises of 90 health care facilities spread across the country providing over 6 000 beds and offering the most comprehensive range of services and delivery points throughout the country

Participants in NHN are Hospiplan, Lifecare Clinics, Maddocs Healthcare Organisation, Muelklin Group, PE Medical Group, Presmed and numerous independent hospitals and day clinics.

To organise the 90 facilities is a feather in the NHN cap; the only two groups offering private health care are Clinic Holdings with more than 20 hospitals and Apex Healthcare with 36.

Carl Grillenberger (Presmed), Dr Sam Rossolimos (Maddocs) and Mark Resnik, the driving forces behind the NHN, promoted this affiliation due to the rapid escalation in hospitalisation costs, which is making private hospital care unaffordable for many people and unacceptable to the funders of health care.

"We will embrace the principles of managed health care where cost is controlled, quality maintained and hospitals sharing the financial risk with the funder," says Resnik.

The geographical distribution of the network means that there will always be a NHN facility near the patient. This is especially useful for travellers.

Doctors are a vital link in this provision chain and as such, NHN will encourage doctors to participate in the managed health care programmes being implemented at these facilities.

"This participation will help drive costs down and make doctors effective partners in the quality control programmes being implemented," concludes Resnik.

HEALTH

TB declines in Western Cape

ARG 22/5/96 (91)

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 27 852 cases in 1993 to 20 385 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 say cautiously We are beginning to win"

The number of TB cases in the Western Cape doubled in the eight years from 1985 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 heads for HIV and TB explosion

ST(CM) 2/6/96 (91) (92)

By CHARL DE VILLIERS

CAPE TOWN could earn the chilling distinction of becoming the world's HIV and tuberculosis capital by the time it hopes to host the 2004 Olympic Games, says a University of the Western Cape public health specialist

According to Professor David Sanders, the Western Cape is heading for an "explosion" of Human Immuno-Deficiency Virus and TB infection within the next 10 years if the diseases are not treated as socio-economic problems

"It will be a stark image to have South Africa hosting the 2004 Olympics in the TB and HIV capital of the world," says Prof Sanders, who heads UWC's public health programme and is a contributing author to a forthcoming book on AIDS, , *Questioning the Solution*

"It is becoming increasingly clear to public health workers that HIV, like TB, is a social disease Unless that nettle is grasped, and vigorous measures are taken to address socio-economic problems, neither condoms nor treatment of TB alone will stem the spread of these diseases," he said this week.

Because of impaired immunity, HIV-positive individuals were particularly at risk from TB .

"In many countries, such as Zimbabwe, successful TB control programmes have been shot to bits with the advent of HIV," he said.

Under-nutrition, overcrowding and poorly ventilated housing in the Cape Flats had already resulted in Cape Town gaining its reputation as the tuberculosis capital of the world

Poverty and the breakdown of family life by the migratory labour system had led to many individuals having multiple sexual encounters which were often associated with sexually-transmitted diseases, genital sores, limited use of condoms and heightened risk of HIV infection.

"The HIV situation in the Western Cape is not that serious at present, in that less than one percent of the population is HIV-positive But the doubling time in all parts of South Africa seems to be 12 months

"So, in my prediction, unless something is done to reduce the transmission of HIV, a combination of a rising prevalence in HIV infection in the context of widespread TB is explosive," he says

The delay was due to the fact that their examinations were rescheduled as a result of some problems experienced during the 1995 academic year The current position is that all examination results have been released and graduation ceremonies have been held in about three colleges

The information regarding the following provinces is not readily available because these provinces have not responded yet

KwaZulu-Natal
Northern Province
Free State

(2) No

Academic hospitals: budget/bed occupancy rate

199 Ms N E MASANGO asked the Minister for Health †

What was the (a) budget for and (b) bed occupancy rate at each academic hospital in (i) Gauteng, (ii) KwaZulu-Natal, (iii) the Western Cape, (iv) the Northern Province and (v) the Eastern Cape in 1995?

N356E

The MINISTER FOR HEALTH

Province	*Hospital*	*(a) Budget 1995/96*	*(b) Bed occupancy*
Gauteng	Baragwanath	R307 326 000	64,3%
	Coronation	R 55 276 000	47,1%
	Ga-Rankuwa	R255 079 000	71%
	Hillbrow	R119 447 000	60,8%
	H F Verwoerd	R246 823 000	81,3%
	J G Strijdom	R 71 803 000	82%
	Johannesburg	R354 585 000	110,4%
	Kalafong	R126 112 000	78,8%
KwaZulu-Natal	King Edward VIII	R265 203 000	87%
Western Cape	Groote Schuur	R327 427 500	86,7%
—	Red Cross Children's	R 83 949 000	69,57%
	Tygerberg	R377 166 000	80,9%
Northern Province	No academic hospitals		
Eastern Cape	Umtata General	R206 000 000	100%

Motor-cars used by former heads of Government/Ministers/officials

271 Mr M F CASSIM asked the Minister of Transport

(1) Whether motor-cars used by former heads of Government, Ministers and officials which were not handed over at the time of the current Government taking office have all been recovered in good and sound condition, if not, why not, if so, (a) which cars were recovered, (b) from whom and (c) in what condition,

(2) whether he will make a statement on the matter?

N472E

The MINISTER OF TRANSPORT

On behalf of the Minister of Transport, the Department of Transport, in co-operation with the nine Provincial Governments, has gathered and co-ordinated the information as requested

(1) According to the various Provincial Governments all the vehicles utilised by the former heads of Government, Minister and

officials have been accounted for Most of the vehicles used by heads of Government and Ministers in the former KaNgwane and Bophuthatswana were sold back to the relevant Office in good condition The vehicles belonging to Political Office-Bearers in the former KwaNdebele were all privately owned

(2) No

Unused beds/wards in hospitals

358 Mr M J ELLIS asked the Minister for Health

How many (a) beds and (b) wards were not utilised in 1995 in each hospital falling under the control of her Department?

N611E

The MINISTER FOR HEALTH

The Department has no hospital falling under its control

Deaths resulting from cancer

394 Mrs P W CUPIDO asked the Minister for Health

How many deaths resulting from (a) breast, (b) cervical, (c) lung and (d) oesophageal cancer occurred in each of the provinces in (i) 1993, (ii) 1994 and (iii) 1995?, N705E

The MINISTER FOR HEALTH

The latest verified statistics available are 1992 statistics and published in 1994

Cancer mortality data is not aggregated according to Provinces

Number of deaths (Rate per 100 000 population in brackets)

Year	*(a) Breast*	*(b) Cervical*	*(c) Lung*	*(d) Oesophageal*
1988	1 291 (8,9)	1 373 (9,4)	3 655 (12,4)	2 710 (9,2)
1989	1 190 (8,0)	1 218 (8,2)	3 168 (10,5)	2 343 (7 8)
1990	1 079 (7,1)	965 (6,3)	2 879 (9,3)	1 799 (5,8)
1991	1 269 (8,1)	1 133 (7,2)	3 243 (10 4)	1 971 (6,3)
1992	1 252 (7,8)	1 105 (6,9)	3 398 (10,6)	2 041 (6 4)

% Ranking of neoplasm mortality 1992 in the Republic of South Africa (previous boundaries) with relation to the total population

	Number	*Percentage*
All neoplasms	19 002	—
Bronchus and lung	3 398	17,8
Oesophagus	2 041	10,7
Female breast	1 252	6,6
Lymphatic and haematopoietic tissue	1 220	6,4
Stomach	1 172	6,2
Colon and rectum	1 138	6,0
Liver	1 115	5,9
Cervix uteri	1 105	5,8
Prostate	983	5,2

Source Central Statistical Service 1992
Health Trends in South Africa 1994

Occurrence of tuberculosis

411 Dr R T RHODA asked the Minister for Health †

What was the occurrence of tuberculosis per 100 000 of the population in each of the provinces as at the latest date for which information is available?

N722E

The MINISTER FOR HEALTH

According to the latest available notification data received by the National Department of Health for 1995 the tuberculosis incidence rates for each of the provinces is as follows

Province	*Incidence Rate (per 100 000)*
Eastern Cape	191 83
Free State	311,22
Gauteng	193 62
KwaZulu-Natal	111,14
Mpumalanga	81,63
Northern Cape	409 46
Northern Province	40 70
North West	151,84
Western Cape	682,22
South Africa	200,12

Teachers: voluntary retrenchment packages/redeployment

436 Mr M J ELLIS asked the Minister of Education

How many teachers in the Western Cape have accepted (a) voluntary retrenchment packages and (b) redeployment in terms of the Government's plan to reduce the number of teachers in the province?

N750E

The MINISTER OF EDUCATION

(a) A voluntary severance package is in the process of being made available to teachers Details regarding this issue were made available to provincial education departments who will soon be in a position to make details available to all teachers As this process has not yet been completed no teacher has as yet had the opportunity to apply for such a severance package

(b) The redeployment of teachers is also still in a process of preparation and no teacher has as yet been formally identified as in excess of an institution's staff establishment No teacher has therefore yet accepted redeployment

New airport at La Mercy

443 Mr Z D MNGUNI asked the Minister of Transport

(1) Whether the Government has decided to build a new airport at La Mercy, if not, what is the position in this regard, if so, (a) when were the first steps taken towards developing such an airport, (b) when is it expected that this airport will be operational and (c) what will be the projected cost of building this airport,

(2) whether any land had been expropriated or purchased for this purpose, if so, (a) when was the land purchased or expropriated, (b) who were the owners of the land and (c) what was the cost involved,

(3) whether the Government has decided to spend approximately R214 million to upgrade the existing airport at Durban, if not, what is the position in this regard, if so, why, in view of the Government's intention to build a new airport at La Mercy?

N758E

The MINISTER OF TRANSPORT

(1) The Government has decided not to build a new airport at La Mercy now The position in this regard is that it is only economically viable for the Airports Company Ltd to commission and operate a new airport once Durban can sustain 5,5 million passengers per annum Current traffic forecasts indicate that the existing two million passengers per annum will grow to 5,5 million by 2010

The estimated cost of the proposed new international facility at La Mercy is R1 billion However, the implementation date of the new airport will be continuously reviewed and the projected construction date altered if necessary

(a) Falls away

(b) Falls away

(c) Falls away

(2) Yes

(a) Land was purchased in 1972

(b) Tongaat

(c) ± R8,32 million

(3) Yes This is the most cost-effective manner in which to provide Durban with major airport facilities until approximately 2010 The reason for this expansion programme is directly linked to the Department's decision to postpone the building of the new airport at La Mercy, as explained in (1) above

Prison officials: corruption/malpractices

502 Mr A J LEON asked the Minister for Safety and Security

Whether investigations have been initiated in respect of any persons in connection with the report of the Van der Watt Commission of Enquiry into corruption and malpractices by prison officials in the awarding of tenders for the supply of food to prisons, if not, why not if so, what are the relevant details?

N864E

The MINISTER FOR SAFETY AND SECURITY

Yes

Further investigations have been initiated into alleged corruption and malpractices by prison officials (and others) in the awarding of tenders for the supply of food to prisons resulting from the report of the Van der Watt Commission of Enquiry

The Pro-Tol Foods case, as it is commonly known, has since been referred to the Attorney-General of the Witwatersrand Local Division for his decision whether, and whom, to prosecute Consequently the case is *sub judice*, and the Commercial Crime Component of the SAPS is in no position to disclose the names of any suspects at this stage

Amounts paid in respect of damages claims

505 Mr D H M GIBSON asked the Minister for Safety and Security

Whether he will disclose the (a) amounts paid to claimants of damages against the police Minister, and (b) amounts in legal costs awarded against or negotiated by the Minister in respect of damages claims, in (i) 1993, (ii) 1994 and (iii) 1995, if not, why not, if so, what are the relevant figures in each case?

N867E

The MINISTER FOR SAFETY AND SECURITY

(a) *Financial Year*

1993/94 *R16 968 479,03

1994/95 R19 569 565,97

1995/96 *Amount not available

(b) (i) 1993/94 R10 611 941

(ii) 1994/95 R10 721 738

(iii) 1995/96 *Amount not available

Note The above-mentioned amounts for legal costs included the total costs of all legal work performed by the State Attorney on behalf of the SAPS (e g civil claims, criminal cases, inquests, expert witnesses, etc)

* Kindly note that no amounts (including preliminary amounts) are presently available in respect of the 1995/96 financial year as the amounts are still subject to auditing

Transkei: stock theft

525 Dr E A SCHOEMAN asked the Minister for Safety and Security

In each month in 1994 and 1995, respectively, (a)(i) how many cases of stock theft involving persons resident in the former Transkeian territories were reported and (ii) what was the number of (aa) cattle, (bb) horses and (cc) sheep involved in these thefts, (b) how many persons were (i) prosecuted and (ii) convicted on charges of stock theft and (c) how many stock theft related incidents of violence occurred?

N888E

The MINISTER FOR SAFETY AND SECURITY

(a) (i) No statistics are available

(ii)

	1994	*1995*
January	5	9
February	5	32
March	3	20
April	12	28
May	14	36
June	19	41
July	8	43
August	14	20
September	4	24
October	4	21
November	9	14
December	5	17
Total	102	305

CAMPAIGN TO EDUCATE PUBLIC ABOUT TB

New bid to halt top killer disease

(91) CT 18/6/96

DESPITE leaving a victim dead every 36 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, kidneys, 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 Halt Road as yet another anti-TB drive kicked off this weekend

Pictures by **ANNE LAING**

TB is a sure and slow killer, which leaves a victim dead every 36 minutes in this country — despite the fact that it can be cured

Hundreds of victims 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 hygienic living conditions But HIV or a stressful lifestyle will make you easy prey for TB

Babies can be innoculated, 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 spiralling 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

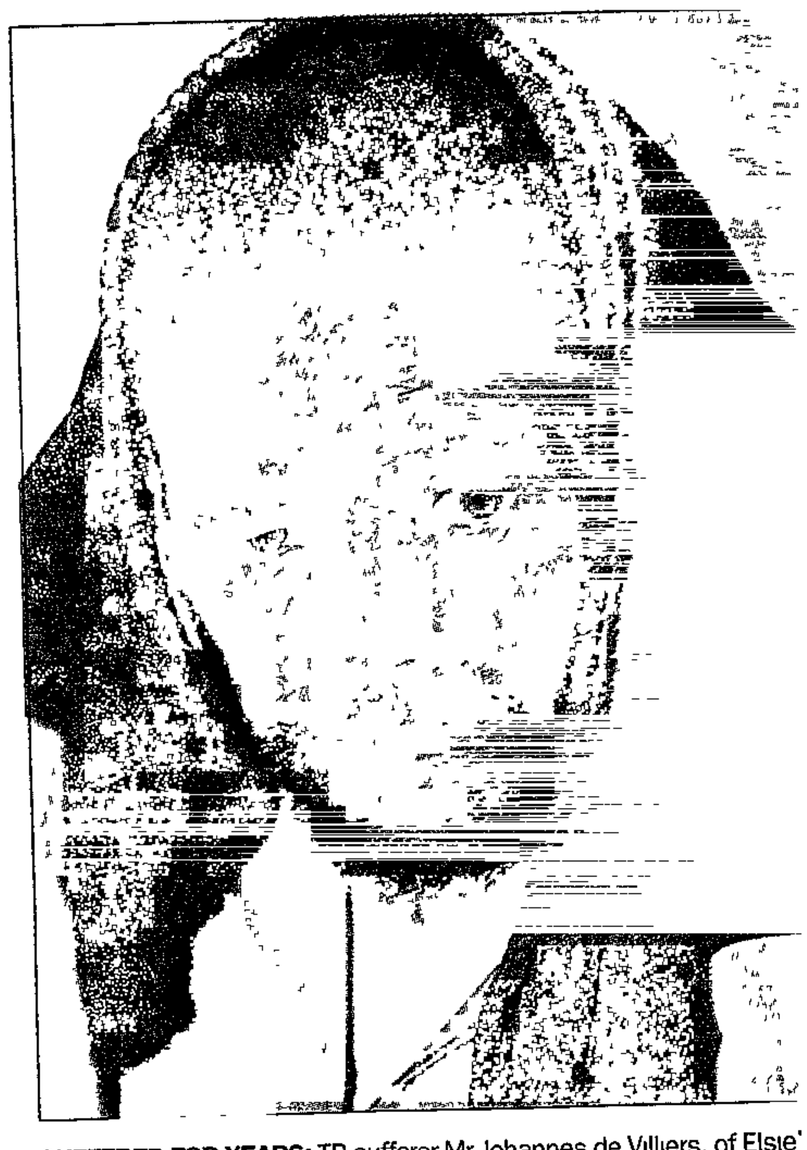
"The benefit for the community is that the money raised in each area will be channelled through the Santa branches and care groups in those areas," Van Heerden says

cont ↓

CHEST EXAMINATION: Mr Jacob Paterson (above) of Parow, fears he may have joined the ranks of the Western Cape's massive TB-afflicted 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 Klaasen (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 Elzalia van Rooyen, of Elsie's River.

ANXIOUS: Dr Pumla Mawisa checks if eight-month-old Nicole Thomas, of Elsie's River, has contracted TB Her mum, Maria, is holding her



SUFFERED FOR YEARS: TB sufferer Mr Johannes de Villiers, of Elsie' River, awaits treatment at a local clinic in Halt Road

YOUNG VICTIM: Unhappy Wesley Lillah, 2, waits to be treated for TB at a clinic in Halt Road, Elsie's River His mother, Mrs Rashieda Lillah, brings him to the clinic regularly for the tablets which will relieve his discomfort.

R900 000-R950 000 Research is ongoing to determine more accurate figures

(2) No

Sources

(i) Medical Schools/Faculties

(ii) Interim National Medical and Dental Council of South Africa

Public servants: retirement packages

*15 Rev M M PHENETHI asked the Minister for the Public Service and Administration †

(1) Whether his Department is offering retirement packages to public servants at present, if so, (a) how many and (b) what will the cost be to taxpayers,

(2) whether he will make a statement on the matter? N977E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION

(1) Yes,

(a) it is not at this stage known how many applications for voluntary severance packages will be approved,

(b) in view of the aforementioned reply, the total expenditure relating to the severance packages is presently still unknown The expenditure must, however, be defrayed from funds already allocated, and

(2) No

New industrial strategy

*16 Mr J W LE ROUX asked the Minister of Trade and Industry †

Whether his Department is currently in the process of establishing a new industrial strategy for South Africa, if so, (a) which roleplayers are involved and (b) when will the report on this matter be completed?

N978E

The MINISTER OF TRADE AND INDUSTRY

The Department is constantly developing industrial and investment policy for South Africa The first step in the process of developing industrial policy was the publication of the report "Support Measures for the Enhancement of the Industrial Competitiveness of South Africa's Industrial Sector" which was published in November 1995 by the Department together with Nedlac

This was followed by the draft report "An Account of National Support Measures for Manufacturing" which was published in February 1996 by the Department and the IDC This report was a re-evaluation input into the Regional Industrial Development Programme (RIDP) The RIDP re-evaluation is almost complete and the report that is in preparation will be discussed in Nedlac during July, as well as in a Minmec meeting that will be held between the Minister and the Provincial MECs

Cluster studies are addressed in the draft report "Industrial Cluster Initiative" published in March 1996 by the Department and the CSIR Various cluster studies will be published during the course of 1996

A Regional Industrial Location Strategy (Rils) investigation was undertaken by the Department with the Provincial Governments A report document on the Rils is at present being finalised

Studies with regard to the development of the Maputo corridor were completed in early May 1996

*17 Mr C A WYNGAARD—Public Works † [Question standing over]

Infectious diseases: deaths

*18 Pastor Z K MANGALISO asked the Minister of Health †

(1) How many persons died of infectious diseases in the Republic during the past financial year,

(2) whether her Department is planning a strategy to reduce such deaths, if not, why not, if so, what are the relevant details,

(3) whether she will make a statement on the matter? N980E

The MINISTER OF HEALTH

(1) The Department does not have the necessary statistics available per financial year, however statistics are available per calendar year The Department currently only keep records of the deaths resulting from notifiable diseases The recording of statistics of deaths occurring from all infectious diseases is the responsibility of the Central Statistical Service According to the latest available figures (1993) of the Central Statistical Service, 16 802 deaths have resulted from infectious and parasitic diseases

(2) The most effective way in which to reduce death and disability due to communicable diseases, is by prevention Strategies to reduce deaths from infectious disease include the following

Tuberculosis (TB)

A strategy for TB control was developed through consultation with national and international experts with participation of all provinces and endorsement by the World Health Organisation The TB Control Programme (TBCP) which is being implemented focuses on providing quality diagnosis, standardised treatment and measuring outcomes clearly A review of the TBCP is taking place from 11-26 June 1996

The National TB Control Programme is a founding member of the Southern African TB Control Initiative (SATCI), which is attempting to standardise TB control throughout the Southern African region

The aim of the programme is to improve the cure rate for smear positive TB cases from about 70% to 85%

The expanded programme on immunisation

Efficient and nationwide control of vaccine preventable diseases such as polio, measles, hepatitis B, whooping cough, diphtheria and tetanus is ensured through the provision of immunisation services and programme management at all levels of health care

The last case of polio in South Africa occurred in 1989 and in order to eradicate not only the disease but also the polio virus and for the country to be certified polio-free by the World Health Organisation, mass polio immunisation campaign was conducted last year and another will be conducted in August and September this year

Other communicable diseases

A response mechanism for the identification and control of epidemics, e g typhoid and cholera on national, provincial and district level is being formalised

Vector-borne diseases

Malaria control is receiving priority attention in the affected areas of the country Intensive vector control, active case detection and effective treatment measures have been instituted Although plague occurs in the local rodent population, transmission to human beings is prevented by the necessary control measures

(3) The whole issue regarding the control of infectious diseases is set out in the draft document *Towards a National Health System*, that is currently being finalised

The control of infectious disease has to go hand in hand with improving the lives of our people Clean water and sanitation, adequate housing, proper nutrition and prevention strategies will lower the infectious diseases Without the above the problem will persist

Parliamentary complex: recarpeting

*19 Mr A J LEON asked the Minister of Public Works

(a) What is the estimated total cost, including labour and materials, of recarpeting the Parliamentary complex, (b) what areas have been or are to be recarpeted, (c) who is doing the recarpeting and (d) on what grounds was the decision taken to recarpet the Parliamentary complex?

N981E

The MINISTER OF PUBLIC WORKS

(a) R396 383,

(b) The corridors leading from the Poorthuis to the new wing—inclusive of the Marble Foyer,

The U-shaped corridor around the Hall of Assembly,

The three staircases of the Senate Wing and the complete upstairs corridor,

Major problems in TB care

Report recommends extending services

ARG 19/6/96 (91)

JENNY VIALL
Health Reporter

TUBERCULOSIS care in the Western Cape needs to be provided at every health service point to improve access to care and remove the stigma of attending special clinics

This is one of the key recommendations to emerge from a review of the province's TB control programme, a Department of Health initiative organised with the assistance of the World Health Organisation

The review found that health service personnel and non-governmental organisations (NGOs) were involved in a large number of activities which were costly in terms of time and resources, but which had little impact on controlling TB

Reviews of the TB control programme are being done in each province over two weeks, and aim to increase political commitment to TB control in primary health care services

The Western Cape has one of the highest incidences of TB in the world, and TB kills more adults in South Africa than any other infectious disease The review team found that TB control needs to be integrated into comprehensive primary health care centres At present TB care is being provided only at certain facilities during special sessions To prevent TB from being neglected, a degree of specialisation of labour and division of staff could also be necessary, according to the review's findings

It also recommends a stronger focus on advocacy and communication strategies, in particular establishing partnerships with development bodies and other organisations to increase capacity to address various aspects of TB control Other recommendations include a training and supervision programme for TB for all categories of staff and including NGOs, and that DOTS (Directly Observed Treatment, Shortcourse) becomes a top priority The review committee found that there was insufficient training, supervision and support for staff and a lack of standardised teaching about TB control policies Lack of resources, both staff and money, as well as the slow pace of establishing the district health system, is undermining progress in controlling TB Other weaknesses are poor communication between different levels of service provision within the health service, and poor links between health services and NGOs There is also insufficient community participation in the TB control programme with poor support of TB patients Strong points in the Western Cape are dedication of staff under difficult conditions, a strong NGO infrastructure, and a strong research infrastructure covering all aspects of research The Western Cape has the largest TB laboratory in the southern hemisphere

TB control for review

Sowetan 20/6/96 (91)

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 is aimed 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

(91) BD 26/6/96

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 150 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 had become 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 Olive 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 course", 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 50%

The strategy is being tested in Mpumalanga with good results More than 80% of patients have been successfully treated the 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

Star 26/6/96 (91)

By Janine Simon
Medical Correspondent

South Africa has the worst tuberculosis epidemic in the world, and will face a disaster unless treatment strategies are swiftly improved, a Government study has revealed.

And health director-general Dr Olive Shisana warned while releasing the study results yesterday that multidrug-resistant TB, which killed 80% of its victims, would increase to even more frightening new levels if immediate action were not taken.

The study reveals that about 10 South Africans become sick with TB every hour. TB kills more South Africans than Aids, malaria, measles and murders combined. Last year an estimated 140 000 new cases were reported, accounting for 80% of notifications of infectious diseases. Of those cases, 20% were attributable to HIV infection and 1% to incurable, drug-resistant strains

Without effective controls, there will be 3,5 million new cases over the next decade. Controls could halve this burden, preventing at least 1,7 million cases and more than 50 000 deaths, and saving more than R2-billion.

The review was compiled by a team of almost 40 experts from the Department of Health, the World Health Organisation and international and national bodies

South Africa's average infection rate of 311 per 100 000 people is at least double that of Mozambique, more than three times that of Tanzania, and is well over the 250 per 100 000 found in other world TB hotspots, according to Dr Donald Enarson, of the International Union Against TB and Lung Disease

Western and Eastern Cape figures eclipse the average, with infection rates soaring to 490 and 430 per 100 000 respectively, according to national director of communicable disease control Dr Neil Cameron.

Enarson said "I've investigated TB in more than 150 countries and South Africa's epidemic is the most frightening I've encountered."

The department pinpointed isolation from developments in disease control, ineffective use of the R500-million for TB control last year and failure to grasp the speed of the galloping epidemic, as contributors to the crisis

"Our focus has been correct in the past two years But we didn't realise how quickly we'd have to strengthen the district health system," Cameron said. TB would be on the agenda of every MEC-for-health meeting until the epidemic was under control, he added

Shisana appealed to communities and employers to encourage TB patients to stick with their long, complicated medication regimes

In January, SA adopted the WHO-recommended Directly Observed Treatment Short Course, which works on a new recording and reporting system and has health workers or volunteers watching every patient swallow their medication, she said

TB epidemic higher in SA

(91) Sowetan 26/6/96

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 multidrug-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 treating 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 490 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 311 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 Immunodeficiency 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 about R500 million on tuberculosis control

Communicable Disease Control Specialist Lilian Dudley said South Africa could incur "significant savings" through implementing the the Dots strategy – Sapa

Observation system to be used to fight TB

ST 26/6/96 (91)

PRETORIA More new cases of tuberculosis were recorded in South Africa annually than in any other country, Department of Health director-general Dr Olive Shisana said yesterday

Releasing the findings of a TB review, she said about 10 South Africans contracted the disease every hour

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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 would also be trained to support patients in taking their medication for the full six month treatment period

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Dots is currently being tested in Mpumalanga, where cure rates were now nearing 80%, and the strategy would be taken to other provinces as soon as possible

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Cape faces TB onslaught as cases increase by 30%

Failure of patients to complete medication leading to further infections

ASHLEY SMITH
Staff Reporter

(91)
ARG 17/7/96

IN THE midst of a freezing and wet winter, the Western Cape faces a tuberculosis onslaught which could severely affect overcrowded residential areas and informal settlements

Last year nearly 900 people died of TB in the Western Cape, and 27 000 people in the province were treated for the disease Dulcie Erasmus, the community project manager of the South African National Tuberculosis Association (Santa), said the Western Cape showed a 30 percent increase this year in notified cases of tuberculosis

Areas such as the West Coast, Swellendam, the Overberg, the Bree River and Worcester had reported a higher rate of TB infection

According to Mrs Erasmus, the reason for the increase is that existing patients do not complete their medication and so infect others

She said "Each person who defaults on their treatment can infect five to 10 other people"

Michael Popkiss, medical officer of health for Cape Town, said TB thrived in areas which were overcrowded, and informal settlements were "worst hit" by the disease

Uitsig has one of the highest TB infection rates in the Western Cape, with 1 424 people in 100 000 contracting the disease

The average for the province stands at 850 in 100 000

As the spectre of a further spread of the disease looms, Dr Popkiss warned that adequate ventilation in shacks was essential Lorraine Bruintjies, the chairwoman of the South African

Pictures OBED ZILWA, The Argus

DUMP CITY: A typical scene in Uitsig, the area with the highest TB rate in the Western Cape

"People in Uitsig have little or no income and the disease spreads because people are ignorant"

She added that Rastafarians in the area did not want their children to be treated in clinics as it was against their religion

The condition of houses and shacks are blamed by residents for the high incidence of TB in the area

Regina Mack, who lives in Cassia Avenue in Uitsig, said her entire family had become infected as a result of

However, Mrs Erasmus said the TB clinic was very accessible to the people of Uitsig, yet many of them defaulted on their treatment A strong message must be given to the people of the area that TB was preventable and curable, she said

The chairman of the Belhar Residents' Association, Desmond Poole, said TB had also become "rife in Belhar", which was "very worrying"

Nationally, more than 3 000 people died from TB last year, with more

DEATH TRAP: Margeret Mack

New technology a boost for TB fight

(91) Star 24/4/96

By Patrick Phosa

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 (Sacecs), 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, Sacecs' 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

Ultraviolet light may cast shadow on fatal affliction

"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, Sacecs 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'

(91) ARG 1/8/96

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

(91) BD 16/8/96

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 Railit 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

TUBERCULOSIS should be declared an emer- gency [illegible] in the Western Cape [illegible] people [illegible] health MEC [illegible] Rasool [illegible] National Tuberculosis A[illegible] meeting.

He [illegible] the World Health Organisation had declared [illegible] Western Cape in particular. There [illegible] 110 000 [illegible] 10 deaths daily.

(91)

[illegible] uation, Rasool said.

BD 2/10/96

All [illegible] control plan [illegible] management [illegible]

SA still has a long way to go with TB

Sowetan 3/10/96

(91)

By Mokgadi Pela

THE recent death of student leader Xolani Brister Kalaote from tuberculosis is a reminder that South Africa has a long way to go before it will contain the disease

His death brought to light once again the highly infectious disease that has so far claimed thousands of lives in South Africa, especially among low-income groups

Kalaote (29) of 1439 Sibusiso Street, Siluma View, Katlehong, completed his B Proc and LLB degrees at the University of the Western Cape He had just completed exams to be admitted to the Bar when he died

Statistics show that between 25 and 30 people die every day in the country from TB The disease accounts for about 80 percent of all infectious diseases These factors have led the World Health Organisation to declare South Africa as the "worst hit" area in the world

Necessary response

In an interview with *Sowetan*, director of communicable disease control Dr Neil Cameron said "there's nobody in this country who should not be able to get treatment for TB once they have been diagnosed as carriers"

He said in their review of the TB programme for South Africa, experts recommended that

● The Minister of Health should publicly declare the seriousness of the TB epidemic in South Africa, acknowledge the urgency and work out a necessary response

● The Department of Health should make control of the TB epidemic top priority by ensuring optimal TB management Consideration should be given to the creation of a Directorate of TB Control At the national level, a manager responsible for provincial support, a trainer, an advocacy officer and a financial administrator should be appointed Provincial authorities should designate coordinators responsible for TB control in every province and district

● National and provincial authorities should invest resources to prevent 1,7 million new TB cases and save over R2 billion over the next 10 years and to prevent drug resistance and,

● The TB Control Programme should ensure accountability through the use of the TB register to measure the outcome of the programme

Cameron said although the problem could not be solved overnight, "we hope to achieve an 85 percent cure rate by the year 2005 We know that the other 15 percent will be lost to follow-ups, some will not be cured while the remainder will unfortunately die'

Xolani Brister Kalaote .. died recently of TB in the prime of his life.

Top priority

Cameron said the Department of Health had started to implement a strategy in all provinces to address the TB epidemic The department was also working with the South African National Tuberculosis Association to make people aware of TB and to make TB control top priority

Their goals are to

● Draw up long-term plans against TB in conjunction with the provinces,

● Improve laboratory screening methods with a R3,2 million grant received from the Belgian government,

● Change the way people think about TB by trying to lessen the stigma of the disease, and

● Introduce new TB guidelines to bring the country in line with World Health Organisation recommendations on TB control

Those guidelines include

● Ensuring shorter waiting times for people needing treatment,

● Making sure that the staff attending to sufferers is friendly,

● Linking patients with community organisations,

● Ensuring that drugs are available, and

● Advising patients to complete the six-month treatment

Cameron said if the current spread continued, South Africa would have over 600 000 new cases by 2005 "We want to reduce the number by half"

He said known symptoms of TB were

● A persistent cough,
● Night sweats,
● Loss of appetite,
● Chest pains, and
● General decline in the person's health

He advised anybody experiencing any of these symptoms to visit the nearest clinic "There's nothing to be ashamed of about the disease as it can happen to anyone For instance, President Nelson Mandela and Archbishop Desmond Tutu suffered from TB and conquered it by getting treatment," Cameron said

National programme leader of the Medical Research Council's TB Research Programme Dr Bernard Fourie said "We should ensure that patients who are diagnosed as TB sufferers, take medication in full We should also improve TB management so that we are able to diagnose the disease early enough"

TB 'emergency' plan to fight W Cape epidemic

(91) ARG 5/10/96

We're sitting on a timebomb – Rasool

GLYNNIS UNDERHILL
CHIEF REPORTER

The tuberculosis epidemic may be declared a "provincial emergency" in the Western Cape and fought on a scale never seen before.

Key players in the health system are to be called to a summit to co-ordinate efforts for declaring TB a provincial emergency, according to Minister of Health and Social Services Ebrahim Rasool.

There are plans to install a TB manager in the province, who will be given responsibility for overseeing establishment of an infrastructure to fight the epidemic "on a scale never seen before," said Mr Rasool

He said there were 25 000 cases of TB in the province each year, with 1 000 people dying of the epidemic annually in the Western Cape.

Concerns about the epidemic were rife and further funds would be taken from the primary health care budget to fight TB

"The first things we have to look at is the TB drug bill We can't afford to have non-governmental organisations going under The TB alliance is on the verge of retrenching many health workers and we must find some money to sustain them," said Mr Rasool

The dangerous emergence of a new strain of multi-drug-resistant TB was adding to the complications of the fight against the epidemic, he said

With HIV, AIDS and TB rife in the Western Cape, the country was sitting on a "timebomb", said Mr Rasool.

"Twenty-five percent of the people who die as a result of AIDS are people who present symptoms of TB," he said

The summit was being planned for the end of November and it was envisaged the provincial emergency surrounding TB would be reviewed after six months, Mr Rasool said

Health role players and other government departments would be called together to co-ordinate efforts required in declaring TB a provincial emergency, he said. A focus of the provincial emergency would be to make more resources available, more drugs available and to co-ordinate with other government departments on TB.

Mr Rasool said the Western Cape had the reputation of being the TB province of South Africa.

DISEASE SHAMES FAIREST CAPE

All-out assault on TB planned

(91) CT 7/11/96

FOR THE TREATMENT of TB to be effective, patients must take their medication regularly for six months — but many neglect to do so Health Writer **ANEEZ SALIE** reports.

CAPE Town may be the fairest cape in all the world, and may have produced many an international first (heart transplants, for instance), but it also has a record of which it can be thoroughly ashamed — it is the centre of a region with the highest incidence of tuberculosis in the world

And while the world queued in awe to give President Nelson Mandela every assistance and honour under the sun, the Western Cape gave him TB

Archbishop Desmond Tutu, who is entrusted with the central task of establishing the truth about the country's past as a means of reconciling a divided nation, also had TB

Essentially a disease of poverty and poor living conditions, the TB, if left untreated, could have killed both Mandela and Tutu.

But because of their station in life they survived, and are on hand today to tell their tales at a major press conference, where TB is to be declared an emergency in an effort to save lives

Health Minister Dr Nkosazana Zuma, her provincial counterpart Mr Ebrahim Rasool, and other top officials and experts are to provide details of an all-out assault on the scourge during a panel discussion at the conference,to be held at the De Waal Holiday Inn Garden Court in Gardens today.

Dr Mike Tatley, acting chief director of health services for the Cape Metropolitan Council, said yesterday the authorities aimed to have a TB control programme established by the end of themonth.

"Intensive training has taken place to ensure that health workers are up-to-date in treatment regimes and the principles and procedures of the programme, as laid out by the department of health," he said.

A major problem in effective treatment is that patients have to take medication for six months for the cure to be effective, but many neglect to do so They then go on to develop worse strains, which often prove drug-resistant

Health workers now recognise they have erred in placing the onus on patients to administer their own medication over six months

What is required is for patients to be assisted in taking their drugs Such a system has now been accepted, and is known as DOT — directly observed treatment

It simply requires someone to hand out the medication at home when required, and to ensure it is taken — each and every time, without fail

This cannot be done by professional health workers alone, and public-spirited neighbours of patients are required to be trained to implement the DOT system

But to engage the community in this way requires large resources, and these should be forthcoming after TB is declared an emergency today

SURVIVED TB: President Nelson Mandela

SURVIVED TB: Archbishop Emeritus Desmond Tutu

Zuma to declare war on TB

ARG 7/11/96 (91)

HEALTH REPORTER

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

Nkosazana Zuma: disease alert

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-governmental 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.

SA goes to war against TB

Star 8/11/96

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 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, 3,5 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 joint 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 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 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

CT 8/11/96

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.

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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 VIALL
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 511 cases for every 100 000 people. The average for South Africa is 340 for every 100 000. In the Western Cape last year, nearly 20 000 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

(91) BD 8/11/96

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 Zuma, health director-general Olive 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 Organisation-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

ARLT 9/11/96

ADELE BALETA
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 Affair 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 (Connepp)

Connepp national co-oridnator 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 profliferation of instutional 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

Clear message: Minister Pallo Jordan

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 Connepp, 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 24 000 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

Pretoria – Census '96 should be completed by next weekend, co-ordinator Pali Lehohla has announced.

He said yesterday counting in problem areas should be 90 percent complete by tomorrow These included KwaZulu Natal, where counting started late, several farms in the Ermelo district, North-West province and parts of Johannesburg

Counting in some KwaZulu Natal areas only b egan on October 28 due to recruitment problems and uncertainty about land boundaries

Mr Lehohla said problems in Ermelo were caused by a shortage of enumerators for farming areas "We have now managed to get some extra enumerators and expect counting in Ermelo to be concluded by the end of next week," he said

Counting in Auckland Park, Parktown, Randburg and Roodepoort had been delayed because Johannesburg residents had been reluctant to be recruited as enumerators. Counting in problem-free areas was about 99 percent complete

"By next weekend we should be calling it a day," Mr Lehohla said

He said that a few people had refused to be counted and that an undercount of less than five percent was expected – Sapa

ARG 9/11/96

Traditional Xhosa brew kills three at ceremony

Adelaide – Three women have died after drinking a traditional Xhosa brew – known as Umqombhothi – on a farm in the Fort Beaufort district of the Eastern Cape.

A police spokesman said yesterday that the women, the last of whom died in East London's Frere Hospital on Wednesday, drank the beer during a ritual gathering at a farm in the Doringkloof area last weekend

Three other women are still in hospital in Adelaide and East London.

A sample of the killer brew has been sent to Cape Town for a toxicological analysis – Sapa

TB injections 'failed to protect infants'

9/10 Nov 1996 (91)

Hope for new SA-made applicator

ARG 9/11/96

ADELE BALETA
STAFF REPORTER

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

'If current trends continue, 3,5 million people will become sick in the next 10 years'

But Dr Cameron said "Replacing the Japanese tool with another multi-puncture 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 research groups 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 give 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 Fourie, 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

Waiting: a toddler sits on his mother's lap while she examines his x-rays, taken to check his lungs for TB

Checking: a nurse examines a patient during a rountine TB check on the Cape Flats

which Cape Town hopes to host the Olympic Games

Dr Fourie said that if current trends continued, 13 in every 1 000 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 Rasool 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 completed 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

'The goal was to cure 85 percent of new cases by the year 2000'

Together with the SA National Tuberculosis Association it would establish 50 new microscopy centres over the next year for testing the spit 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 50 000 deaths, and save R2-billion over the next ten years," she said

Living with AIDS ... and a drug timetable

TROYE LUND

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 though a triple combination of drugs

The concoction 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 6pm

"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 Crixivan

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

Each tablet must be taken twelve hours apart.

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

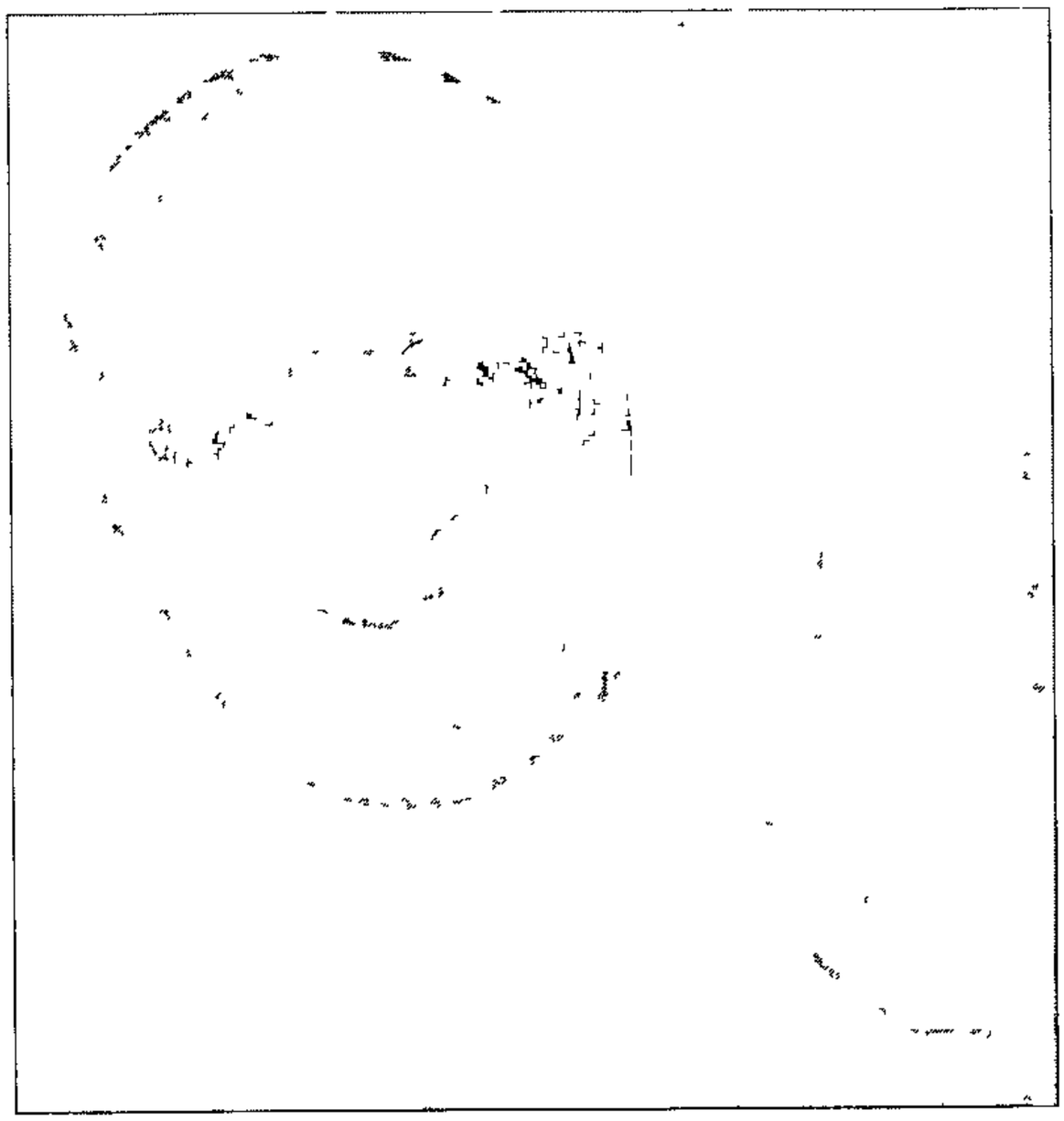
This must also be taken on an empty stomach

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 BALETA
STAFF REPORTER



Big thumbs up: Archbishop Tutu, who survived a brush with TB as a youngster

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 musn'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 Rietfontein 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"

Stellenbosch leads fight against TB

THE [illegible] many years played a leading role in the treatment of, and re[illegible] nounced the formation of a specia[illegible] out every 100 [illegible]

(9)

05 14/11/96

Varsity forms special team to tackle TB

ST(OM) 17/11/96 (~~94~~)(91)

By FRANCOIS KRIGE

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 spread 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 specialities, including sociologists and anthropologists (from the University of the Western Cape) and geographers, computer specialists, clinicians and molecular biologists (from Stellenbosch and the Medical Research Council), to investigate our local problem

"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 Beyers, of the Department of Paediatrics and Child Health, said a study over 10 years, from 1985 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 Beyers. — Sapa

NEWS

Study shows kids at high risk from adults with TB

ARG 18/11/96 (9)

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 57 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 Helden, 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 it multiply Research is being carried out to see how it does this

New strategy for TB

(91)

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 "Directly Observed Treatment Short Course"

"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 2 000

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 TB laboratory services

Sowetan 21/11/96

TB awareness campaign for children launched

(9) Star 27/11/96

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

By Anna Cox
Sandton Bureau

With one-fifth of all identified tuberculosis 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 Quail 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, she said

Aim of Alexandra project is early detection

Health authorities would plot the areas worst affected by TB outbreaks and target communities for diagnosis, initiation 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 quick saliva test for the disease, and follow-up treatment was inadequate, said Quail.

"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

(91)

Linda Ensor

BD 4/12/96

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

2

Plan to tackle TB 'emergency' in Western Cape

91

JENNY VIALL
HEALTH REPORTER

ARG 4/12/96

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 DAMON
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

On 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 757 817 or 759 793

JUDY DAMON

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

New lab boosts fight against TB

ARG 11/12/96 (91)

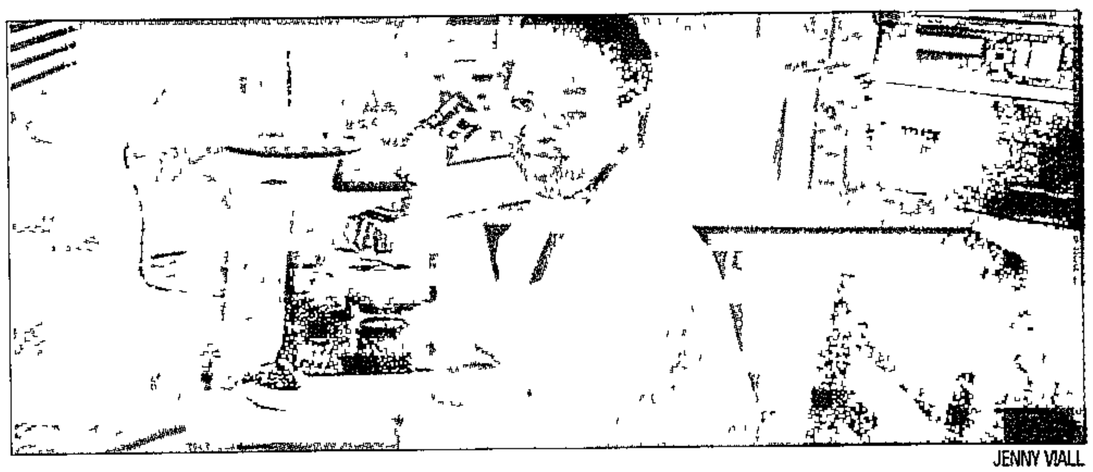
JENNY VIALL
HEALTH REPORTER

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 Safmarine, 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 haemotology and chemical pathology tests, effectively brings pathology services to the primary health care level



JENNY VIALL

Peak practice: medical technologist Nomonde Ndlangisa in the new Guguletu laboratory

Zuma declares war on tuberculosis

Implementation of Dots programme is a priority for health department

By Mokgadi Pela

HEALTH MINISTER Dr Nkosazana 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 Mr Ebrahim Rasool She said the Government would ensure the implementation of the Direct Observed Treatment Short Course (Dots)

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 50 000 deaths avoided

Strike at TB clinics hits patients

(91)

S7 12/1/97

By CAS St LEGER and SIBUSISO BUBESI

ONE of South Africa's largest charities is reeling under the double blow of dwindling public donations and a strike at 18 of its 22 tuberculosis hospitals.

The SA National Tuberculosis Association (Santa) cares for about 13 000 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 toyi-toyied 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, Gidion 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 Whoever heard of sick 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 R862 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

ARG 21/2/97 (91)

ASHLEY 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 1 003 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

Tuberculosis at its highest in 10 years with 12 000 confirmed cases – Santa

Star 11/3/97 (91)

By Priscilla Singh
Health Reporter

Gauteng has the highest reported number of cases of tuberculosis since 1987, with an estimated 12 000 confirmed patients suffering from the killer disease.

The South African National Tuberculosis Association (Santa) said last week that figures started climbing about five years ago and a major change was observed 3 years ago.

Established in 1947, Santa is commemorating its 50th year in the fight against TB and said despite subsequent advances in medicine, its struggle was even greater today than 50 years ago.

Santa chairman May Weiss told The Star that the increased figures were due to demographic changes, but could also be attributed to more people feeling comfortable about going to hospitals for treatment.

Director Julia van Heerden said issues such as poverty, overcrowding and malnutrition needed to be addressed to help prevent the development of active tuberculosis in people who were already infected.

Weiss said Santa was still far from curing its projected target of 85% of sputum positive patients, and has only managed to achieve a 40-45% success rate.

"The biggest problem is that patients do not understand the importance of taking their medication five times a week for six months, and when they interrupt the cycle, they become drug-resistant, which ultimately makes them untreatable," Weiss said.

She said figures released by the Department of Health's epidemiological offices, which indicated that only 1 200 people had died from TB in the first nine months of last year, were "grossly inaccurate" and did not reflect the true extent of the disease.

Weiss said Santa's estimate was that one person died every 40 minutes and at least 90 000 cases were reported annually.

"The department's figures are based on death certificates, which are sometimes not a true indication of the cause of death. The figures should have been much higher, because we know what's happening in the TB hospitals.

"Fewer than one tenth of TB sufferers are in hospitals," Weiss said.

She said further inaccuracies were evident in the department's estimation that only 195 per 100 000 people in Gauteng had TB, when in reality it was close to 250 per 100 000.

A new register system, kept wherever TB is diagnosed and treated, was implemented last year to record sputum positive patients, patients who had completed treatment, cured patients, patients requiring further treatment and patients who had stopped treatment altogether.

CAS ST LEGER

Laser therapy offers hope for TB sufferers

New treatment could cure patients within days

ST 16/3/97 (91)

TWO South Africans have been instrumental in introducing to the West a Russian cure for tuberculosis involving about an hour of laser therapy in total

The breakthrough, using technology and research from Russia, Australia and South Africa, could save thousands of lives

The treatment has also proved successful when administered to people diagnosed with multidrug-resistant TB, which is usually fatal

Ron Jontof-Hutter, a former clinical psychologist at Rietfontein Hospital on the East Rand, and Melvyn Drummond, a former South Africa diplomat to the UN, unearthed the Russian research in Moscow in 1994

Both men, who are directors of Jonrus Technologies, are resident in Melbourne, Australia

The experimental treatment uses technology developed under the auspices of Nobel prize laureate academician Andrei Prokhorov, who heads up the Lebedev Institute of the Russian Academy of Sciences

Clinical trials conducted in Moscow on 800 patients reported a cure rate of 80 percent for chronic TB Those done at Bloemfontein's Universitas Hospital under Dr David Pansegrouw in 1995 came up with even better results

Pansegrouw found that all patients infected with the disease became sputum-negative — and therefore no longer infectious — between 24 and 48 hours after laser irradiation

Those patients with multidrug-resistant TB were found to remain sputum-negative for six months after treatment

Researchers said it was feasible for such patients to be treated every 12 to 24 weeks

Jontof-Hutter said this week that he and Drummond had decided on South Africa as a research ground because of their backgrounds and the severity of the epidemic here

TB, a bigger killer than AIDS, claims the lives of 10 000 South Africans every year

A Russian medical expert involved in the research has visited Pretoria and Bloemfontein, and a number of Russian physicists have come here to guide the technology's development

Now talks are under way with South Africa's Department of Health to conduct a second set of trials later this year to buttress the earlier conclusions

This time, the trials will use a South African-made laser machine

Dr Neil Cameron, the Health Department's director of communicable disease, said the technique showed "tremendous promise", particularly if microscopic technology could be developed "It's early days, but the results have been quite encouraging, with a good cure rate for chronic TB "

Professor Bernard Fourie, the head of the South African Medical Research Council's TB research programme, said: "This kind of treatment should be pursued, specifically in relation to multidrug-resistant tuberculosis "

Laser treatment of TB is said to be rapid and safe, eliminating the problem of patients dropping out of the six-month-long conventional drug therapy programme

A patient is given a local anaesthetic in the back, after which a needle, with a fibre optic-guided laser attached, is inserted through the back into the lung

Guided by X-rays, the doctor zones in on areas of the lung that have been damaged by TB and blasts them with bursts of the laser This kills the TB and often repairs cavity damage

The treatment takes about 10 minutes and is repeated about five times, every other day

Jontof-Hutter said he had witnessed patients being treated at the Universitas Hospital

"They told me they experienced no discomfort The needle site was covered with a plaster, and they put their shirts on and went home Their condition improved dramatically

"We're talking days — not months — for a cure We can change the face of TB With laser therapy to treat TB, South Africa can leapfrog into being a major leader with a technological edge from being at the back of the queue "

Initial research and development costs — "quite substantial" — were borne by the Russian academy, the Australian firm and Universitas Hospital

Jontof-Hutter said he did not yet know the cost of the locally made laser equipment

"But whatever it is, the price will be minuscule compared to the cost of TB "

The laser device is portable and capable of treating up to 25 patients a day.

A cheap drug cure for TB has been available since 1952 but the drop-out rate is high

Patients have to swallow handfuls of tablets every day for at least six months before they are cured Many tire of the treatment and default once they feel better — but before they are cured They risk not only a return of TB but the development of the deadly multidrug-resistant form, which they can pass on

Last July, South Africa adopted the World Health Organisation's DOTS — Directly Observed Treatment Short-course — system, in terms of which drug-taking is supervised

However, DOTS will only be in place countrywide by the year 2000

TB is a bigger killer than AIDS'

(91) CP 6/3/97

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 (91)

Star 18/3/97

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 300 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 R98 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

BD 20/3/97 (91)

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 Zaire. 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 WHO 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 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

to write about HIV

Breakthrough in control of tuberculosis — WHO

(91) CT 20/3/97

GENEVA: The World Health Organisation 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, for 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 Hiroshi 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

Star 21/3/97 (91)

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 The epidemic was enormous, and promised 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 2000 "

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%

TB: killer disease that can be cured

(41) Sta. 21/3/97

The tragedy is that tuberculosis becomes life threatening only when not diagnosed and when the treatment is not followed through PETA KROST reports

To his colleagues, Sibusiso Themba has always been a policeman who takes pride in maintaining law and order Today, though, he lies desperately ill at the Rietfontein tuberculosis hospital, with his colleagues unaware of his plight

Themba developed complications with his TB, which is why he has landed up in this specialised hospital on the outskirts of Edenvale This policeman, whose once healthy body filled his uniform, is now a frail shadow of his former self as his clothes hang from his torso But the nurses, who are fond of their in-house cop, say he has improved drastically since the day he arrived

Themba claims he is not ashamed of being sick because 'sick is sick and it can attack anyone" But he has no intentions of telling his colleagues of his illness when he returns to duty "I'll tell them it is some kind of bronchitis because they will think the truth is a scandal," said the 24-year-old policeman, whose name has been changed to protect his identity

Themba waited a long time before his chest pains, constant coughing and loss of weight eventually forced him to see a doctor at the end of last year He was immediately sent to Rietfontein when the doctor discovered 'the large cavities" in his lungs, Themba said

Although doctors diagnosed advanced TB, Themba is not so sure about this "In English you call it TB, but I know that when anything is wrong in your chest, the doctors say it's TB," he says "But sometimes it is a poison or someone has put a curse on you because of jealousy"

In a short conversation with this policeman, the huge barriers facing the war against the TB epidemic are glaringly evident Both the preference for traditional ways rather than modern medical science, and the stigma attached to having TB, often result in people giving up their medication before completing their course

South Africa has one of the worst TB epidemics in the world, having already infected 60% of the population

Last year about 10 000 people died of this illness and 160 000 people from all walks of life became sick with it While the Aids epidemic is massive, far more South Africans die every year from TB than Aids However, TB is curable if the patient completes a six-month course of medication If a patient does not finish it, there is a high risk of contracting multi-drug-resistant TB, which is far more difficult, if at all possible, to cure, says director-general of health Dr Olive Shisana

With thousands of South Africans not completing their medication, the number of people contracting the multi-drug-resistant strain is soaring More than 2 000 people fell [illegible] resistant stra[illegible]

South Africa has one of the worst TB epidemics in the world. Last year about 10 000 people died of the disease and some 160 000 became sick with it

At Rietfontein Hospital, up to 75% of the new admissions this year were HIV positive

"This problem has changed the focus of our hospital Because of the HIV complication, we need more staff, money and facilities," says Dr Benjamin Miller, one of Rietfontein's senior specialists 'I think we are facing a disaster with this interaction of illnesses and we may be losing the battle "

Rietfontein hardly resembles the image of plush European TB clinics in the mountains where patients sit around in deckchairs However, the idea is similar The hospital has large, high-ceiling wards with many open windows, and lush green surroundings in which to walk while recovering from the illness

Today, Rietfontein usually takes only TB cases with complications Despite this, there is a well-cared-for, almost cheery, atmosphere about the place "This ward is my pride and joy," says Dr Mary Andre, a Rietfontein senior doctor as she shows the *Saturday Star* around the hospital As she walks through the wards, desperately thin patients smile at her as she stops to chat With pride, she tells of the vastly improved cases Patients and staff affectionately call Andre "Goggo' (grandmother) and Miller "Baba' (father)

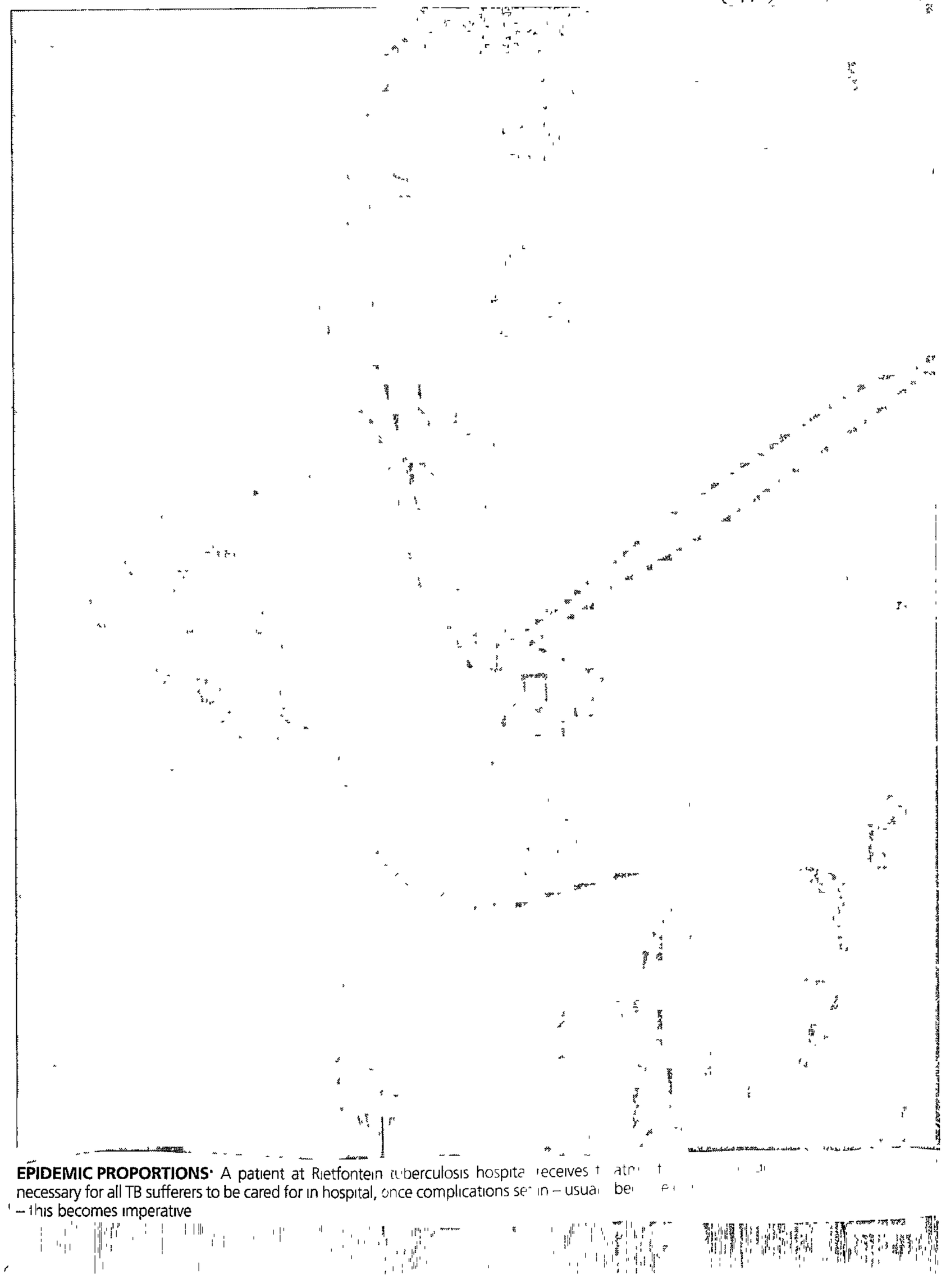
Lady Grace Feleza, who has been a nurse at the hospital since 1981, looks after TB-infected children "One cannot help getting personally involved I mean, these are sweet little children whom we look after for six months at a time," she says

Many of the children at Rietfontein, playing with makeshift paper planes, looked fairly healthy, even a little chubby "They come here emaciated and malnourished and after a few months on TB medication and a nutritious diet they improve drastically," says Feleza "Once they are well, many go back to squatter camps or unhygienic conditions While some parents cannot afford to fetch their children after six months, let alone visit them, not all are from underprivileged backgrounds, because TB strikes anyone "

The mother of one of the little girl patients, 5-year-old Thato Tolo, is also in the hospital Both have TB Johanna Tolo (24) had brought her daughter from Mafikeng to visit her mother-in-law in Lenasia Tolo said that when her hostess noticed little Thato coughing and vomiting, she took her to see a doctor who admitted her to Rietfontein three months ago

"When I came to visit her, a month later, the doctors checked my chest and told me I also had to stay I was coughing but I did not know I was sick," says Tolo

An emaciated woman in the same ward, Lena Masebe, says she knew she was sick when her cough wouldn't go away and got so bad that she was coughing up blood and having night sweats, even in the coldest weather "I had a terrible pain in my chest and from being a *mafuta* (fatty), I went skinny," she says, describing most of the symptoms of TB When she eventually went to a doctor, she was diagnosed with TB, an illness she had never heard about before



EPIDEMIC PROPORTIONS A patient at Rietfontein tuberculosis hospital receives treatment [illegible] necessary for all TB sufferers to be cared for in hospital, once complications set in – usually between [illegible] – this becomes imperative

many TB patients But when he developed an irritating cough and started losing weight, he thought it was because he was a bit run down

But, eventually, the illness gripped him He could not sleep because he was coughing so much, he could not eat, and his weight dropped significantly He went to a colleague who x-rayed him and tapped fluid from his lungs, and his diagnosis was "either cancer or TB"

Hewitson's doctor booked him off work "until I had put on every ounce of weight I had lost", which took three months

His experience with TB made him far more sympathetic to his patients "If I consider the patient responsible enough to remember to take his medication, I am far more likely to give him a few months worth of tablets now because I know what a hassle it is to get up in order to obtain the medication during the first few months of the illness "

Knowing a number of white professionals who have had TB, Hewitson says that often, in well-nourished people, it takes time for the illness to show symptoms because the body fights them off

The drug-resistant strain is probably the most frightening prospect in South Africa

However, Rietfontein's Miller, who started working with TB patients in 1954 at Waterval Hospital on the Sophiatown border, says the problem of drug-resistant TB is not new

'As far back as the 1950s, when we started treating people with drugs, they would abscond from treatment, and if they survived long enough they might develop the resistant strain "

Nevertheless Miller says "Working with TB is both very satisfying and very frustrating, because if people stick with their medication, you get marvellous results But if they don't "

It is unrealistic and unnecessary to keep all TB patients in hospital, but the lack of daily medical supervision for patients has been part of the reason why many people do not finish their medication

"If treatment programmes are not improved now, the number of annual TB cases will quadruple over the next 10 years," says Dr Refiloe Matji, manager of the national TB control programme

To counter this problem, the Department of Health and non-governmental medical organisations have come up with a plan called DOTS (directly observed treatment, short-course)

This plan is to ensure that pulmonary TB is detected fast and that sufferers take the complete course of treatment Community health workers and responsible members of the community will become involved in seeing that patients swallow their TB medication, ensuring that they complete their course This does not have to be done by doctors or nurses at a clinic

The department will also make microscopes available to community health workers so that testing sputum for TB bacteria is quick, efficient and easy in any rural area

The patient's health will be very strictly monitored by the DOTS counsellor, who will record the patient's progress in a register While this strategy is being implemented and many health workers are being trained to carry it out, it is not yet operational countrywide Complete coverage is not expected until 2000

The Star
22/3/97

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 startling report on 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 Rietfontein 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 Mxhosa, 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 result in his refusal to take medication," he says

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

Dr John Hewitson, 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

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

Mxhosa 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 to find them at work, 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

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 Fourie of the Medical Research Council, so aptly 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"

Tuberculosis epidemic spreads

(91) BD 24/3/97

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 Refiloe Matji 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 groups, 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 2 000

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 rands in years to come," said Matji.

TB warning

CT 24/3/97

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 R18 billion to the country.

(91)

New fight against an old disease

Changing Cape Town's tag as TB capital of world

(91) ARG 24/3/97

JENNY VIALL
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 50 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 in 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's so crucial Part of Ms Keating's job is to do home visits to those who stop taking medication, the defaulters

CHANGING CITY

C.T. ARGUS

TRACKING A CITY IN TRANSITION

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

BRENTON GEACH

Medical aid: William Baartman must take up to 15 pills a day in his fight against tuberculosis

(91)

Argus
24/3/97

talk to them, explain to them how important it is to complete treatment Once treatment has started, a person is no longer infectious"

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

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 60 and 280 percent as HIV/Aids increases

New method of fighting TB offers a ray of hope

(91) Star 24/3/97

Treatment strategy has already shown positive results in fight to stop major epidemic in its tracks

By Janine Simon
Medical Correspondent

It is too early to tell how swiftly South Africa's new tuberculosis control programme will rein in the runaway TB epidemic, but Andrew Chimango (26) is already feeling the benefits

A control room operator for an Alrode, Alberton, security firm, Chimango was diagnosed with TB more than three months ago, and referred to the Katlehong North Clinic for treatment

Ten years ago he would have been incarcerated in a TB hospital for six months, dodged coming to the clinic when his shifts changed, or gone travelling

But Sister Aletta Khanye, who runs the small East Rand clinic's TB programme, has a better option

Chimango's details are recorded into a specially designed new blue TB file; his daily record of medication – for most TB is cured by taking a combination of the drugs isoniazid, rifampicin, parazinamide and either ethambutol or streptomycin for six months – noted in a green passport-size record card he carries with him, and all case details recorded in the forms to be forwarded to the national Department of Health's TB register

When the bow-legged young man is on night shift, he walks to the clinic and has Khanye hand him the pills and watch him swallow, on day shift, his work supervisor does the same job, and signs the green card

There were initial side-effects, but now, says Chimango, "I'm feeling much better, and I've no problems with taking the medication"

Better still, the medication costs the state just R60 a month, and stops dead the spread of the bacillus

That's the beauty of directly observed treatment (short course) or DOTS, the strategy the World Health Organisation is punting as the solution to the global TB epidemic, and around which South Africa is now actively organising after years of throwing money in unco-ordinated and expensive attacks on the decades-old epidemic

Before DOTS, the provincial TB programme cost R100-million for a 50% cure rate, says Dr Liz Floyd, Gauteng's director for Aids and communicable diseases.

Yet, with more than 100 agencies providing treatment, as well as a significant number of staff, clinics, hospital beds, laboratory services, and drug supplies, large numbers of people became ill, and many died

Money went on keeping patients in hospital beds, and unnecessary tests, like sputum cultures on all patients Laboratory expertise was unquestioned, but service so poor that results took up to three weeks to filter through, while the patient coughed, and spread infection Service was unco-ordinated, and treatment results unknown

Millions of rands wasted in the past

Curable TB in South Africa was uncontrolled, and increasing, riding on the back of the HIV epidemic, and allowing the growth of often untreatable multidrug-resistant strains

The key to transformation was the 1996 National TB Review, which stripped bare the inefficiencies which fed what is now called one of the worst TB epidemics in the world.

The instructions were clear: have a single strategy, set management staff in place, standardise treatment and monitor results, and use existing resources properly.

In Gauteng, says Floyd, more than 300 clinic workers in 70% of targeted clinics have been trained Hospital doctors and one of the province's five regions still have to be trained Policy implementation is good at provincial and local authority clinics, and improving at hospitals, she says, and the amount being spent is the same

The response from the laboratory services of the South African Institute of Medical Research has been "fantastic", said Floyd

Services in three regions are being organised on a lab-by-lab, clinic-by-clinic, basis – which means centres like Katlehong North clinic have the diagnosis on the first sputum test ready by the time the patient arrives to produce his second sputum sample

What is proving more difficult is the keeping of the register form, but reports for the first quarter of 1997 are due out in April, and expected to be the first to adequately reflect the situation in the province

DOTS, says Floyd, is being practised in Germiston, KwaThema, Soweto and some outlying areas, but is not systematically being implemented across the province.

"We'd like to see the discharge of TB patients from hospitals, but this will only be possible once community supervision systems are in place," she says

In Katlehong, that's already happening Sister Khanye has no transpor and uses Santa care groups to follow up patients who have defaulted on treatment, she's also "taken off her shoes" and made good contacts with three nearby traditional healers, who now know when to tell their people to seek clinic help.

Dr Yesumuthran Chellappa, TB co-ordinator for Germiston, is proud of the accomplishments and is planning more improvements

There are still problems at Katlehong North clinic patients use public toilets to cough up infectious sputum samples for analysis and record-keeping is inaccurate with only 563 reported cases in Germiston in 1996, despite the fact that Sister Khanye alone sees 50 cases a day

"In a couple of months we'll have fibreglass coughing booths for the patients to cough up their sputum samples, and our record-keeping will improve," Chellappa says.

And so, too, will the impact on the epidemic

New lease on life ... a nurse administers tuberculosis medication to an ailing patient

Even Mandela has walked this road

By Priscilla Singh
Health Reporter

Jan van Riebeeck is credited with bringing tuberculosis to South Africa, and President Nelson Mandela, Archbishop Desmond Tutu and former Miss Universe Margaret Gardiner have been among the victims, says the South African National Tuberculosis Association (Santa)

Today, 41 years after the introduction of chemotherapy for TB, there are at least eight million cases of TB a year worldwide, Santa says

Almost all patients (85%) who take the treatment regularly for six months will be cured, but without treatment, most will die within two years

If treatment is discontinued, the bacillus which causes TB mutates during reproduction and a small number of mutations build up resistance to certain chemicals This is called multi-drug-resistant TB

The bacillus remains in the body and continues to multiply, and inevitably the disease becomes full-blown again

Santa Gauteng chairman May Zeiss says 1% of new patients and 4% of re-treatment patients are multi-drug-resistant

Like the common cold, TB is spread in the air through infected saliva coughed out by the patients One cough releases millions of bacilli into the air, which can remain active in dust for weeks

Early symptoms are a cough for more than three weeks, tiredness, weight loss, coughing blood, shortness of breath, loss of appetite, night sweats, a persistent lesion or lump, and chest pain

TB affects all sectors of society, says Santa director Julia van Heerden Early diagnosis and treatment is vital for cure and to prevent infection of others

Most importantly, TB patients need patience and motivation to adhere to the six-month treatment regime, and support is crucial But, says Van Heerden, medical attention alone cannot deal with the problem "We need preventive strategies, and to attack issues such as poverty, overcrowding and malnutrition, because TB only becomes active in people whose immune systems are compromised"

Shopkeepers join community battle against tide of tuberculosis

BD 25/3/97

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 Hlabisa in 1991, only 18% of patients completed their treatment

Hlabisa 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 Hlabisa-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 multidrug 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 Hlabisa 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 so far 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."

TB crisis – and we're the world leaders

Lack of political interest blamed for high SA figures

(91) ARG 29/3/97

PAUL OLIVIER
STAFF REPORTER

One of the world's oldest and most dreaded diseases, tuberculosis, came under the spotlight again on World TB Day, when it was revealed that more than a third of the world's population was infected with the disease and that the Western Cape had the highest incidence of the disease in Africa, if not the world.

Medical experts say there is little doubt that the Cape has become the TB "headquarters" of the world

This number of TB cases worldwide is expected to rise alarmingly over the next 10 years, should current trends continue

TB is a disease of poverty, thriving in areas with poor housing, education and low income, but everyone is vulnerable to it, especially children

The younger the child, the more serious the impact of the disease. Children often develop TB meningitis, leaving them mentally and physically disabled

Last year about 300 people died of deadly and incurable diseases such as the Ebola virus, flesh-eating bacteria and Mad Cow disease In contrast, highly-treatable TB claimed a staggering 3 million lives

In South Africa alone more than 10 000 people die of TB every year and in 1995 more than 140 000 new cases were reported, said Dave Perkins, chairman of the Western Cape branch of the South African Tuberculosis Association (SANTA)

As many as 3,5-million cases of TB were expected in South Africa by the year 2007 if current trends continued

Last year 22 173 cases of TB were identified in the Western Cape, with 70 percent of the victims being newly-reported cases

Indications are that many people are not being cured, perpetuating the cycle of infection and the spread of the epidemic

Experts said a lack of political commitment to TB control, fragmented health services and poor management systems contributed to the high rate TB in the Western Cape

TB has been declared an emergency in South Africa, enabling the Department of Health to mobilise communities, government departments, the private sector, and a wide range of roleplayers to respond to the problem

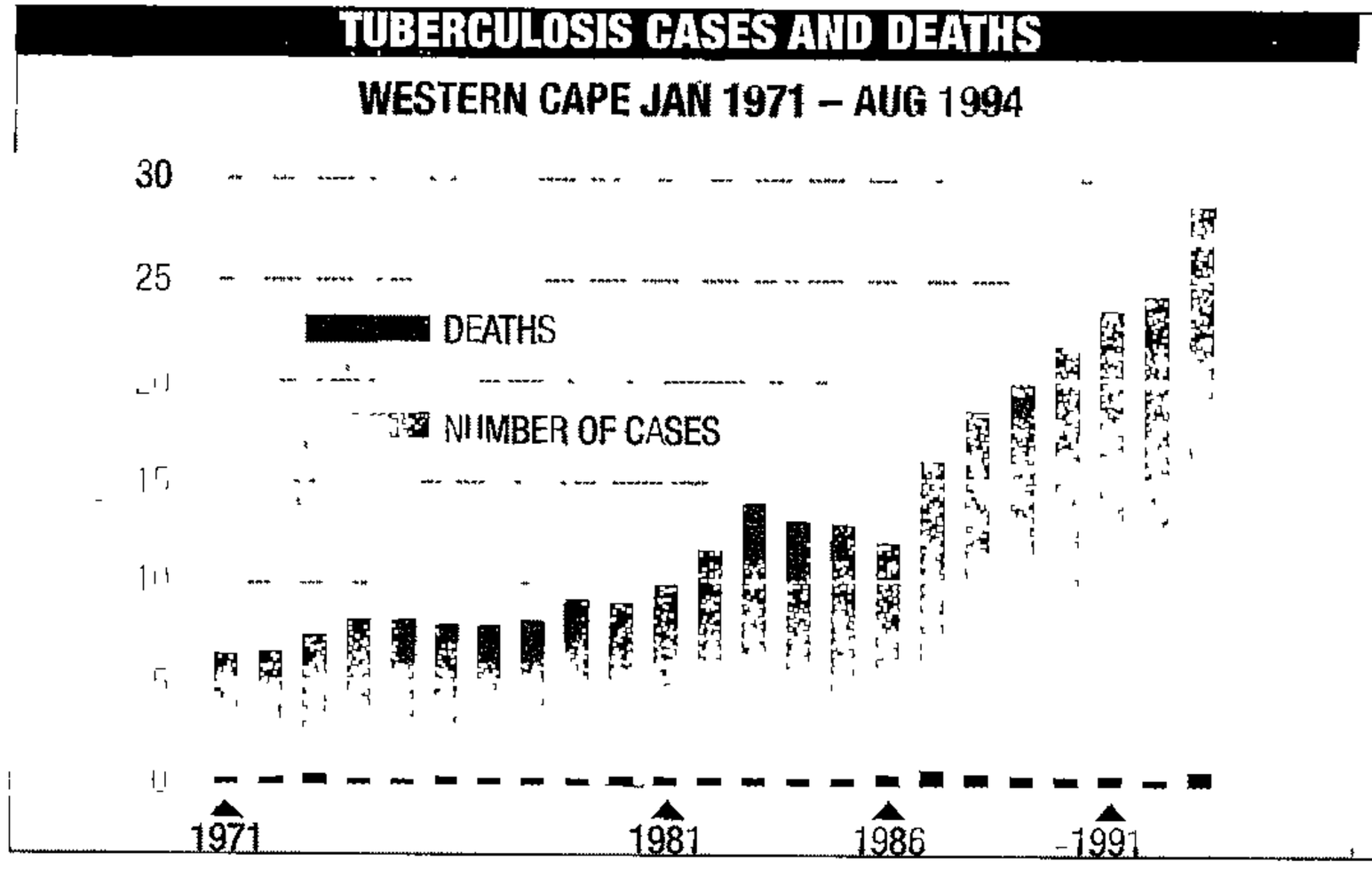
According to the new TB Register, which is in its first year of implementation, the cure rates of infected patients have increased from 63 percent to 72 percent.

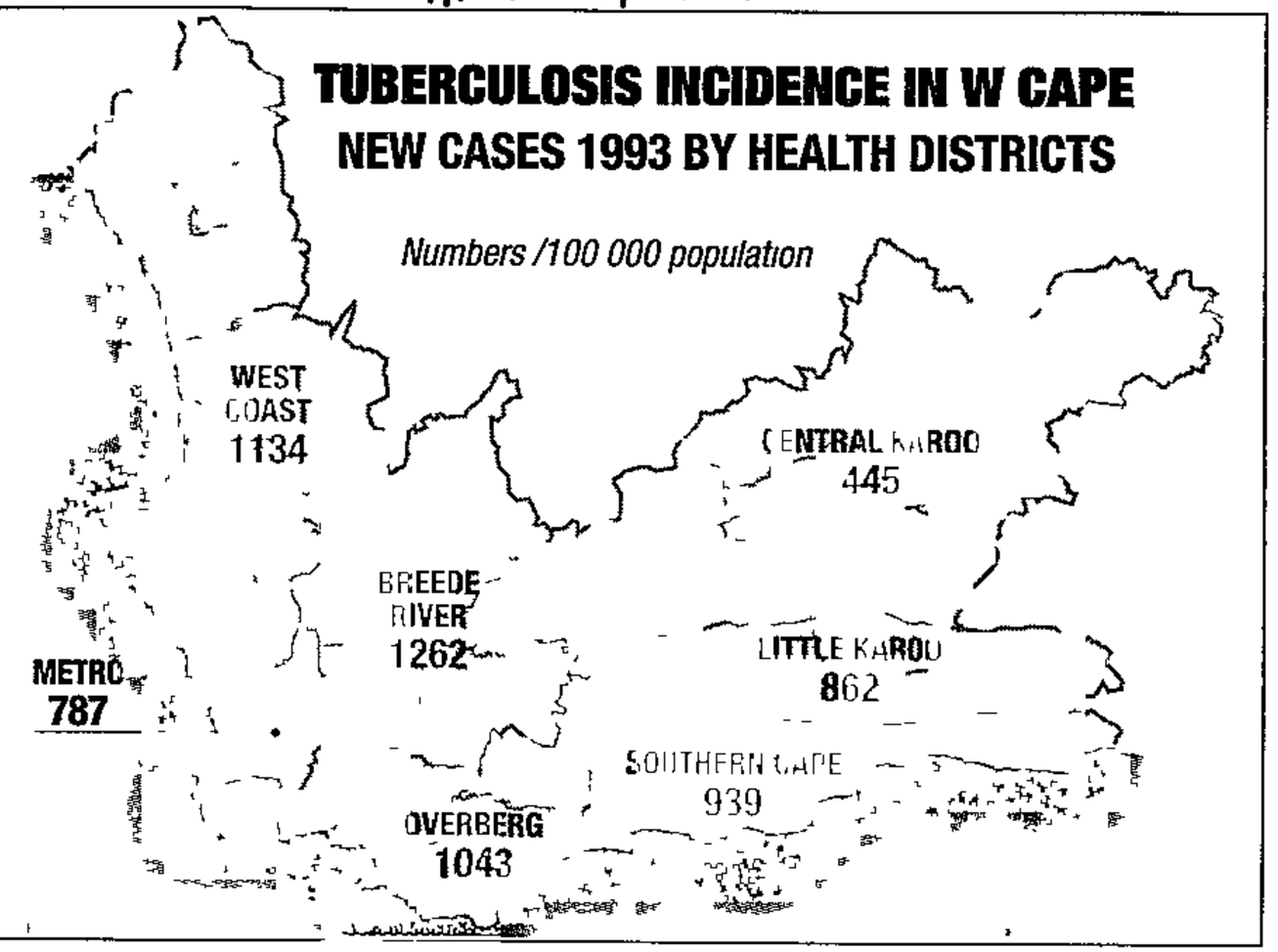
Western Cape Health Minister Ebrahim Rasool said that if this kind of progress was made in one year, the target of an 85 percent cure rate could be achieved for new patients

But TB can only be eliminated if it is taken beyond the limits of the formal health sector A new TB control programme using the DOTS method (directly observed treatment) in clinics, workplaces, schools and the community has been implemented for the first time, with great success

The World Health Organisation has found DOTS to be most effective in ensuring medication is completed Patients who default during treatment are a major problem as strains of TB develop which are resistant to drugs

Non-government organisations have an important role to play in combating the disease, which in South Africa, has been attributed to a political, rather than a medical problem. This is because TB did not receive priority in the past





ROY WIGLEY

Dose: Olive Shisana and Ebrahim Rasool with patient Bonakele Benxa

Guguletu TB project wins WHO praise

(91) ARG 17/4/97

JENNY VIALL
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 (91) BD 23/6/97

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 which 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 was between 50% and 60% — not high enough to make an impact on the epidemic, Cameron said.

HIV-TB link threatens the nation

(91) (Aids)

Sowetan 24/9/97

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 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 (97)

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

BD 25/7/97

'TB kills more than murder, Aids, malaria'

Star 25/7/97 (91)

Tuberculosis 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 80% of all communicable diseases reported to the Department of Health

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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 (48%) and the North West (46%) Only 14% of the population in the Northern Province smoked – Sapa

Still hope in fight against TB

(91) Sowetan 25/7/97

By Mokgadi Pela

SOUTH Africa hopes to see an improvement in the tuberculosis epidemic by the year 2003 as the Directly Observed Treatment Shortcourse (Dots) pays dividends, an expert on the disease has said

Talking to *Sowetan* in an exclusive interview this week Medical Research Council head of TB research Dr Bernard Fourie said people should remember that it was not possible to turn the epidemic around overnight

"However, we are optimistic that, given the success of the Dots programme, we should be able to contain the epidemic by the year 2003," Fourie said

The Dots strategy is a patient-centred approach that provides support to TB sufferers by observing them swallow their TB drugs and ensuring that they complete their treatment The National TB Control Programme aims to cure 85 percent of all TB patients in the country

Fourie believes that a successful TB programme can prevent 1,7 million new TB cases, avert 50 000 deaths and save R2 billion by the year 2003

He said initial success had already been achieved in Mpumalanga He attributed this to the Ministry of Health's observance of World Health Organisation recommendations in tackling the epidemic

Fourie said an added boost in the fight against TB was to see director-general of health Dr Olive Shisana being personally involved in the struggle "For instance, she expects weekly reports from provinces about the epidemic," he said

The Dots strategy comes after Health Minister Dr Nkosazana Zuma's declaration of TB as a "national priority" This was followed by the Western Cape Region, which also declared TB a "provincial emergency"

It also comes after South Africa has been declared by the World Health Organisation as among the worst hit areas with TB Latest figures show that more than 10 000 South Africans die every year from the bacteria Fourie said without correct treatment, a minimum of 90 000 people will die of the disease by the year 2003

According to the Ministry of Health, TB kills more adults annually than any other infectious disease It said the urgency of the need for effective programmes could not be overstated

True extent of HIV problem revealed as clinical symptoms appear

By Janine Simon
Medical Correspondent

The Aids epidemic has come out of hiding, bringing with it a major tuberculosis epidemic, says the Medical Research Council

Professor Abdool Karim, director of the MRC's centre for epidemiological research, says the Aids epidemic, for so long hidden because people were living with HIV, but were not ill, is now easily seen

In Hlabisa, a rural district in KwaZulu Natal three hours north of Durban, medical and paediatric admissions at the local hospital have skyrocketed as the clinical symptoms of HIV infection start appearing

Surgical admissions have stayed static

At the same time the TB incidence in the district has increased 300%, from 312 in 1991 to 1 250 cases in 1996 – despite the fact that Hlabisa's TB control programme had a 90% cure rate, and the 205 000 people had extremely well-developed health systems

The number of adult TB patients who were also infected with HIV rose from 8,7% in 1991 to 70% in 1997, according to a briefing document the MRC prepared for the National STD-HIV Review team

Karim said researchers could fingerprint each strain of TB and so trace the path of infection in the community They found most of the new cases in Hlabisa were unrelated to others circulating in the community

The executive summary of the findings of the national review was presented to Health Minister Dr Nkosazana Zuma

A two-day conference to discuss the findings is planned for August 7 and 8

Star 28/7/99

Link between TB, HIV spelled out

(91) BD 14/8/97

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 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 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.

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 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

'WE NEED TO MONITOR THE EPIDEMIC'

HIV, Aids should be notifiable — Zuma

(91) (@) CT 14/8/97

WE NEED TO know more about the epidemic ... how else are we to plan for the future?" says Health Minister Zuma, "But we don't need names and addresses." Health Writer **CAROL CAMPBELL** reports.

TO GAUGE accurately how fast the Aids virus is spreading in South Africa, Health Minister Dr Nkosazana Zuma is pushing to make HIV and Aids a notifiable disease

In a speech to health policymakers in Cape Town this week, Zuma said she did not want to know sufferers' names and addresses, but details about their age, gender and the location of the clinic where they were tested

Aids activists have warned her the epidemic will be pushed underground if HIV-positive people are identified, and she has assured them she does not need that kind of detail" to monitor the epidemic. "Some people confuse notification with publication — this is not what I mean," she said

She said the health department should also be told when a patient died of an Aids-related illness. "Every weekend we are burying people in every province who have died of Aids. Lots of people pretend they don't know why they are dying, maybe because the reality of it is too scary to face.

"But we need to know more about the epidemic because how else are we going to plan for the future?" she said.

In Kenya it has been predicted that by the year 2010 there will be twice as many Aids patients as hospital beds. Already half the hospital beds in that country are filled with people dying from Aids-related illnesses.

The present system used to monitor the spread of the virus in South Africa involves random, anonymous testing of pregnant women using public, antenatal clinics.

Although this surveillance system has been widely used through Africa, in this country it excludes the 20% of the population who go to private doctors. There are also problems with the way the survey is conducted

NEEDS TO KNOW: Nkosazana Zuma

Dr George Tembo, a United Nations Aids worker based in Nairobi, said effective surveillance systems did not depend on making the virus notifiable

The system successfully used in Uganda and Thailand, known as the Sentinel Surveillance for HIV infection, is basically the same as the testing system used in South Africa.

"It involves taking blood from ante natal clinic attenders who have blood taken for other reasons and then testing the blood for HIV.

"The blood is tested as a group and no names are attached to the samples

"The hospital staff do not know who has tested positive and the clients themselves are not told their status.

"Even if the staff wanted to tell them their status they would not be able to because they would not know who was positive or negative."

The big advantage of the system is that people don't know they are being tested for the virus and so don't avoid the clinic doing the testing.

People are also not given results that they may not want

"The decrease in HIV trends in Uganda and Thailand were observed using this system."

Mr Kevin Osborne, spokesman for the National Association of People Living with Aids, said HIV-positive people realised the importance of tracking the epidemic so it could be controlled but the protection of an individual's privacy was paramount.

"Dr Zuma was right when she said all people had rights and responsibilities If a person is going to have sex with someone whose history they don't know they should automatically treat the person as HIV-positive and take precautions to protect themselves."

Forcing people to "come out of the closet" would lead to discrimination and fear, he said

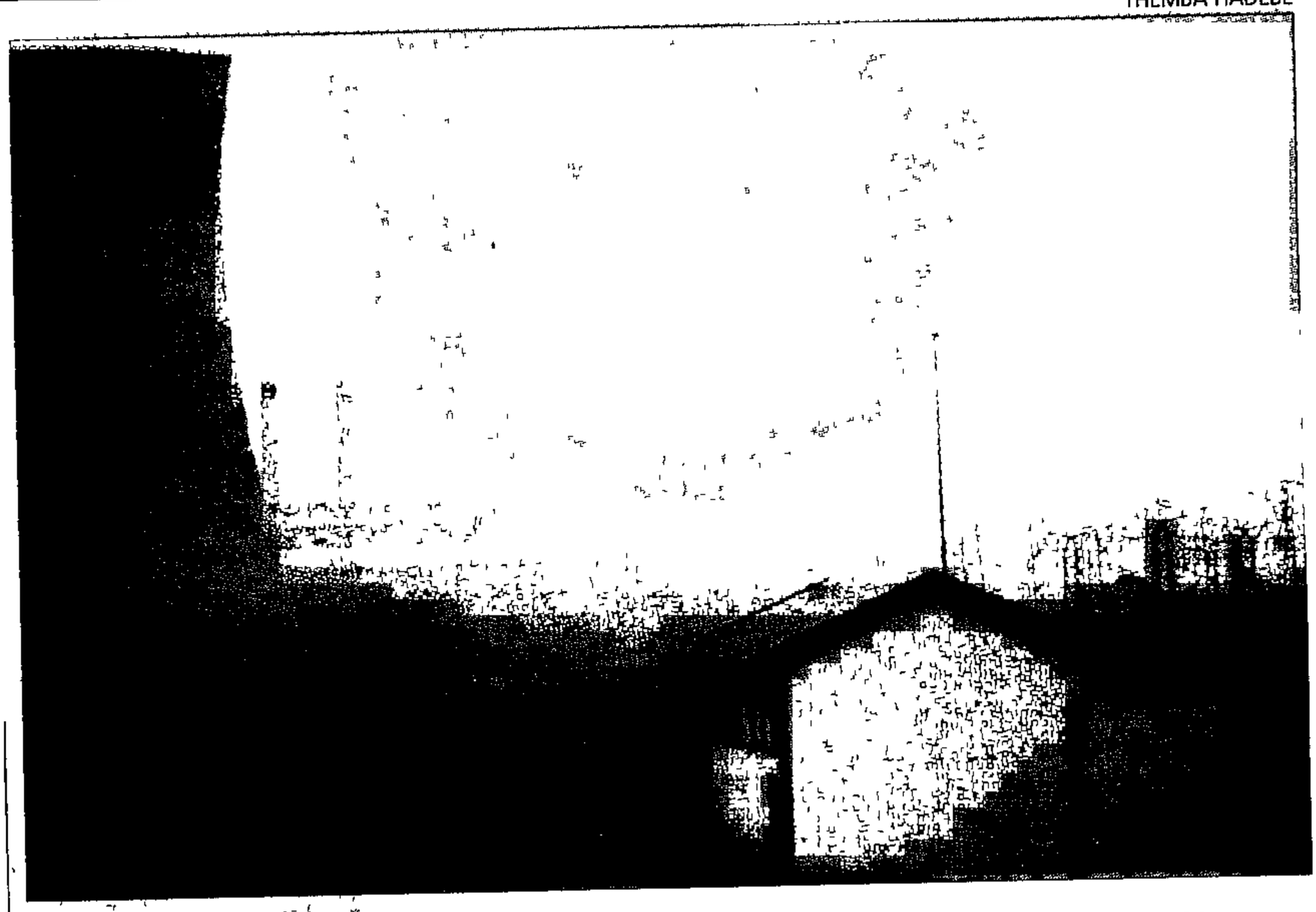
Ms Nikki Shaay, spokesman for the National Aids Convention of South Africa, said the Australian system of surveillance appeared to be a reliable way to track the epidemic

"A person who tests HIV-positive is coded by the doctor and the code and basic information are sent to the health authorities. When they get sick or die the doctor adds this information to the patient's anonymous computer file so that the health authorities know where they stand.

"The only person who needs to know the identity of the patient is the doctor," said Shaay.

The Star ... Thursday ... August ... 1997

THEMBA HADEBE



Breathe at your peril ... many Soweto residents could be suffering from respiratory ailments because of high pollution levels and smog.

Respiratory problems prevalent in Soweto

Star 28/8/97 (Eb) (91)

By Bongiwe Mlangeni

A recent study by Wits University's sociology department shows that 40% of Soweto's residents complain of respiratory problems. Soweto is estimated to have 1,4-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 30% 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 untarred 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 .. Page 20

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

Star 25/10/97

(91)

Retail chains to support TB treatment education drive

BD 28/10/97 (91)

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

CAPE ARGUS, **THURSDAY**, NOVEMBER 13, 1997

Fears as TB on rise in HIV cases

Preventative plan launched

JENNY VIALL
HEALTH REPORTER

(91) (98)
ARG 13/11/97

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

TB and HIV more related every day

By Mokgadi Pela

THE twin evils of HIV and tuberculosis are presenting some of the most serious challenges to medical scientists, experts claim

Already, some parts of the country are experiencing the initial impact of the HIV epidemic on health services Tuberculosis has become the most common presenting feature of all the HIV diseases in South Africa

In Hlabisa district, about 300km north of Durban, co-infection with HIV in adult TB patients rose from 8,7 percent in 1991 to 28,3 percent in 1995

At Rietfontein Hospital in Gauteng, in 1997, 60 percent to 80 percent of newly-admitted TB patients were co-infected with HIV

Speaking to *Sowetan* , the director of the Centre for Epidemiological Research at the Medical Research Council, Professor Salim Abdool Karim, said the prevalence of HIV infection in adults with TB in Hlabisa district in KwaZulu-Natal had increased from 35 percent in 1993 to 70 percent in 1997

"Around half of the TB cases are directly attributable to HIV infection Of particular note is that in 1989, TB accounted for 4,7 percent of all hospital admissions, compared to 8,3 percent in 1995," Karim said

On a positive note, however, community-based Directly Observed Short-Course Therapy was still showing promise He said 90 percent of all TB patients in Hlabisa were being managed in the community, and treatment completion rates were about 80 percent

The average length of a hospital stay for TB patients has fallen from 92 days in 1991 to 22 days in 1996 He said the Dots strategy had proven to be highly cost-effective and it offered a viable model for the country, both in managing TB and in how to decongest the hospital of other HIV-related conditions and how to utilise community resources

Outgoing Gauteng Premier Tokyo Sexwale seen with three HIV-infected children - Chiku (6), Given (4) and Angela Hlatshwayo (19) at the Hope for the Children Aids celebrations in Joubert Park, Johannesburg, on Saturday.

PIC JOE MOLEFE

Research yields TB's genetic map

~~Star~~ Star 19/12/97

(91)

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

REUTERS
London

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.

VINCENT YU / AP

HEALTH AND DISEASE

— V.D

1997

JAN — JULY

No time to dwell on past as new Aids chief plans to change

4/1/97 (92) Star

By GLYNNIS UNDERHILL

Cape Town – The beleaguered Department of Health's National Aids Plan is undergoing a revamp, intended to shake off its tardy image

Rosemary Smart (48), the newly appointed chief of the directorate for HIV/Aids and sexually transmitted diseases at the department, agreed that last year was a "down period" which she planned to turn around in 1997

Smart acknowledged that the *Sarafina 2* debacle and other problems did little to enhance the work being done to fight Aids However, she does not believe a single year of less than optimal operation can be blamed for a worsening epidemic It is believed as many as 2 million South Africans are already infected with the virus, with an estimated 500 new infections a day

"So much groundwork has already been done It is really a matter of us trying to implement it I will not try to make excuses for the past as it would be pointless to justify it

"My message would be to not dwell on the past I realise the response to the disease is seen to be inadequate, but we know what has to be done to fight the epidemic and what constitutes an effective response," said Smart

She has just taken over the post vacated by Quarraisha Abdool Karim, who resigned more than six months ago

In November last year, on the eve of World Aids Day, Aids educationists and health workers described the National Aids Plan as a shambles

They criticised a perceived lack of real commitment at a senior level to fighting Aids Smart plans to change that perception by following the plans drawn up the National Aids Convention of SA (Nacosa), which were handed over to the Government in 1994 Nacosa represents major stakeholders, including provincial and national government, as well as non-governmental organisations and other national bodies The problem with implementing the Nacosa plan in 1995 was that it would cost R250-million to operate over a one- to two-year period, Smart said

'Sarafina debacle and other problems did little to enhance the work being done to fight the epidemic'

At that stage the budget was only R20-million and strategies had to be prioritised Although the Aids budget for 1997-98 has not been increased from last year and stands at R40-million, Smart plans to draw on foreign funding and aid

Key strategies have been outlined to try to implement an effective programme, she said Leadership in policy development and guidelines had to be developed, as well as broadening the responsibility for the epidemic to include other government departments on a national and provincial level

Smart plans to ensure vital life-skills programmes are implemented at targeted secondary schools this year

Provisions for condom distribution, with the female condom being more selectively used due to a lack of training, is high on the agenda Other priorities are care, counselling and support for those with HIV and Aids

Her directorate will be increasing its staff complement and placing many of the new staff at provincial level, where they will introduce training and programmes

The directorate plans to target people at high risk, including sex workers and truck drivers Taking over the role of what is seen as a tarnished directorate has not deterred Smart, who is adamant the negative views will be turned around

While she recognises that a single department cannot turn the epidemic around in the short term as the situation is fed by many socio-economic factors, she hopes to develop a respected and speedy programme of action

"I've had the most incredible welcome and I must thank everyone for the cards, letters and faxes It is the start of a new year and we can turn over a new leaf and start again," she said

tarnished image

New chief vows to turn Aids battle

Consign Sarafina to past, says Rosemary Smart

(92) ARG 4/1/97

GLYNNIS UNDERHILL
CHIEF REPORTER

The beleagured Department of Health's National Aids Plan is being revamped to shake off its tardy image.

Rosemary Smart, 48, the newly appointed director of the directorate for HIV/Aids and sexually transmitted diseases at the Department of Health, agrees last year was a "down period", one she plans to turn around in 1997.

Mrs Smart acknowledged to Saturday Argus that the *Sarafina* debacle and other problems did little to enhance the work being done to fight Aids in this country

But she does not believe a single year of less than optimal operation can be blamed for a worsening epidemic It is believed that as many as 2-million are already infected with the virus, and that 500 more are infected every day.

"So much groundwork has already been done It is really a matter of us trying to implement it I will not try to make excuses for the past, as it would be pointless to try to justify it. My message would be to not dwell on the past

"I realise the response to the disease is seen as inadequate, but we know what has to be done to fight the epidemic and what constitutes an effective response," said Mrs Smart

Mrs Smart has just taken up the post left vacant by Quarraisha Abdool Karim, who resigned more than six months ago

In November last year, on the eve of World Aids Day, Aids educationists and health workers described the National Aids Plan as a "shambles "

Among a long list of criticisms, they claimed a perceived lack of real commitment at a senior government level to fighting HIV And the fact that nobody replaced Mrs Karim for many months only heightened scepticism

Mrs Smart plans to change that perception by following the plans drawn up the National Aids Convention of South Africa (Nacosa), which were handed over to the Government in 1994. Nacosa represents all big stakeholders, including government at provincial and national level, as well as non-governmental organisations and other organisations with national standing

The problem with implementing the Nacosa plan in 1995 was that it would cost R250-million to operate over one or two years

At that stage the budget had been only R20-million, and strategies had to be prioritised, said Mrs Smart

Although the Aids budget for 1997/1998 had not been increased from last year and stood at R40-million, she planned to draw on foreign funding and aid, she said

Leadership, policy and guidelines had to be developed, and responsibility had to be broadened to include other government departments at national and provincial level

Mrs Smart planned to ensure vital lifeskills programmes were implemented at targeted secondary schools this year Provision for condom distribution, with the female condom being more selectively used owing to a lack of training, was high on the agenda

Top on the list were care, counselling and support for those with HIV and Aids, said Mrs Smart

Meanwhile the directorate for Aids /HIV and sexually transmitted diseases would be increasing its staff complement and placing many at a provincial level, where they would introduce training programmes

The directorate planned to target people at high risk, including "sex workers" and truck drivers

Taking over the role of what is seen as a tarnished directorate has not deterred Mrs Smart, who is adamant the negative views will be turned around She recognises that a single department cannot stop the epidemic in the short term, as the situation is fed by many socio-economic factors, but hopes to develop a respected programme of action

Victims wait for death in lonely silence

Star 10/1/97 (92)

Zimbabwe AIDS sufferers fear ostracism so much that they suffer and die alone rather than disc[illegible]

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

By Shehnilla Mohamed
Harare

Tapiwa (33) has never discussed her HIV positive condition with any of her family and friends, not even her 13 year-old son "It is my burden and I have to carry it alone until the day I die I have seen how people who have admitted to being HIV positive are ostracised and mistreated by the community I would rather suffer and die in silence than ever let anyone find out," she says

A school bursar by profession, Tapiwa says she had heard of AIDS but was not sure what it was until a day in 1993 when she went for an AIDS test

"I had just recovered from a bout of lymphatic fever and was advised by the doctor to undergo a series of tests, including an AIDS one Not even for a second did I suspect it would be positive The result left me stunned with disbelief," she recalls

At the time Tapiwa was still mourning her husband who had died in a car accident five years earlier "I loved my husband very much and have always been faithful to him, even after his death So I could not understand how I could have contracted such a disease," she says

Determined to find answers to her questions, Tapiwa questioned the family doctor who told her that her husband had been diagnosed as HIV positive in 1988, the year of his death.

"I believe he committed suicide because he was unable to live with the knowledge that he had AIDS and may have passed it on to us"

Unable to deal with these blows, Tapiwa resigned from her job and retreated into a world of her own.

"I had been handed a death sentence and I thought I would die within the next few days, so I went home and aimlessly waited to die," she recalls

During this time she said she became seriously depressed "I felt desperate, angry and suicidal This was compounded by the fact that I could not discuss my condition with anyone for fear of being mistreated or ostracised I kept everything bottled up inside until I thought I would go mad"

Her decision to keep her condition a secret was made stronger by the case of a 30-year-old woman dying of AIDS in her home

"She was too weak to wash or feed herself and was lying soaked in urine and her own excrement She was severely undernourished," Tapiwa said

"Nobody dared take food further than the door of her hut, and she was too weak to reach it herself A mission sister came and washed and cleaned the woman's clothes, bedding and hut, made her soup and prayed with her When she visited her the next day, the woman had died"

Tapiwa says she would hate to die such an undignified death. She believes that if people do not know of her condition they will not fear her

"My secret is locked away deep inside me with no hope of escape I will especially never tell my son, or any of my family members that I have AIDS because I do not want to burden them with the knowledge"

Tapiwa's case illustrates the findings of an International Centre for Research on Women (ICRW) study on Africa, which documents increasing rates of HIV infection among monogamous married women, who have both an understanding of heterosexual HIV transmission and access to condoms

What they lack is the power to control their husbands' sexual behaviour

The Harare Association for Women with HIV/AIDS (HAS) conducted a recent study on the consequences facing women living with AIDS in Zimbabwe It revealed that after contracting the disease, 80% of the women are either divorced or widowed, their husbands usually having died of AIDS and only 20% remain married

About 90% of the women are reported to face discrimination in health, education and in their work places

"Rural women were found to be at higher risk due to ignorance, while the mothers of HIV positive children suffer social exclusion from the community," the study said

Data was collected from eight support groups with approximately 30 to 50 women in each group

their shame.

The Family AIDS Support Organisation, FASO, says stigma and discrimination are still experienced by people living with HIV/AIDS Women face particular problems because of a lack of financial independence, difficulties in negotiating safer sex, and cultural practices associated with death and decision-making

The World Health Organisation, WHO, projects that a total of 40 million infections will have occurred worldwide by the year 2000 Over 90% of these cases are in developing countries Already some 5,8 million deaths are thought to have occurred, including 13 million in 1995 alone The number of children orphaned by AIDS is variously cited as between five and ten million.

Sub-Saharan Africa, as a whole, is believed to have 60% of the global total of people with HIV, but only three per-

cent of global AIDS funding for research and programme development.

While India has the highest estimated number of HIV-positive citizens at more than 3 million, Botswana, Zambia and Zimbabwe have been singled out as having particularly severe epidemics with adult HIV seropositivity estimated at 18%, 17% and 17% respectively

According to the ICRW, of the estimated 18 million adults infected with HIV worldwide, more than 8 million are women. The proportion of women among HIV-infected adults is reported to have risen and is projected to exceed 45% in 1995

By the year 2000, fully half of all adults with HIV will be women and 90% of these will likely to have been infected through heterosexual intercourse.

■ Sid Aids Alerte International will host a seminar on HIV/AIDS STDs and Tuberculosis from February 19-25 this year in Abidjan, Ivory Coast – Star Foreign Service/AIA

Zimbabwe wives warn: 'Don't give us Aids' (92)

Husbands could face prosecution ARG 13/1/96.

SHENILLA 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.

Yunis 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
CT 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 Sithembiso Shezi 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 structure, he said

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

Shezi 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

(92) CT 13/1/97

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 **ANEEZ 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 up office last month to replace Ms Quraisha 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 rally in Botshabelo in the Free State yesterday, President Nelson Mandela admitted the government had made some very fundamental and serious mistakes in its handling of the Sarafina 2 issue

The bigger issue, however, was whether the ANC-led government had been prepared to learn from its mistakes, Mandela said

Finding a replacement for Abdul-Kareem took a long time

Aids activists, who had originally accused the department of acting unilaterally, complained later in 1996 of a paralysis that had set in once the Sarafina 2 scandal had been exposed

The department settled on Smart as Abdul-Kareem's replacement only after a second call for applicants

The impasse had created much despondency in the struggle against the pandemic

Smart says "Reviewing the achievements of the past year, 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 directorate 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 (directorate) for the duration of my two-year tenure"

Smart has pledged that 1977 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

Red Cross to give specialist care only

CT 13/1/97

NASREEN SERIA

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 — Mitchells 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 co-ordinate the process

Red Cross and Tygerberg children's department will still be open 24 hours a day to deal with emergencies and referrals

'No approval' granted for new Aids drug trials

ARLT 24/1/97 (92)

JOHANNESBURG The Medicine Control Council (MCC) could not supply information about the supposed new Aids medicine Virodene P058 or about trials conducted on patients using it, a member of the Africa HIV/Aids Information Centre said yesterday

Dr Stephen Miller said he had contacted the council on Wednesday

"There seems to have been no approval" for the research, he said If the MCC had not approved the research project through the normal procedures, then it should have been approved by the University of Pretoria's ethics committee

To his knowledge, this had also not happened

Miller said should the research prove to be a failure in the long run, it would be "extraordinarily disastrous" for future medical research in the country South Africa could also become the laughing stock of the world

Asked whether he would lodge a formal complaint with the MCC against the research team, Miller said formal complaints could only be lodged by "the patients themselves"

He said the ability to bypass normal channels and grandstand research findings before the cabinet to get more funds for research showed up the craziness of the South African situation, where the state provided little treatment for HIV/Aids sufferers and medical aid societies did not reimburse patients for treatment — Sapa

CLAIM 'UNPROFESSIONAL'

Despair as hopes of miracle cure fade

CT 24/1/97 (92)

HEALTH WORKERS yesterday criticised Wednesday's announcement of a "breakthrough" Aids treatment and questioned the high-profile presentation to the cabinet of preliminary findings **ANEEZ SALIE** reports

PRISONERS at Pollsmoor Prison yesterday morning were among thousands of people living with HIV/Aids who openly rejoiced at news of a drug breakthrough — only to have their hopes dashed later in the day when the claim was denied

The prisoners and others were so excited they demanded to be included in trials for the new "wonder drug", Virodene They are excluded from trials for expensive AZT and 3TC drug cocktails, which retail at R4 000 a month and have to be taken over three years

Virodene would be priced at between R80 and R160 a month and needed to be taken for two months only, according to claims to the cabinet on Wednesday by Pretoria researchers Ms Olga Visser, Professor Dirk du Plessis, Dr Kallie Landauer and Mr Eugene Olivier

Deputy President Thabo Mbeki said his cabinet colleagues applauded the breakthrough and would consider funding further research on Virodene to the tune of R3,7 million The project was referred to the cabinet by Health Minister Dr Nkosazana Zuma

Non-government organisations in the HIV/Aids field, however, charge that they were not consulted — a repeat of the Sarafina 2 fiasco Even the government's own National Aids Advisory Board was unaware of the Virodene research and the subsequent cabinet announcement

Some media on Wednesday punted Virodene as a miracle cure for Aids Yesterday, however, research team leader Du Plessis of Pretoria University denied it was a direct cure at all

He said Virodene 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 Grimwood, who oversees HIV/Aids health services in the city, was outraged yesterday after visits to various HIV/Aids clinics in the Peninsula

He said he encountered at first an overwhelming joy, then an anxiety to be part of drug trials and finally, utter dejection when told the true state of affairs

"The way it was handled was completely insensitive, almost as if no one, from the cabinet down, really took the time to reflect on the effects the 'cure' hype would have

"It is as if they did not care that they were dealing with people who are hanging on to life by a thin line waiting for a miracle cure The whole thing was very unprofessional

"Now we have to do the damage control "

The National Association of People Living With HIV/Aids (Napwa), which said it represented more than two million South Africans with the virus, was equally concerned

While they welcomed any breakthrough, they had serious misgivings about various aspects of the research International ethics, norms and standards did not appear to have been adhered to, they alleged

In the protocol governing drug trials, any substance used on human subjects had to be approved by the Medicines Control Council A Napwa statement last night said no such go-ahead was given

It added "We are surprised that all prominent HIV and Aids researchers in SA have been completely unaware of this research The National Aids Advisory Board, the National Aids Convention of SA (Nacosa), Napwa and the Aids Consortium have also been unaware of these developments

"The unconventional presentation of these preliminary findings (together with) the cabinet's support and the media reports have unfairly raised the hopes and expectations of millions

"People are under the impression that the drug is commercially available and affordable, but due to the absence of approval by the Medicines Control 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 that they were dealing with people who are hanging on to life by a thin line waiting for a miracle cure.*
>
> **— Dr Ashraf Grimwood**

Sher calls for cheaper Aids drugs

(92)

Sowetan 14/1/97

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 shows 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 infection

Star 14/1/97 (92)

By Shenilla Mohamed
Harare

Fierce lobbying by women activists against a draft law that proposes a maximum 20-year mandatory jail term for anyone who knowingly infects another with HIV/Aids, excluding spouses, has resulted in Zimbabwe Justice Department agreeing to review and possibly amend the bill

Following the publication of the bill in the government gazette in August, the permanent secretary in the Ministry of Justice, Legal and Parliamentary Affairs, Yunus Omerjee, said the ministry had been inundated with requests from women's groups and individuals requesting 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 in accordance with the submissions received"

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

Omerjee said marriage should not become a licence permitting people to spread the disease and added that a law empowering a spouse to withdraw conjugal rights in such a situation was also being reviewed

He admitted, however, that implementation of the law would be "tricky and 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 He could admit it years later or when the spouse begins to develop symptoms, so there is a risk of facing evidential problems in such cases," he said

In its present form, the Criminal Law Amendment Bill states that the "deliberate transmission of HIV by infected persons to uninfected persons is a criminal offence" It states that the provision does not apply to married people Under the new law "a mandatory prison sentence of up to 20 years will be imposed on any person who is convicted of a sexual offence if it is proved that, at the time of the offence, the convicted person was infected with HIV"

The bill unleashed a howl of protest from women's groups who described the proposal, and in particular the exclusion of spouses, as a "mockery" since married women are the highest risk group for HIV transmission.

> **Women have no right to refuse their husbands sex**

Helen Jackson, director of research at the School of Social Work in Harare and founder member of the Aids Counselling Trust, said one of the most critical issues in curbing HIV and improving support for infected people was to empower women.

Jackson recounted an interview she had with one woman who said "My husband's girlfriend is dying of Aids and I know that means he is probably infected too I have tried to refuse sex because he will not use a condom with me He says it is not right for a wife to talk about such a thing, and he gets angry if I raise the subject Now when he wants sex he rapes me What can I do?"

Jackson said the plight of this woman highlighted the dilemma faced by many married women. She said the bill, in its present form, would just serve to aggravate the situation

"Culturally men and women expect men to control sexual relations within marriage, and women do not have the right to refuse their husbands sex, particularly if 'roora' or 'lobola' [bride wealth] was paid," she noted

"By excluding married women from the proposed law, they are effectively saying it is acceptable for a man to rape his wife when he is HIV-positive," said Lynde Francis, executive director of The Centre, an Aids support organisation.

Francis said she also objected to the fact that the proposal was drafted without consultation with women's groups She said it appeared the proposal was put forward without proper thought to the consequences

A survey on the bill revealed that while 90% of the women interviewed expressed anger at the exclusion of spouses, only 20% said they would actually prosecute their husbands for giving them the disease About 30% of the women said they were not sure and it depended on the state of their mental condition at the time The remaining 50% were adamant that they would not take action against their spouse in such a situation

"While I agree that women should have the right and option to make their own decision on this matter, I really do not see many women actually taking action against their errant husbands, even if they contract Aids from them

"We are dealing with decades of conditioning and socialisation, perpetuating the belief that women do not have many rights within a marriage and it is going to take a long time to erase these attitudes," said Stella Ncube, a teacher – Star Foreign Service/AIA

SA scientists claim AIDS drug breakthrough

(92) ARG 22/1/97

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 P058, 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 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.

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

(92)
ARG 23/1/97

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 PO58, was described as "a powerful anti-oxidant with strong anti-viral 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 R80 and R160 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 Visser, a researcher attached to Pretoria University, told Sapa reporters who broke the story yesterday

Her colleagues are Professor Dirk 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 R3,7-million to continue their research

If the claim proves correct they may have chanced on a cure that will be worth billions of rands 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 R138 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 R80 and R160 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 menengitis, 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 "

Researcher: Eugene Olivier, the pharmacologist who worked on the study

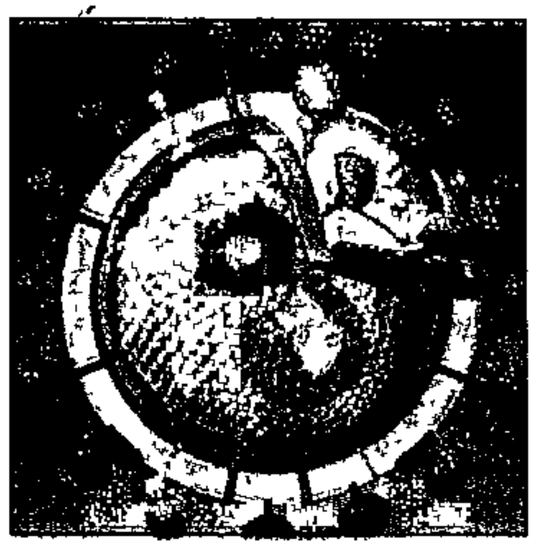
Virodene 'not a direct AIDS cure'

ARGUS CORRESPONDENT

Pretoria – Virodene is not a direct cure for AIDS at all, says one of its developers, Professor Dirk du Plessis.

Last night, 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."



AIDS precursor: the HIV virus

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 initiated 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.

ARG 23/1/97 (92)

'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

(92) CT 23/1/97

PRETORIA: The trial patients treated with Virodene P058, 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, boils 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 tired 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

Not a cure but a treatment — professor

ET 23/11/97 (92)

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 the 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 this, 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

Cabinet 'to consider' funding

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 assist 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 R3,7 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. CT 23/11/97 (92)

"Everybody applauded. It was a very 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

CT 23/11/97

'DANGEROUS AND UNFAIR'

Aids experts sceptical of 'miracle drug' claim

CT 23/1/97

(92)

A CLAIM before the cabinet yesterday that a group of Pretoria scientists had developed a breakthrough Aids drug was met with scepticism last night. **JUDITH SOAL** reports.

LOCAL and international HIV/Aids experts have expressed alarm after the announcement by South African researchers at a special cabinet meeting yesterday of a new "miracle" treatment for Aids

In a special presentation to the full cabinet, a Pretoria team of scientists said results of preliminary trials on about a dozen Aids patients over the past several months, using a formula patented as Virodene P058, suggested a major breakthrough in the fight against Aids and raised hopes for a cure

The announcement received international media attention, but Aids experts have expressed caution and condemned the way the results were released This criticism prompted an urgent meeting between the researchers and the dean of the University of Pretoria's medical school late last night.

According to early media reports, the researchers told the cabinet that Virodene — the chemical composition of which is still confidential — killed the Human Immunodeficiency Virus in the body and allowed people infected with HIV to live a long and normal life

Dr Greg Hussey, head of paediatric infectious diseases at the Red Cross Children's Hospital, said the claims would be fantastic if true, but warned against raising false hopes

"It's strange that the first the scientific community gets to hear of this research is in the media The claims have not been subjected to scientific scrutiny This can be dangerous and unfair to those living with HIV and Aids "

Dr Robin Wood, head of the department of medicine at Somerset Hospital, was surprised to hear of the announcement "I have just returned from an international conference on treatment for people with HIV and Aids, and this wasn't mentioned They have obviously been keeping it very quiet "

He said it was impossible to comment on the treatment until he had seen the data, but felt a study based on only 12 patients was insufficient to make such broad claims

An international Aids organisation also expressed alarm that the scientists had made a presentation to the government without first presenting it to their peers Dr Robin Gorna of the UK-based Higgins Trust said the formula was "no different" to other drugs she had seen

The Pretoria scientists told the cabinet yesterday that more research on Virodene was required and asked for R3,7 million in state funding, but Aids activists were outraged that the researchers had access to such a high level of government

"Aids organisations are all fighting for funding and we are finding it difficult to get access to any one in power, yet they can walk into the cabinet with untested results," said Hussey

Dr Andrew Clark, who works with people with HIV and Aids, was furious "The government has a shocking history of dealing with HIV and Aids SA has one of the highest incidences of Aids in the world, yet there is no funding for those working in the community, where Aids work is just falling to pieces "

Pretoria University issued a statement late last night saying than many of the initial media reports were false University spokesman Mr Mike Smuts said initial results of the new treatment were promising, but that it should be viewed as a breakthrough, not a cure

The university said the Department of Health was approached through Health Minister Dr Nkosazana Zuma, who had directed the request for funding to the cabinet

NEW HOPE? A child with Aids is hugged by Sister Margaret of Nazareth House children s home in Vredehoe

SA scientists' HIV, Aids breakthrough

(92) Sowetan 23/11/97

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 P058, 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 opportunist 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 has been patented by three scientists attached to the University of Pretoria They are researcher Olga Visser, who discovered Virodene's anti-viral properties, and cardiothoracic surgeons Professor Dirk du Plessis and Dr Kallie 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-preservancy 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 preservancy

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*

Tuks team has good Aids results

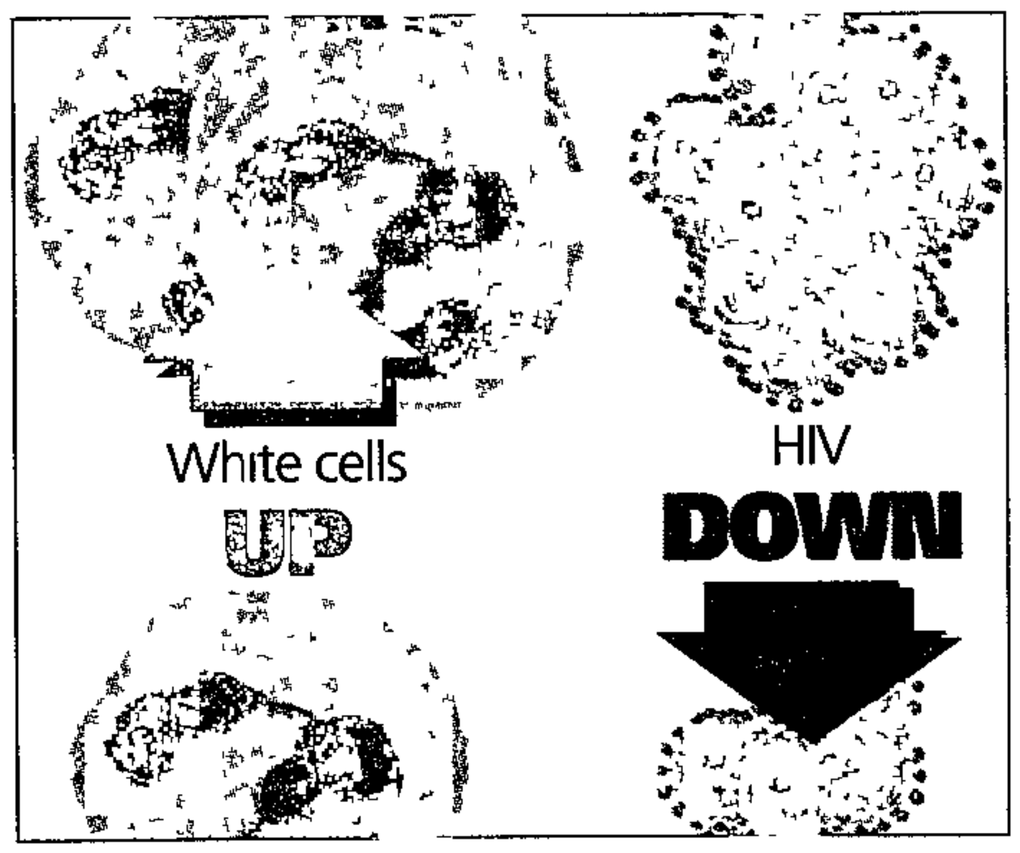
(92) Star 23/1/97

VIRODENE P058

What the new drug does

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

The white blood cells, or lymphocytes, 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 The so-called "three cocktails" drug treatment, until now the most successful Aids combatant, has produced similar, but far slower, results



The advantages

Another big advantage was that Virodene induced only minor side effects, The side effects of other Aids drugs, the "three cocktails" in particular, are so bad in some cases that the patient has to temporarily stop the regime to recover Researcher Professor Dirk du Plessis said the minimal side effects caused by Virodene – nausea and poor digestion – were eliminated by reducing red meat intake Virodene also caused some skin irritation, but not enough to stop the patient from carrying on with normal activities even while ointment was administered for eight-hour periods once or twice a week

Cont ↓

Excitement tempered with strong cautionary noises from other scientists as Mbeki says Government likely to fund further research

REPORTS BY HELEN GRANGE, JANINE SIMON, LARA SMITH, PRISCILLA SINGH, JAMEEL CHAND, JOVIAL RANTAO, AUDREY SEKWAKWA AND SAPA

Three researchers at the University of Pretoria have stunned the medical world with a claim that they have stumbled on an effective and cheap cure for Aids

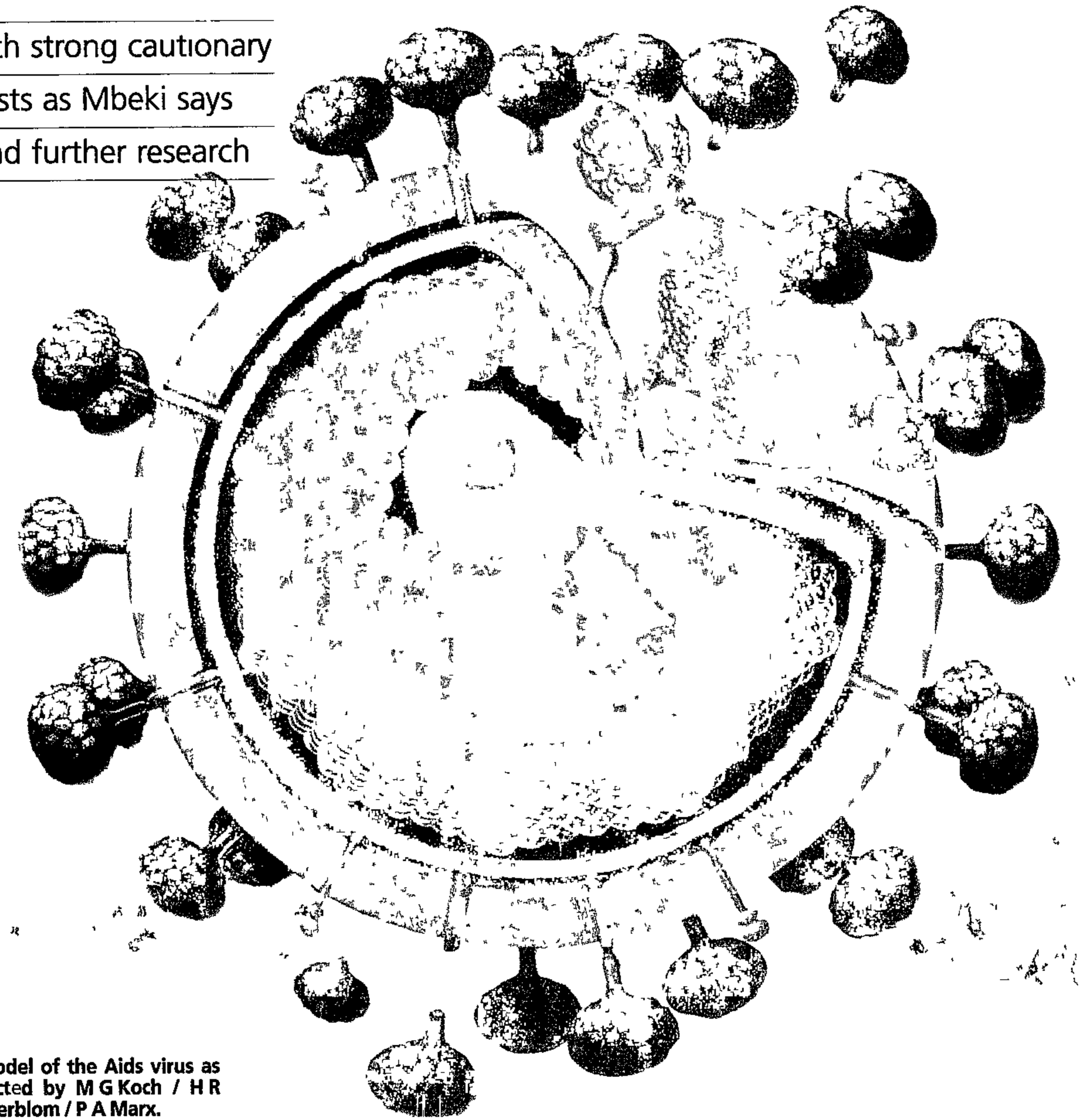
They presented their findings to a full meeting of the Cabinet at the Union Buildings in Pretoria yesterday and Deputy President Thabo Mbeki said afterwards that the Government would look favourably on their request for R3,7-million to continue their research.

Mbeki and the rest of the Cabinet stood up in spontaneous applause after the presentation

But the university warned last night that the promising results from early trials of its team's discovery of a new treatment still had to be properly tested. By then, however, the claim of the Tuks team had already flashed around the world

The three say that the medication they have stumbled on, and which they call Virodene P058, is "a powerful anti-oxidant with strong anti-viral properties"

Last night, after incredulous reaction from the medical world, the university said in a statement



A model of the Aids virus as depicted by M G Koch / H R Gelderblom / P A Marx.

Raised brows from medical fraternity

Local doctors last night expressed disbelief at the Aids-drug breakthrough and criticised the way the findings were released

The executive director of the National Institute for Virology, Professor Barry Schoub, said the research had not yet been subjected to scientific scrutiny

"If it is true, it must be published in the scientific journals and not in lay papers," he said

Dr David Spencer of Johannesburg Hospital's infectious diseases clinic said he was "quite surprised" and stunned that the scientists had gone to the Government to announce their "possible" breakthrough and had not appeared before a scientific body which would be able to analyse the data.

"I wonder how many people in the Cabinet have scientific degrees, that they will be able to understand and analyse the findings," he said

He found it curious that the Pretoria scientists had already set a price for the drug

"They have simply gone to the Cabinet and asked for a very large amount of money. On top of that, they already know how they are going to market (the product)"

Doctor Frank Garmany, a general practitioner who has a special interest in HIV, said he was not familiar with Virodene P058 but said the results were not different from other drugs He said a combination of drugs or triple therapy would give the same results as Virodene P058

What it costs

■ Virodene, which is administered in an adhesive patch and is absorbed through the skin into the blood, holds a number of other key advantages, probably the most important being that its market price will be a small fraction of that of other Aids drugs

The "three cocktails", at about $30 000 (R138 000) for an 18-month course or $1 667 (R7 670) a month, is way out of reach of the vast majority of Third World populations, who have been hardest hit by Aids Research scientist Olga Visser estimates that Virodene would cost between R80 and R160 a month Indications were that only a six to eight-week course of Virodene would be required

How the treatment works

■ Drug companies are reported to have reached a ceiling in the "three cocktails" treatment in that the drugs can only fight the virus in the blood itself The drugs are also only effective in newly-infected patients whose virus counts are still low

Research scientist Olga Visser says Virodene fights HIV in areas where other drugs can't 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 undergoing 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 been given only a few weeks to live, no longer has full-blown Aids After only two weeks on Virodene his virus count dropped and his white blood cell count went up to the point at which patients are said to be only HIV-positive Reversal of full-blown Aids has not been achieved using any other drug "Similar results were achieved in other patients Our most outstanding result was the clinical improvement seen in our patients This is after all the aim in any treatment "

ONE PATIENT

A man with full-blown Aids was given two weeks to live. After being treated with Virodene for two weeks this was the result:

AIDS VIRUS

Parts per microlitre (1/1 000th of a millilitre) of blood dropped from 1,2-million to 9 000

WHITE CELLS

His count of white blood cells (which fight and kill viruses) increased from 14 to 36 per microlitre of blood

Reaction from tests

■ All the Virodene test patients, who agreed to be interviewed by Sapa on condition their names were not revealed, said their health had improved dramatically after just one week

"I haven't felt this good in years," said one

Noticeable improvements included the eradication of Aids-related herpes and sores, and dramatic weight gain Using in-vitro tests, research scientist Olga Visser discovered about a year ago that Virodene, a powerful anti-oxidant with strong anti-viral properties, killed retro-viruses such as herpes and HIV "My solution destroyed the virus This had never been done before with a chemical which could

"Please note that the medication has still to be tested," cautioned the university.

However, the statement went on to say that "if all the aspects of the envisaged protocol appear to be successful, this may lead to an improvement in the quality of life as well as possibly a longer life expectancy of a person infected with HIV With this information, further trials will be necessary"

Earlier yesterday, in a briefing to the Cabinet, scientists said that in an experiment the preparation destroyed the virus in a test-tube When given to humans it appeared to reverse full-blown Aids to the previous, non-lethal stage of HIV positive

The drug would only cost between R80 and R160 a month, compared with the most advanced available current therapy which can cost R4 000 a month.

"Virodene fights HIV in areas other drugs cannot reach it, such as in the lymph glands and the brain," Olga Visser, a researcher attached to Pretoria University, said yesterday

The researchers who Visser worked with are two Pretoria-based doctors, Professor Dirk du Plessis and Dr Callie Landauer, who are both cardiothoracic surgeons, and Eugene Olivier, a clinical pharmacologist

But medical observers remained sceptical last night. They said the team were "rank outsiders" with just months of research behind them and that subsequent research could disappoint millions with Aids if the "cure" proved illusory

They criticised the ethics and secrecy of the research, and said it was unusual that they had gone straight to the Government before approaching their peers

If they are correct, however, the South Africans may have chanced on a cure that will be worth billions to the country

Health Minister Dr Nkosazana Zuma's spokesman, Vincent Hlongwane, said she was "part of a collective that is seriously considering their proposal"

▶ More reports and graphic
Page 3

PICTURES COURTESY SABC

Professor Dirk du Plessis ... cardiothoracic surgeon.

Olga Visser ... drug enters all the body's cells.

Professor Callie Landauer ... cardiothoracic surgeon.

Tiny molecules the key

The tiny molecular structure of Virodene P058, the Aids drug that researchers say has produced better results than anything else on the market, holds the key to its success as an Aids combatant

Olga Visser, one of the scientists who developed it, says its tiny molecules allow it to enter all the body's cells, where it kills the human immunodeficiency virus without asking "permission" from receptors on the cell wall

Aids is caused by HIV infiltration of white blood cells, which collectively make up the body's immune system, because they fight invading viruses and bacte-

Caution from drugs giant

By Rich Mkhondo
Star Foreign Service

Washington – A representative of the world's largest research-based pharmaceutical company has cautiously welcomed claims by Pretoria scientists that they have made a breakthrough in the fight against Aids.

"We cannot comment on the specific claims until we have studied the findings," said Ramona Jones, a spokesman for Glaxo Wellcome

"But their goals seems to be

which can be used where the medical infrastructure is non-existent such as some places in Africa, and that the drug should be convenient and have minimum side effects"

Glaxo-Wellcome has its headquarters in London as well as research centres across the world

Other pharmaceutical companies, Aids groups and health institutes declined to comment until they have studied the report by the South African scientists, which said a formula patented as [illegible] P058 could help people

More than 2 million South Africans infected

Star 23/1/97 (92)

By Jameel Chand

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 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 8 500 new HIV infections occur daily, 1 000 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

According to a Department of Health statement, more than 2,2 million South Africans were infected with the disease at the end of 1996 Of the estimated 43 000 cases of full-blown Aids in South Africa, about 10 000 are children born to infected mothers.

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 1,5 million out of 11 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.

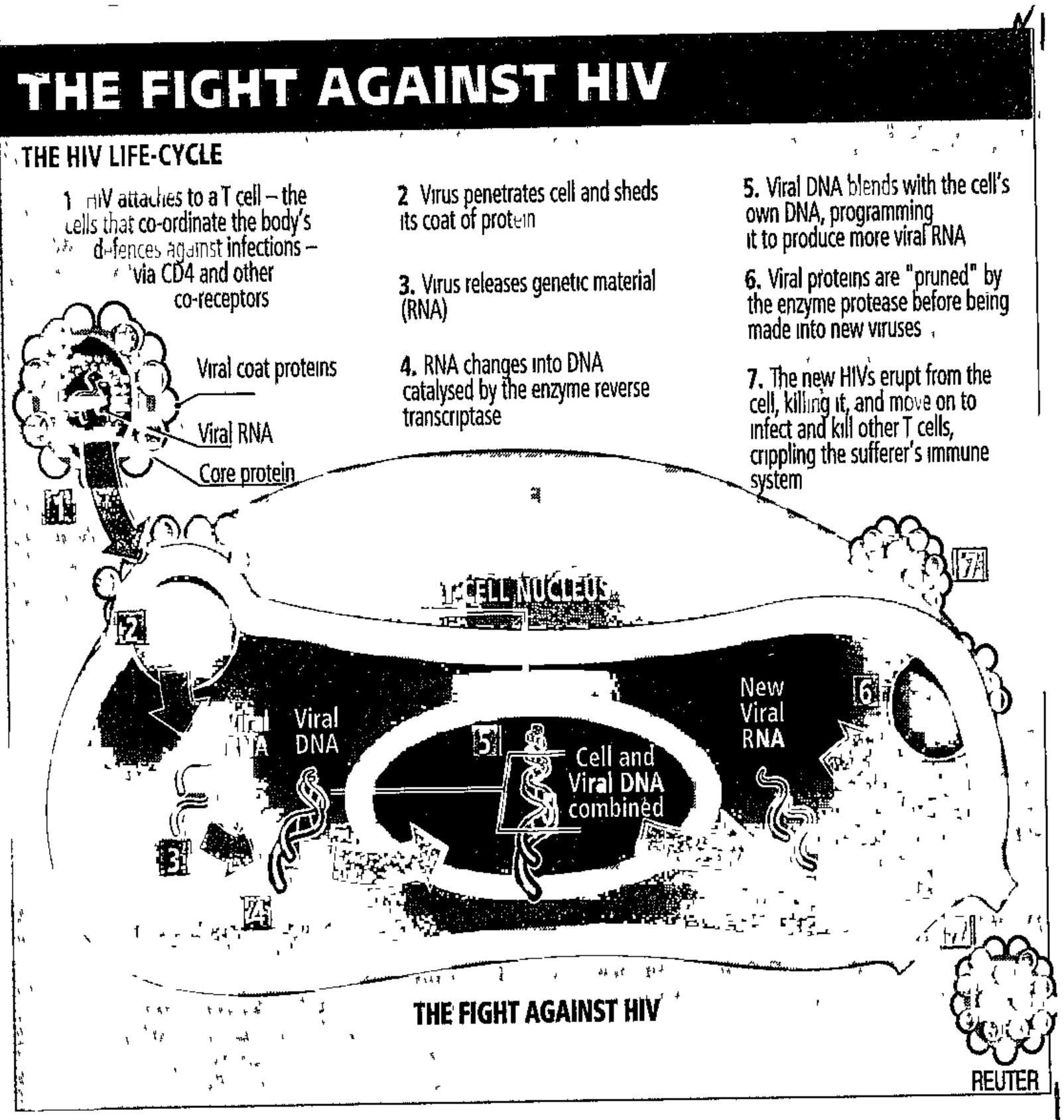
Malawi, with a population of 10 million, has 225 000 Aids cases

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

Star
23/11/97

(92)



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 anti-fungal pills.

> **66**
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> **Good heavens! It's not April Fools' Day, is it?**
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> **99**

"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."

(92) Star 23/11/97

Formula 'not a direct cure at all'

Star 23/1/97 (92)

By Lara Smith

Virodene 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

This could eventually lead to a cure for Aids 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 Singh

Medical-ethics expert Dr Reuben Sher has cautioned the Pretoria Aids research trio of Olga Visser, Professor Dirk du Plessis and Dr Callie Landauer to make sure of their discoveries for the sake of Aids sufferers

Sher said last night it was difficult to analyse the Virodene PO58 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," Sher 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"

HIV patients tell of dramatic improvement in a few weeks

Sufferers report remarkable change in condition soon after Virodene treatment began, while virus count dropped drastically

Star 23/11/97

The trial patients treated with Virodene P058, the Aids drug developed by three Pretoria scientists, said in interviews with Sapa that their condition improved remarkably in just a few weeks

The patients, volunteers aged between 20 and 50 and in various stages of HIV infection including some with full-blown 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, boils 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 of life

"I am 40 but now I might reach a ripe old age like our leader Madiba (President Nelson Mandela)"

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 tired 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 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.

The patients were initially subjected to two-hourly blood tests and later once a week to monitor their PCR count, which in layman's terms is the virus count per microlitre of blood, and their CD4 count, the number of lymphocytes or white blood cells which collectively make up the body's immune system, per microlitre

John's first PCR count was over 222 000 and his CD4 count was 39 After three treatments of Virodene his PCR count dropped to 30 000 and CD4 count jumped to 138 Emma's PCR count of almost 1,2 million dropped to about 236 000 in three treatments

Pieter started with a virus count of almost 60 000 and dropped to 12 000 in three treatments

The virus counts of two other patients dropped dramatically from 98 700 and 16 500 respectively to below 4 000, the level at which most doctors agree a cure is deemed possible – Sapa

Industry warns of long series of trials

The Pharmaceutical Research and Manufacturers of America last night welcomed the news of a possible cure for Aids, but cautioned that any product faced a long series of trials before being approved and registered for use

The pharmaceutical industry had spent billions of dollars in research and development since the first Aids-related drug was approved in 1987, and for every one of the 42 now registered, in the US, 5 000 had been refused, said spokesman Jeff Trewhitt

Merck Sharp and Dom (MSD) Incorporated, which manufacturers the protease inhibitors Crixivan, one of the key components of the cutting-edge drug cocktails, estimated that total development costs for one product reached R2,33-billion, he said

"I question whether they will be able to bring it in at a dramatically low price," Trewhitt said

Russ Durbin, senior director of MSD public affairs, added that the amount poured into research for Aids drugs was substantially more than for other drugs – Staff Reporter

Pair won international acclaim for research in 1995

(92)

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-preservant 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

Star 23/1/97

Pretoria University scientists present AIDS drug

(92) BD 23/1/97

PRETORIA — The cabinet decided yesterday to consider funding further research into a medicine against AIDS which South African researchers claimed had produced far better results than any existing drug.

"We should indeed assist with regard to the encouragement of such research," Deputy President Thabo Mbeki said. A final decision would be taken later

However, an international AIDS organisation expressed alarm that the presentation was made by scientists without first presenting it to their scientific peers

The claims demanded a lot more research, Dr Robin Gorna of the UK-based Higgins Trust said. Gorna said it looked as though the formula was no different to other drugs she had seen.

A team of Pretoria University scientists briefed the Cabinet on the new formula, Virodene P158, which they claimed could pull even full-blown AIDS sufferers from the brink of death. The scientists requested about R3,7m in state funding to continue their research.

Mbeki said two AIDS sufferers were at the briefing, and they "described what had happened to them as a result of the treatment They were . walking about, perfectly all right Everybody applauded. The general assumption has been that if you get to a particular point with AIDS, it is a matter of time before you die "

The scientists' short term prognosis was that Virodene killed the human immunodeficiency virus in the body and allowed people infected with HIV to live a long and normal life. It can apparently revert full-blown AIDS cases to that of HIV-positive, when sufferers are no longer so susceptible to opportunist diseases

While two more years' research was required to find out whether the drug would cure AIDS, another six months of testing would determine whether there was any re-emergence of the virus in patients who had undergone a full treatment.

Virodene was developed and had been patented by three scientists attached to the University of Pretoria Olga Visser, Prof Dirk du Plessis and Dr Kallie Landauer, with the assistance of Eugene Olivier, a clinical pharmacologist.

Virodene is administered by an adhesive patch. Visser estimated the drug would cost between R80 and R160 a month, and indications were that only a six- to eight-week course would be required. — Sapa.

y 24 1997

University to probe AIDS researchers' 'breach of practice'

(92) BD 24/07/97

Kathryn Strachan

WHILE SA's scientific fraternity questioned how three University of Pretoria researchers could claim to the world to have found a cure for AIDS before their findings had been independently assessed, the university said last night it would launch an immediate investigation of the researchers' deviation from established research practices

The investigation will be conducted in cooperation with the provincial department of health. While it respected the intellectual independence of its staff, the university did "expect them to follow internationally acceptable practices in the design, application for funding and execution of all research," it said

The university regretted that "in this case the perception was created that a cure for AIDS had been found. A lot more work is necessary before such a final conclusion can be made," it said

In a special presentation to cabinet on Wednesday, the scientists — researcher Olga Visser, and cardiothoracic surgeons Prof Dirk du Plessis and Dr Kallie Landauer — said the results of preliminary trials conducted in Pretoria on 12 AIDS patients in the past several months using a formula patented as Virodene P058 was a major breakthrough in the fight against AIDS They asked for R3,7m to fund further research.

Landauer said yesterday the patent was owned by closed corporation Cryo-Preservation Technologies, which was owned by the three researchers and a fourth person.

The medical fraternity was yesterday dubious of the claims Medical Research Council president Dr Walter Prozesky said there was no way to evaluate the results independently as there was little scientific information available The claims had to be followed up by more research at other laboratories

"It is surprising, however, that the results were not presented at the international AIDS conference in Vancouver or at the international conference on the therapy of AIDS currently being held in Washington, or even as a preliminary communication in a medical or scientific journal," he said

The National Institute of Virology, the National Aids/HIV Advisory Committee and the Africa HIV/Aids Information Centre all questioned the method of releasing such a sensitive subject before any independent scientific scrutany Other concerns were that the accepted process of human experimentation appeared to have been breached and scientific data on the medication was lacking

Scientific institutions that have been lobbying for more funding for AIDS research were angered yesterday by reports quoting Deputy President Thabo Mbeki as saying cabinet would give "serious consideration" to the proposal

But presidential spokesman Parks Mankahlana said Mbeki had been misquoted His later statement was more in support of AIDS research in general, than in this specific proposal, he said.

Researchers face grilling

Call for peer review of new AIDS drug

ARG 24/11/97 (92)

JENNY VIALL
HEALTH REPORTER

Medicines Control Council head Peter Folb will today meet the three Pretoria researchers who claim to have discovered an affordable new treatment for AIDS to review their material and the process they followed in preliminary trials.

Professor Folb said he had requested the meeting but would not comment further until he had met them this afternoon

The scientists attached to the University of Pretoria have upset many doctors and AIDS organisations who say the way in which the trial findings on the drug, Virodene, were announced was irresponsible

They have called for the findings to be open to peer review

The Medical Research Council has said it is surprising that the results were not presented at the International AIDS conference in Vancouver last year or at the Washington conference currently being held

"If the claims are true, the researchers have to be congratulated," said MRC president Walter Prozesky.

"There is however no way to independently evaluate the results because of the scarcity of scientific information

"The claims have to be followed up by research on a wider front and at other laboratories to see whether they are in fact true," Mr Prozesky said

The findings have been cautiously welcomed by those working with people who have AIDS, although questions are being asked about how the three researchers so easily gained access to the Cabinet this week to brief it and ask for funding

Greg Hussey, head of Paediatric Infectious Diseases at Red Cross Children's Hospital, said it was "absolutely ridiculous" that a group of people could brief the Cabinet without first having their findings reviewed by other scientists

AIDS organisations had great difficulty getting access to the Health Department, the Health Minister and the Cabinet.

Many organisations were struggling to maintain AIDS services because there was no funding available.

"It's frustrating for me as an AIDS worker and researcher who has major problems getting funds through the Medical Research Council

"It's just not acceptable for the Cabinet to be positive about the findings without asking sound advice from other professionals," Mr Hussey said.

Preliminary research findings usually were presented at conferences or published in medical journals where they were reviewed by peers, which was a lengthy process Requests for funding were then channelled through the MRC

Gary Lamont, director of AIDS organisation Wola Nani, said he believed the research process should be accelerated if trial results were promising, even if Virodene was found only to alleviate AIDS symptoms

"The Cabinet should get progressive medical people in and cut through the red tape. It's very exciting, especially since it's affordable," Mr Lamont said

The researchers, Olga Visser, Dirk du Plessis and Kallie Landauer, presented results of preliminary trials on the new formula called Virodene on Wednesday, suggesting it may be a major breakthrough in the fight against AIDS

They asked the Cabinet for R3,7-million in state funding to continue their research

Cautious reaction to Aids drug

(92)

Sowetan 24/1/97

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 Virodene PO58, 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 the 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 use of one-drug therapy"

Medical Research Council president Dr Walter Prozesky 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-Welcome 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

(92) M+G 24-30/1/97

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 But the man representing them says they did this because they had been "blocked" by the Aids research establishment, who refused to collaborate with them when they wouldn't share their patent rights

The three scientists, who are attached to the University of Pretoria — cryogenics researcher Olga Visser, and cardio-thoracic surgeons Professor Dirk du Plessis and Dr Kallie Landauer — have patented a formula they call Virodene, which 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 has confirmed that the researchers approached the institute some months ago and asked it to run laboratory tests on certain compounds HIV research specialist Dr 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 their work for peer review (either 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 also 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 media. It would be usual if there was a breakthrough of a medical kind to first inform the scientific community, which would need to hear it and evaluate it "

Zigi Visser, Olga Visser's husband, who is representing the researchers, said they "have been blocked" by the Aids establishment, and implied that they had received little co-operation because they weren't prepared to share their patent rights

'Lots of people claim breakthroughs which come to nothing'

● The strongest evidence was human — the patients themselves, who told the Cabinet that their condition 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 Walter Prozesky said testing the drug on 12 patients was known, in pharmacological 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 a few years "

● An HIV researcher from the Aaron Diamond Aids Research Centre in New York called the scientific evidence presented in a South African Press Association story on how Virodene works "far-fetched" The story quoted Visser saying Virodene attacks the RNA of the virus However, the researcher pointed out that Visser has not explained how Virodene distinguishes between human RNA (made up of the same basic building blocks as the viral RNA) and the viral RNA.

● The researchers are 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 researchers 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 funding However, the researchers have had some international success in their field of cryogenics — the preserving of live organs

● A senior Aids researcher at a leading drug company said it appeared irresponsible of the scientists to make such a fanfare when they had not put their drug through controlled clinical tests It was very unusual to approach the government directly for funding If the team had approached his company or any other company, their work would have been given very serious consideration "The money involved in Aids drugs is huge Any company would be mad to pass up an opportunity "

Being 'blocked': Zigi and Olga Visser say all the correct procedures were followed

PHOTO SIDDIQUE DAVIDS

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 Jentsch of the South African Medical Research Institute, a microbiologist 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 approached 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 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 next few months he said

The three researchers want to experiment on 30 more people within the next six months and hope to have the medicine commercially available by 2000

Additional research by Mungo Soggot, Marion Edmunds, Tangeni Amupadhi, Andy Duffy

Unhealthy example

THE extraordinary Cabinet meeting this week in which ministers stood up and applauded a "breakthrough" in Aids research raises intriguing questions about Health Minister Nkosazana Zuma's approach to the crisis.

Still smarting from the R14,2-million *Sarafina II* debacle, Zuma turned down 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.

Her spokesman, Vincent Hlongwane, said on Thursday that decision was because the Aids crisis "is not the preserve of the Department of Health".

Zuma's funding stance does, however, seem strange, given the R40-million assigned this year to her department's HIV/Sexually Transmitted Diseases Directorate, which counts research among its various operations. The directive — the government's main Aids initiative — also has European Union money and a hefty budget from the RDP at its disposal.

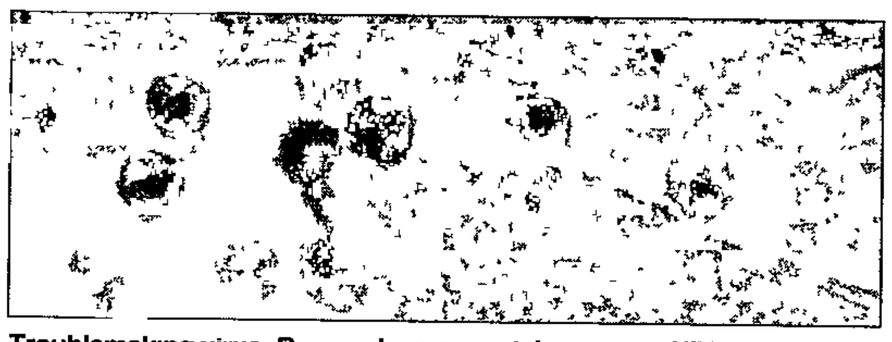
It is not clear what role the directive played in bringing the Pretoria treatment to the fore. New head Rose Smart was out of the country this week, and health department director general Olive Shisana was not taking calls.

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 scrabbling 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 Zuma who set up the Cabinet meeting, he said.

Professor Peter Owen, 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 to work 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 flimsiest evidence."

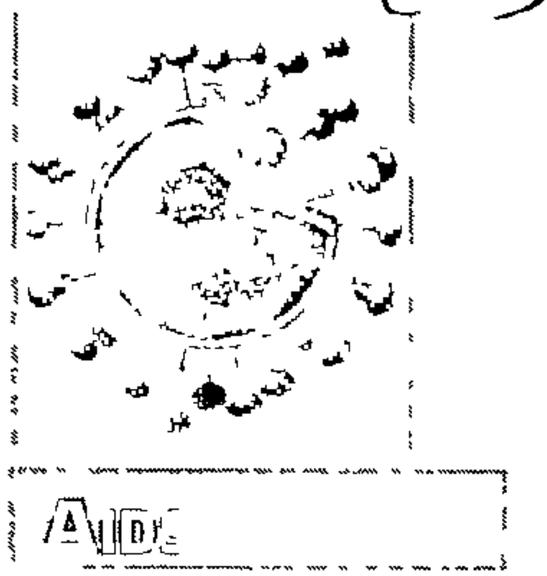


Troublemaking virus: Researchers are catching up on HIV

Tuks says Aids researchers held trials despite being refused permission

(92) Star 24/1/97

By Janine Simon, Lara Smith and Sapa



The three University of Pretoria scientists, who this week claimed to have stumbled on a breakthrough in the treatment of Aids, carried out human trials despite being refused permission by the medical school's ethics committee, a university official said last night

The official said that the developers of Virodene P058 had presented their planned trials on patients to the ethics committee, but it was not approved The three Olga Visser, Professor Dirk du Plessis and Dr Callie Landauer, had, however, carried on regardless, he said

The university said earlier yesterday that a deviation by the scientists from research practices would be looked into by an internal investigation committee with the provincial health department.

But the university said it supported the trio's experiment because it was its "standpoint that potentially pioneering research should be supported, not scuttled as a result of questions about procedures".

One of the trio, Olga Visser, rejected criticism and questions raised by a number of medical and Aids organisations. "Everything was done right and the way it should have been," she said.

The scientists also emphasised that they had never claimed to have a cure for Aids

Replying to criticisms that their findings were reported in the media before publication in a medical journal and presentation to their scientific peers, Du Plessis said. "We asked the Government for funds to finance a research protocol, which is what everybody is demanding and what is required before we can publish our results or present our findings on Virodene".

Landauer said "I wish to deemphasise the word 'cure'. I almost wish the word 'cure' could be left out of media reports entirely The media's interpretation of the Virodene results is that an Aids cure is next in line, and while this is what is hoped for, it may not materialise at all".

Yesterday, Aids/HIV advisory committee chairman Professor Jerry Coovadia said that while the committee welcomed any advances in the management and prevention of HIV/Aids, its members were concerned that inadequately tested assertions would falsely raise the hopes of millions of HIV/Aids sufferers

The National Association of People Living with HIV/Aids called for a rigorous scientific evaluation.

Reports that Health Minister Nkosazana Zuma had given permission for clinical tests to be conducted after academics refused to acknowledge the research were denied by her spokesman, Vincent Hlongwane

Shock ban on new AIDS drug

'Safety checks necessary'

(92) ARG 25/1/97

VIVIEN HORLER and LYNNE ALTENROXEL
OWN CORRESPONDENTS

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 authoritative 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 Folb 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 5

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 Vermeulen Street 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, Dion 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 claimed breakthrough 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 Virodene P058, 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

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Shock ban on new AIDS drug as medical council fears for patient safety

From page 1

(92) ARG 25/1/97

National Institute for Virology in Johannesburg, responded to the announcement by saying "In the absence of clinical trials published in the scientific literature one has to be intrinsically sceptical "

But Dr Landauer has countered this, saying that he had to congratulate Minister of Health Nkosazana Zuma "for having the foresight to see what we have and getting it to Cabinet"

Meanwhile, the National AIDS Convention of SA (Nacosa) and the AIDS Consortium have added their support to criticism of the Pretoria researchers' claims "People living with the virus had been left with unrealistic hopes and expectations of an immediate treatment which would be affordable and accessible," Nacosa said

Earlier, Medical Research Council president Walter Prozesky said if the 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 "

Dr Prozesky said it was surprising that the results had not been presented at the International AIDS conference in Vancouver, Canada, or at the International Conference on the Therapy of AIDS held in Washington DC

He was also surprised that the results had not been published even as a preliminary communication in a medical or scientific journal

'Mischief in the lab' led to new AIDS drug

(92) ST 26/1/97

By NICOLA KOZ

THE drug Virodene P058, which has provoked a furore in scientific circles, was discovered by accident.

It was an ordinary day in September 1995 when Olga Visser, 38, a mother of six who is also a grandmother, went to work as usual at a Pretoria laboratory

But instead of doing what she was supposed to be doing — freezing organs — she began "playing around" with strong anti-virals, chemical compounds, rats' tissues and human cells to make the routine "a bit more interesting"

Visser "noticed something funny happening" when she applied a compound, used to prepare cells for freezing, to her mixture A tiny virus, attached to some cells which were being prepared for freezin di

Cont

GAGGED . . . Dr Kallie Landauer said he was told not to speak to the press about the new drug

ASTONISHED Olga Visser relaxes at home with a comic book after a hectic week Pictures JULANI VAN DER WESTHUIZEN

92

Star
24/1/97

instead of preserving both the cells and the virus, the compound "instantly killed" off the virus

"I immediately thought 'Hey, if 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 Rietfontein, 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 Kallie 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

"That's what we're looking for in Africa," says 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 profusionist (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," says Visser

"To see a full-blown AIDS patient put on 25kg after a few weeks' treatment is something"

However, Visser and the three 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 followed the correct procedures by going to major pharmaceutical companies and AIDS' institutes, 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 her 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

(92) ST 26/1/97

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 microlitre 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.

The photographer, whose wife and five-year-old daughter have not been infected, showed "phenomenal results".

Over a short period during December tests showed his PCR dropping from well over one million to 9 701, while his CD4 rose from 14 to 35.

This week his test results showed a CD4 of 51,2, a count at which he is regarded as no longer having AIDS but just as HIV-positive

"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."

Too early to tell if cure will be found

THE American researcher credited with one of the most important advances in the treatment of HIV warned this week that it was too soon to predict when or if a cure would be found for the virus that causes AIDS

David Ho's remarks at a Washington conference on AIDS dampened some of the optimism created last year by his experiments with triple-combination therapies Ho treated newly infected patients with a combination of AZT and 3TC drugs and a new class of drug called protease inhibitors — and showed that HIV could be reduced to levels where it could not be detected in the blood

The major concern was that the virus could be "hiding" in parts of the body's tissue

This week Ho said that, while his treatment seemed to stop the virus reproducing in lymph glands and seminal fluid, residual particles were found

"If you ask whether HIV has been eradicated from any of our patients, the answer is unequivocally 'no'," Ho said —

Discovery sparks a cash furore

By SANTOSH BEHARIE and JESSICA BEZUIDENHOUT

(92) ST 26/1/97

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 Mankahlana, yesterday quashed rumours that the government would look favourably on the team's request for R3,7-million to continue their research into the anti-AIDS drug.

Mankahlana said the scientists approached the cabinet in confidence and were never promised any amount of money for their research.

Mankahlana declined to comment on the proposed 10-day suspension of the trials of the new drug, called Virodene PO58, 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 Olivier 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 Control 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 Salim 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 PO58 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

PP CT 28/1/97 (92)

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 Zuma's spokesman, Mr Vincent Hlongwane, and in his absence, the department's chief director of national health systems, Mr Ray 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 Virodene 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 Kariem 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 Nojozi 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

(92) Star 28/1/97

By Janine Simon
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

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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 PO58, 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 Quarraisha Abdool Karim resigned over the *Sarafina 2* 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 Mabope

When contacted, deputy director of communications Nogolide Nojozi 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

2,2-m in SA may have Aids virus

92.
SOWETAN 20/1/97

By Mokgadi Pela

'Figures show that an estimated 10,44 percent of women attending antenatal clinics were HIV positive'

AIDS/VIRODENE (92)

EVALUATING THE CLAIM

FM 31/1/97

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 Geoffrey Falkson 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

Nkosazana 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 this, in our opinion, has become a possibility "

The National Aids/HIV & Sexually Transmitted Diseases Advisory Committee 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 spokesman 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 Bisseker*

ARTFUL ASSEMBLY

In February 1996, Speaker Frene Ginwala unveiled the UN Art Against Apartheid exhibition — donated to SA's first democratically elected government and intended to hang on the parliamentary walls for six months.

The paintings are polemical, predominantly bad and designed to shock the complacent into an awareness of the bad SA. They replaced what a leading New Nat described at the time as the grim portraits of former *oomies* from the apartheid and colonial eras. Instead of, say, a glaring Cecil John Rhodes, one could now attempt to fathom the meaning of Wolf Vostell's *Black Crucifixion*, with its real bones ground into agonised figures apparently being ripped apart by dogs

A year has passed. The anti-apartheid exhibition is still in parliament and no-one is saying a word about what is to become of it Does no-one else want it? Have the museums run out of space? Or is it now firmly institutionalised, designed to create an appropriate mood of woe and despair among members and the media? *Peter Wilhelm*

RAPE

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 serious crimes even if this meant changing the Bill of Rights

Outraged by the Robben Island rape of the ANC's Nomboniso 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-considered 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

The soccer player's responsibility He is 24 and movie star in Germany, a

'Miracle' AIDS drug team appoints top US press agent

(92) ST 2/2/97

By CAS St LEGER

AN AGENT who once worked for disgraced Olympian Ben Johnson has been hired to promote the work of the South African team that says it has discovered a miracle AIDS treatment drug

Pretoria University laboratory technician Olga Visser, who operates the company Cryo-Preservation Technologies with her husband, Zigi, and her research team have signed up Larry Heidebrecht to deal with news surrounding the AIDS drug, Virodene RO58, which Visser claims to have discovered.

Heidebrecht was Johnson's press agent in 1988, when the runner was forced to hand back his Olympic gold medal after he was found to have taken steroids

Visser and the other members of the team — clinical pharmacologist Eugene Olivier and Pretoria University cardiothoracic surgeons Professor Dirk du Plessis and Dr Callie Landauer — had their research suspended after they announced the news of the AIDS breakthrough

Visser's disclosure that Virodene PO58 — which she had stumbled on by accident — had helped 10 AIDS patients by lowering their HIV blood counts drew such flak from the academic, scientific and medical fraternities that the University of Pretoria suspended the research and launched an investigation

Another probe into the validity of the claims was started by Professor Peter Folb, the head of pharmacology at the University of Cape Town and the chairman of the Medicines Control Council.

Both teams are scheduled to report within a fortnight on their findings

Visser made headlines in October 1995 when she announced that, through her work as a cardiovascular perfusionist (the person who operates the heart/lung bypass machine during surgery) and under the supervision of heart surgeons, she had discovered a method of freezing organs for transplant

The discovery was heralded as the greatest feat since Professor Chris Barnard performed the world's first successful heart transplant in 1967

"It is unbelievable The concept is perfect," Visser said at the time

"But we still have many months of research and hard work ahead of us before we can perfect it to such an extent that it can be used in human transplants"

She had discovered a formula that changed the properties of the water in cells and prevented damage by expansion as the organ freezes

Visser succeeded in unfreezing a rat's heart, which she kept beating for 45 minutes

Shortly afterwards, she told the Sunday Times that she would be forced to leave South Africa unless research funding could be found in this country

She said that she had been offered research posts by institutions in the US, New Zealand and Portugal

To promote her work, she formed the company Cryo-Preservation Technologies and established links with organisations in Texas which offered cryo — or freezing — technology

However, due to an apparent lack of local funding, the work on the cryo technology does not appear to have progressed outside the laboratory since then

Heidebrecht said Visser — who is in the US on "personal business" — would be back in South Africa in time to hear the investigators' verdict

"The team is very positive and optimistic about the outcome," he said

Heidebrecht would not consider a negative result "I don't even want to talk about it," he said

Committee to probe 'miracle' Aids treatment

(92)

Star 3/2/97

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 Callie Landauer released their findings on their new drug, Virodene PO58.

Members of panel include prominent academics

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 or 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 Aspinaill (deputy dean of research at the Medical University of Southern Africa), Dr F Benson (director of medico-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 F W van Oosten (head of the department of criminal law at Tukkies)

Mandela in call for global action on Aids

Star 4/2/97 (92)

The disease creates new pockets of poverty when parents and breadwinners die, says president

AFP
Davos, Switzerland

President Mandela has called for the global community to act to stamp out Aids

"As the freedom of each nation is interdependent with that of others, so too is health and the well-being of peoples. The challenge of Aids can be overcome if we work together as a global community," Mandela told a plenary session at the World Economic Forum here yesterday

"It is only if we pool our resources, the skills and experience of all experts, irrespective of political affiliation, that we can hope to launch a massive effort to eradicate this disease"

Mandela said that if current trends in HIV infection continued, the epidemic would cost South Africa 1% of its gross domestic product (GDP) by 2005

Some three-quarters of its budget would be consumed by health costs directly associated with the scourge

"Even low-cost alternatives to hospital care would leave us with a significant impact on our health-care budget."

Each day there are about 6 000 new cases of HIV infection, the virus that can lead to Aids. Some 22 million people are infected worldwide, half of them women. An estimated six million people have died from the disease

Africa is the area most severely hit. Some 75% of the world's carriers live on the continent, specialists at a conference on Aids held in Burkino Faso in January said

Every year, more than 100 000 people in Africa are infected with HIV via blood transfusions even though this method of transmission is now virtually non-existent elsewhere, the experts said

Two-thirds of children born infected with the virus die by the age of three in Kigali, while in Paris it is only 10%, according to data distributed during the symposium.

"Aids creates new pockets of poverty when parents and breadwinners die and children leave school to support the remaining children," Mandela said.

Low intensity wars and open conflict promoted the spread of the infection and "with cruel irony" even better communication and transport systems sometimes accelerated the spread of the disease, the South African president said.

"We have to develop programmes and share information and research that will halt the spread of this disease and help develop support networks for those affected

"No country can avoid this disease.

"The challenge is to seek ways to minimise its effects, to prepare for its impact and to co-operate for long-term solutions."

STEFFEN SCHMIDT / REUTERS

Divided we fail .. President Mandela addresses the media in Davos. He called for a global battle against Aids, saying the problem was beyond the scope of any individual government.

DAILY DILEMMA FOR HEALTH WORKERS

Internal diagnostic tools can transmit HIV, TB

CT 4/2/97 (92)

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 health workers

Instead, patients known to be living with HIV/Aids, TB or hepatitis B are often refused vital health care, and are left to die

At issue are bronchoscopes and other endoscopes used in invasive diagnostic procedures (where the scopes are 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, 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 prime infection areas and, of necessity, 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 manufacturer's 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 Gatesville Medical Centre, next to the Gatesville Mosque in Athlone

"I feel more sick at being stigmatised than by the HI 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 about eight bronchoscopes in private practice in the Western Cape

Trekking on — to Mozambique

(BE) CT 4/2/97

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 far northern Mozambique to start a new life

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 not work on Sundays and they would live as "white people"

In the two caravans outside live "Oom" Alwyn Barnard, 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 stoves

A caravan parked inside is the sleeping quarters of the newest arrivals, Lourens and Hettie Lemmer, he a former teacher from Nigel

Their four sons — Lourens, 12, Louis, 10, Marlou 8, and Marius 6 —have a cordoned off bedroom

Every second day they have to fetch water from town This they use for washing, they drink rain water

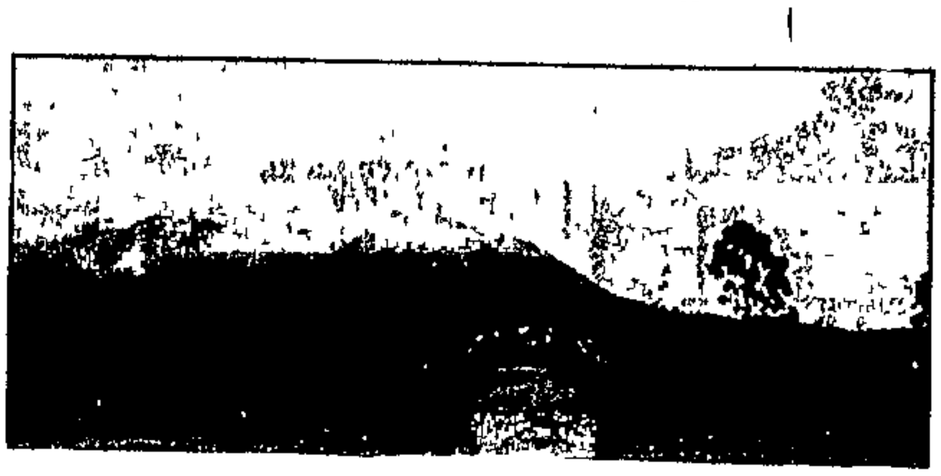
Food is scarce and rationed out carefully

"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 skimped on certain niceties such as butter

And 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 Groo down side.

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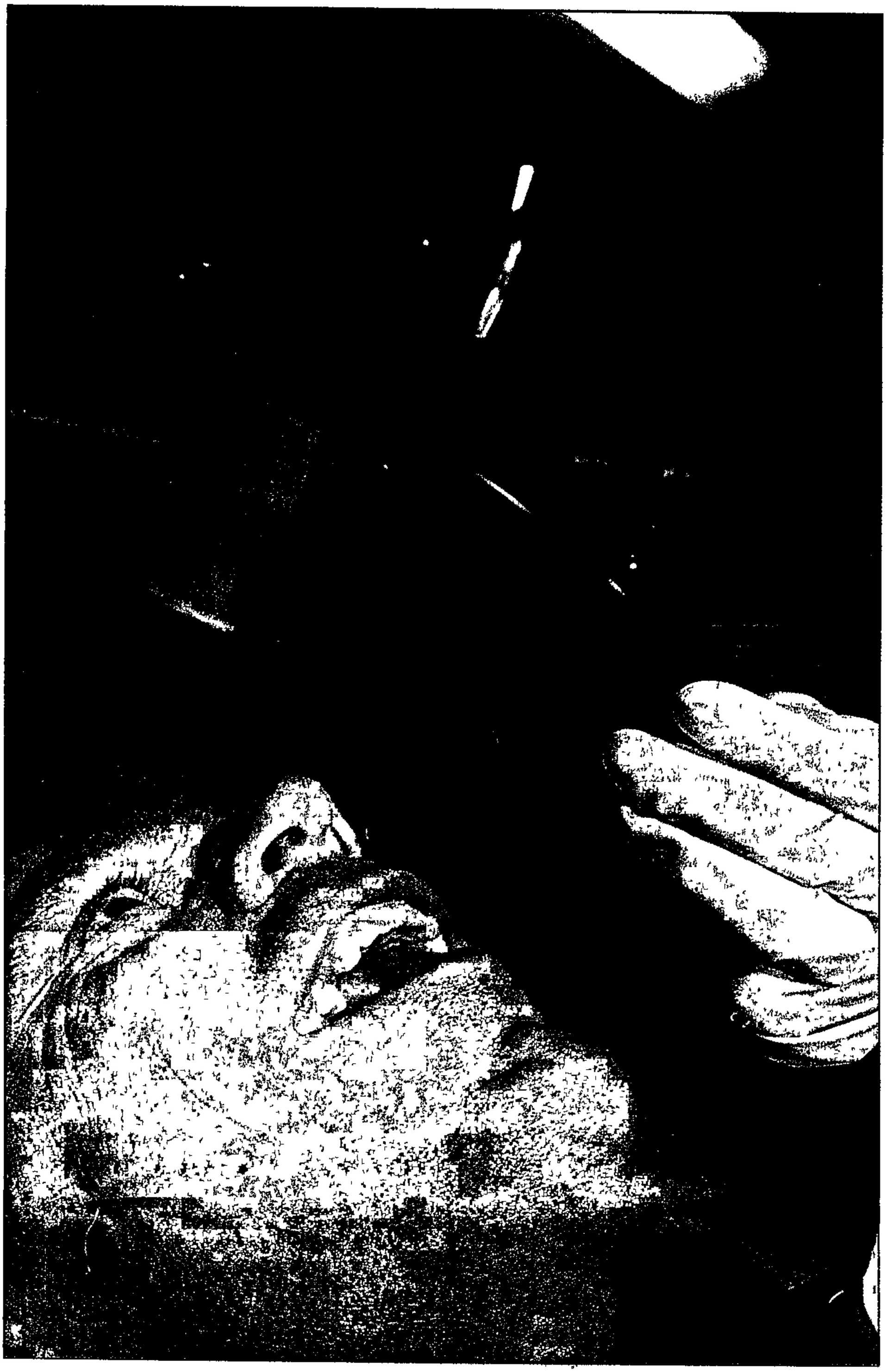

BRONCHOSCOPE: A Groote Schuur doctor displays the intricate device used to look inside the lungs. It is advanced technology, but can also have a down side

PICTURE: GARTH STEAD

Mandela outlines heavy cost of AIDS for SA

BD 4/2/97 (92)

Kathryn Strachan

IF CURRENT trends continued 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 minimise its effects, to prepare for its impact and to co-operate 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 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 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 CE 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 mineworkers 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 cost 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 2,6 to four per 1 000 employees from 1993 to 1995

More alarming for the mining industry in SA, where TB is a compensatable 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

(92)

By Janine Simon
Medical Correspondent

Star 5/2/97

Health Minister Dr Nkosazana Zuma said yesterday it was the Government's responsibility to support the Pretoria researchers working on the controversial Virodene PO58 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 Callie 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

WEDNESDAY
FEBRUARY 5, 1997 ★

PRELIMINARY RESULTS IMPRESSED CABINET

Zuma 'encouraged' HIV drug researchers

(92) CT 5/2/97

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 PO58 drug "once all the technicalities had been dealt with"

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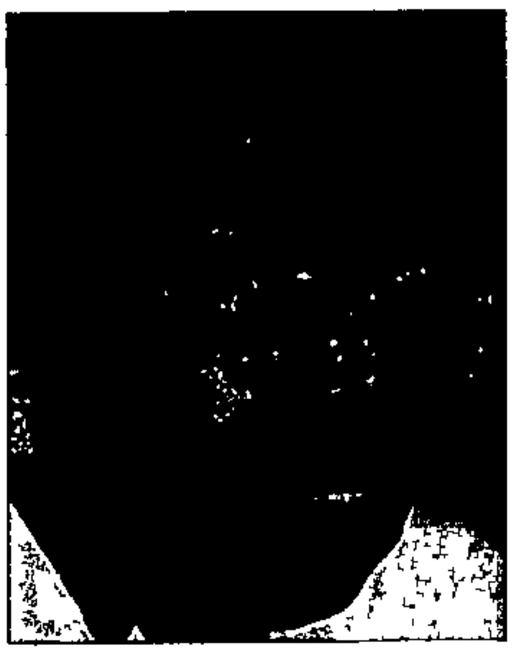

SUPPORTIVE: Health Minister Dr Nkosazana Zuma

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

(93) CT 5/2/97

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 local 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 undergraduate 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 text books.

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

Zuma lifts the lid on her role in Virodene

BD 5/2/97 (92)

story

Deborah Fine

HEALTH Minister Nkosazana Zuma confirmed yesterday that she had been aware of the controversial AIDS drug, Virodene, for six months before the Pretoria scientists who patented the drug presented it to cabinet last month with a request for funding of R3,7m

Speaking for the first time about Virodene and the manner in which it was researched and presented to cabinet, Zuma said on her return from Cuba yesterday that she had not given the scientists the go-ahead to circumvent normal scientific and medical procedures, nor had she allowed them to conduct human trials despite a lack of permission from the Medical Control Council

She had simply "encouraged" them to continue their work and had not checked to see if they had followed accepted procedures because that was not her duty as health minister The duty to follow procedure was that of the scientists, she said

She said the scientists — attached to Pretoria University — had approached her in July last year with their test results Impressed by the findings, she had decided to present the research to the cabinet because she believed it would require "collective government" to decide how best to support the scientist's initiatives.

She also felt that if the drug proved successful, the "manufacturing implications" would be "beyond the scope" of the health ministry, and would require intervention from other government departments such as trade and industry.

The presentation of the drug caused an uproar when the scientists were accused of publishing their results without first subjecting the findings to independent clinical testing or the scrutiny of their peers They were also severely criticised for going ahead with human trials despite a lack of permission from the university' s Medical School Ethics Committee

"If I gave them permission in the sense that I encouraged them, then yes, I did. I didn't ask what procedures they had followed because I will not assume that responsibility, not ever. It isn't my duty," Zuma said. She believed cabinet would agree to support the research "once all the technicalities have been dealt with"

On her week-long visit to Cuba, Zuma had been awarded the freedom of the city of Havana and the Cuban province of Santiago. The purpose of the trip had been to strengthen ties so Cuban doctors continued to practise in SA, and SA students to study medicine at Cuban universities

She confirmed another 80 Cuban doctors would arrive in SA at the end of the month for deployment to rural hospitals as well as 11 Cuban lecturers who would teach at the University of the Transkei.

She said she also held a meeting with Cuban President Fidel Castro

On her return from a visit to Cuba yesterday, Health Minister Nkosazana Zuma displayed two awards whereby she was given the freedom of the city of Havana and the Cuban province of Santiago. Picture TREVOR SAMSON

The other Aids 'miracle cure'

(92) M+G 31/1-6/2/97

An Aids breakthrough on the other side of the world puts South Africa's hopes in perspective, writes **Lesley Cowling**

Lab work: National Institute of Virology microbiologists try to understand HIV, like researchers around the world PHOTO SIDDIQUE DAVIDS

AS reports of a possible cure for Aids broke in South Africa last week, at the other end of the world about 2 300 HIV researchers were hearing news about another potent new drug that could eradicate HIV, the virus that causes Aids

Pharmaceutical company Abbot Laboratories announced at the 4th Conference on Retroviruses and Opportunistic Infections in Washington, DC, it had developed a new, improved version of protease inhibitors, the drugs hailed at last year's Aids conference in Vancouver as the possible death knell of the virus

Protease inhibitors attack the enzyme protease, used by HIV to reproduce itself, and so damage the virus's ability to grow Results in the many trials of protease inhibitors conducted in the past two years have been spectacular, and three types were licensed in countries across the world last year — including South Africa

But the drugs had a drawback — the virus, which has an amazing ability to change itself when confronted with obstacles, learnt, in many cases, to adapt sufficiently to overcome protease inhibitors This led to what doctors call "resistance", and many patients found HIV would regain its hold on them after some months or years

But this week Abbot reported that experiments with its new protease inhibitor, ABT-378, on HIV grown in laboratory cultures and trials on rats showed the virus was not adapting and overcoming ABT, and resistance to this drug looked unlikely

That problem being resolved makes protease inhibitors, particularly when used with other Aids drugs, the likeliest candidate for an Aids cure And it gives it the edge over the yet untested and secret formula Virodene in every respect except cost

The claims made for Virodene by the researchers are exciting, with certain of its properties touted as being better than any other drug available But in fact, the results they pointed to as unique and superior have been equalled or bettered by protease inhibitors in many trials The following claims have been made debatable by developments in HIV treatment.

● Newspaper reports said when Virodene was given to about 12 Aids patients in a drug trial, it reduced their viral load (amount of the virus detected in the blood) "dramatically" in two to three weeks Other drugs could not do this as quickly, the reports said

Not so A number of combination drug studies, which included a protease inhibitor, were presented to the Washington conference last week showing that patients had dramatic drops in viral loads within four weeks

For example, a study from Colorado, in which nine patients were treated for four weeks with the combination of a protease inhibitor and a drug of the same type as AZT showed a drop in viral load to undetectable levels in five patients

Scientists at the conference theorised that there may be three phases of immune responses associated with combination drug (or antiviral) therapy The first phase of 15 days marks a rapid decrease in the virus's reproduction and a surge in the body's immune responses, like large-scale mobilisation of the body's fighter CD4 cells This accounts for the dramatic results in the first days of a new drug regime

● Researcher Olga Visser cited a rapid rise in CD4 cells (the immune cells that HIV attacks and kills) in her patients as a sign of Virodene's effectiveness, but acknowledged that other drugs push CD4 levels up higher than Virodene does A number of studies at the conference confirmed this

● Visser was quoted as saying Virodene fights HIV "in areas where other drugs can't reach it, such as in the lymph glands" The report went on to say the drug cocktail treatment can only fight the virus in the blood

This is not strictly accurate Studies presented to the conference showed the virus is generally higher in the lymph nodes than it is in the blood, and even when it is undetectable in the blood, it can be found in lymph nodes

But international Aids expert Dr David Ho presented a study at the conference that showed if you clear the virus from the blood using a drug combination that includes protease inhibitors, this eventually reduces or clears the virus from the lymph organs Other studies showed HIV can be cleared from the semen, too

Ho said new research suggests it may take at least two to three years to clear the virus from a newly infected person, not one year as previously suggested He refused to speculate on how long complete viral clearance might take in chronically infected patients, or even whether it was possible

The fact that there are drug regimens as good as, or better than, Virodene currently available does not mean Virodene may not prove to be a cure, too, or that research into its effects should not be done Research is especially necessary because the researchers say the cost of the drug will be low — R80 to R160 a month, against the R2 000 it currently costs Aids patients for protease inhibitors, and more for combination drugs

But it will take years before Virodene has been sufficiently developed to be used as a treatment, and its fate is still uncertain HIV patients need treatment now, and public health policy should focus not only on how to bring Virodene on to the market in the future, but on how to assist patients in their present predicament This means looking at creative ways to fund combination treatment using protease inhibitors

Economic costs of Aids, PAGE B4

Fear lurks behind the regulations

Lesley Cowling

IN 1960, a new drug meant to ease morning sickness for pregnant women hit the market It was called Thalidomide and it gave its name to the babies who were damaged by it in the womb This pharmacological disaster still haunts the medical profession

The strict controls for developing new drugs are a legacy of that experience It was this set of rules that researchers of the compound Virodene fell foul of when they tested it on a dozen Aids patients to see if it would kill HIV in humans And it was the contravention of these rules that resulted in the Medicines Control Council suspending the trial, despite its positive results

"Thalidomide was the watershed," says Damian Largier, medical adviser for Glaxo Wellcome pharmaceuticals "Before that there were few controls People didn't realise that you couldn't necessarily extrapolate small numbers to big populations"

"If one in a thousand women have a problem, or one in 5 000, it's only when you administer the drug to large numbers that you pick that up"

Regulatory bodies in most countries control the process of bringing a new compound on to the market Largier says there are different phases to developing a drug

● Phase one is experimental, when tests are done in laboratories, on cultures and animals After some initial experimentation, a drug company, research institute or individual may register their compound with patent offices all over the world

"It's uncommon for South African companies to develop a new entity because of the huge costs involved in bringing a drug through all the regulatory controls," says Largier South Africa gets drugs after they have been 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," Largier 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, when those trials are completed, it will be given to a small group of people suffering from the condition the drug is thought to treat, to make sure it has an effect.

In this country, no human trial can be conducted without the go-ahead from two bodies the Medicines Control Council and an ethics committee The council looks at how the study is designed and makes sure all the necessary preliminary work has been done Ethics committees examine the researchers' relationship with their human volunteers, and make sure volunteers understand exactly how the trial works and what the consequences may be to them

● During phase three the drug is given to large numbers of people, and the trials are designed to show specific things — for example, how it compares to other drugs and, especially, how it compares to placebos Trials are conducted all over the world to make them statistically reliable

"Once you have a group of two or three phase three trials, the compound is submitted to the local regulatory authority They can ponder over it for more than a year before deciding it can be released," says Largier

How human trials are conducted and their ethics is a subject constantly under discussion by medical scientists The Pretoria scientists' decision to ignore the regulatory process is likely to add fuel to that debate, both here and internationally

Economic cost of Aids

(92)

M+G (BM) 31/1-6/2/97

Even if a miracle cure for Aids has been developed, it will have little impact on those suffering from the disease in the immediate future. Aspasia Karras reports

South Africa's challenge Research shows that 'mines are a lead indicator for Aids cases' PHOTO ANDREW MOHAMED

HALF the patients in the medical wards of mines in Gauteng are diagnosed with Aids-related illnesses, while 50% of all tuberculosis (TB) patients are HIV-infected

"The mines are a lead indicator for Aids cases in the general population," says Eric Potgieter, an actuary with Old Mutual He has recently completed a survey of employers for Old Mutual Actuaries and Consultants to gauge their response and strategic planning in light of the fact that almost 30% of the active workforce is likely to die from Aids within five to 10 years

If projections are borne out, the death rate in the workforce per annum (currently five in every 1 000) will be multiplied by six That is 30 deaths per 1 000 workers

The announcement of the Virodene miracle cure will have little or no impact on these figures in the immediate future Even if this is the panacea the world is desperate for, the scientific procedures and development of a product will take much more time than the hype surrounding the announcement would indicate — making statements regarding a potential price seem highly premature

The reality on the ground is that the mining industry appears to be already experiencing the full-blown effects of the pandemic, ahead of any other industry, and this should be pushing a number of panic buttons across the board

But, according to the Old Mutual survey, while half of the defined contribution retirement fund trustees regard spiralling death and disability claims, increasingly linked to Aids, as one of the most critical issues facing their funds in the next two years, most have not devised a way of coping with the situation A third say they have not considered the impact of Aids on benefits paid to members

"The same pattern was seen when we asked respondents to describe their Aids strategy," says Potgieter "Thirty-one percent said they didn't have one The most common replies among the remainder were 'capping', benefit reductions, and the introduction of flexible death benefits "

Metropolitan Life Fedlife and Old Mutual have all introduced life insurance policies for HIV-positive clients The commonalities are that the policies can only be accessed by individuals in the first stage of HIV infection, and premiums are much higher than those of average policies

Doug Clothier, who developed the Omucare product for Old Mutual, is blunt "To say that it is Aids cover would be pushing it " He also stresses that such cover could be used by only 5% of the HIV-positive population — those in an income group that could afford it

"There could be better financial options and advice than life cover for HIV-positive clients " Which leaves the critical lacuna in employer benefits strategies to deal with the rest

Perhaps more critical, in light of the media coverage of Virodene, are the findings of an October 1996 study by the Society for Family Health in association with Alexander Forbes how it impacts on all sectors "

The National Department of Health Aids directorate has begun an Aids in the Workplace Forum in order to bring the various sectors in the economy together to discuss the issue And the National Economic Development and Labour Council has endorsed an Aids/HIV Employment Code of Conduct, produced by the National Aids Coalition, which sets criteria to prevent employment discrimination against HIV positive individuals

31-1 — 6/2/92

MHG 3/4/6

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 Evian 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 Evian "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 a 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

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 Greylings, 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 subsidise risk benefit costs in the short term "

'The epidemic in South Africa is explosive, one of the worst in the world, primarily because it is a social disease'

"Labour leadership is also the key to successful Aids campaigning," argues Evian "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

(92) M+G 3rd/1/a 6/2/97

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 Mankahlana, 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 neccessary encouragement to deserving efforts at combating HIV and Aids "

Mankahlana said it was premature to speculate under 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 Pieter du Plessis, Olga Visser and Dr Callie Landauer

Certainly Health Minister Nkosazana 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 Directorate, 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-Preservations 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

Olga Visser

"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 group 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

Star 6/2/97

STAFF REPORTERS AND SAPA

Opposition parties are calling for the head of Health Minister Nkosazana Zuma following the Medicines 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 spokesman 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 poison, 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, dimethylformamide, 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'

(92) CT 6/2/99

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 PO58 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 Kallie 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 further research until the researchers' claims had been resolved

The spokesman for Health Minister Dr Nkosazana Zuma, Mr Vincent Hlongwane, 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 spokesman for President Nelson Mandela, Mr Joel Netshitenzhe, said the cabinet would wait for further facts from Zuma before deciding

Democratic Party Gauteng Health spokesman 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 spokesman 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," said Folb

The council's report is the latest development in the stormy tale of Virodene PO58, 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

THE STAR

AIDS – 'The New Struggle'

Mandela urges global commitment to fight pandemic

ARG 6/2/97 (92)

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

REUTERS

Centre of attention: President Mandela addresses the media in Davos, Switzerland, where he called for a global battle against AIDS

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 its spread

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 unschooled, the socially marginalised, the women and the children, those who bear the burden of colonial legacy – these are the sectors of society which bear the burden 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 are beginning 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 macroeconomic strategy for growth, employment and redistribution

All the signs point to a sound sense of economic fundamentals, to our being on track, and to 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 2005, 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 details may 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 minimise its effects, to prepare for its impact and to co-operate 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 nine million children under the age of 15 having lost their mothers to AIDS, there can be no doubt that humanity faces a major challenge

'Let us join hands in a caring partnership for health and prosperity as we enter the new millennium'

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, work in the mines and factories, run the schools and hospitals and govern nations and countries, thus increasing the number of dependent persons

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 afflict our world – open conflict and low-intensity war cause 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

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 1985, 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 even 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 Now, 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

With these few words, may I thank you for affording me the opportunity to address you I wish you every success as you seek ways to promote co-operative action

Zuma slated over AIDS drug 'fiasco'

ARG 6/2/97

NP wants her fired

(92)

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 Odendaal 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 PO58 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, Kallie 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

(92) BD 6/2/97

Deborah Fine

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 irreversible 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

BD 7/2/97 (92)

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 said 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

BD 7/2/97 (92)

Continued from Page 1

four Pretoria researchers had agreed to follow council recommendations on reformulating their studies.

Larry Heidebrecht, spokesman for Cryo Preservation Technologies, which patented Virodene, said the researchers were "working very closely with the council to restructure the proposed Virodene P058 study to a scientific level and scale that will be internationally acceptable".

Council chairman Peter Folbs 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

(92)

CT 7/2/97

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 PO58 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 clarified 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

(92) Star 7/2/97

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

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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 PO58 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

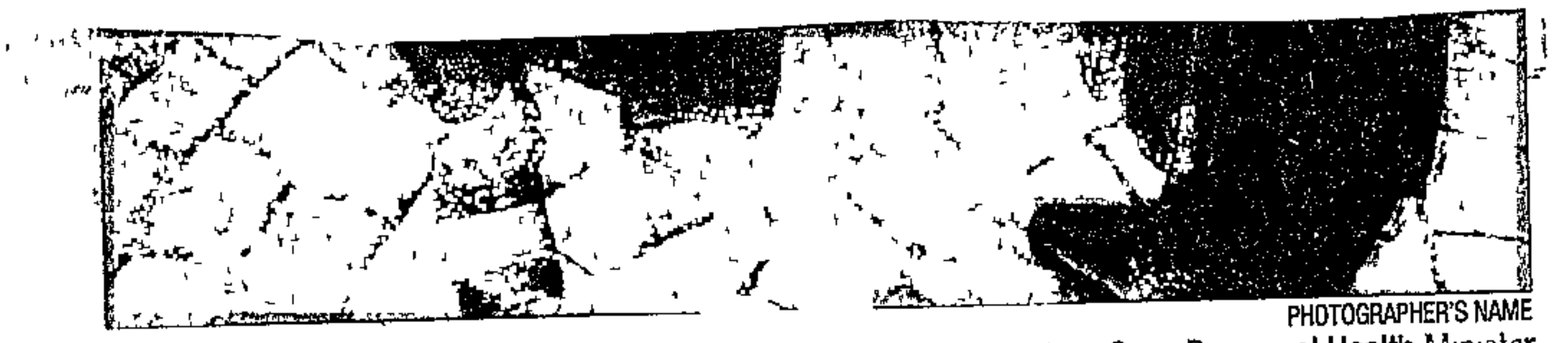
Zuma said every drug had side effects which had to be weighed against its benefits "If the benefits far outweigh them, you use the drug," she said

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 F W 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



PHOTOGRAPHER'S NAME

Tradition: Health Minister Nkosazana Zuma in Zulu garb greets Western Cape Provincial Health Minister Ebrahim Rasool outside Parliament as Welfare Minister Geraldine Fraser-Moleketi and her mother Cynthia Fraser-Moleketi look on

Prominent AIDS activist held during Zuma protest

ARG 8/2/97 (92)

ANDREA BOTHA
STAFF REPORTER

Aids activists yesterday called for the resignation of Health Minister Nkosazana Zuma in a dramatic protest outside Parliament.

During the protest, police arrested Gary Lamont, director of Aids organisation Wola Nani, for trespassing, interfering with police duties and violent behaviour. Protestors wore sheets stained with mock blood, chanted "Zuma must go" and held up placards bearing slogans such as "One Zuma, One Virodene" and "The New Struggle. Getting Rid of Zuma"

The protestors called on Parliament to help force Dr Zuma from office as they claimed she was continuing to abuse her position

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 PO58 contains the component dimethylformamide (DMF) which can cause irreversible liver damage and has been linked to the development of cancer.

The Medicines Control Council has now banned all tests of the drug on humans

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

(92)

By CYRIL MADLALA

THE Minister of Health, Dr Nkosazana Zuma, has defended her decision to support research into the anti-AIDS drug Virodene

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 Virodene's researchers, Professor Dirk du Plessis, Dr Kallie Landauer, Olga Visser and Eugene Olivier, 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 R3,7-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

"I presume that scientists from renowned institutions like Pretoria University understand ethical and research protocol, and I don't think it's my responsibility as minister to check their credentials."

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

ST 9/7/97

of Foreign Affairs press statement of 11 October 1996, shortly after the announcement that Bishop Belo and Mr Jose Ramos Horta were the 1996 Nobel Peace Prize winners

In addition to the United Nations sponsered tripartite negotiations, South Africa supports the process of intra-Timorese dialogue meetings, which are facilitated by the United Nations

(2) Yes In the first half of 1996 the Indonesian Foreign Minister, Mr Ali Alatas, visited South Africa He met with the Department of Foreign Affairs, with Deputy President Thabo Mbeki and President Mandela In these discussions the situation in East Timor was discussed

Further, South Africa's policy, and concern regarding East Timor were directly conveyed to Mr Jose Ramos Horta, the East Timorese leader and Nobel Peace Prize winner, when he visited South Africa in late 1996

Indonesia's roving Ambassador for East Timor, Ambassador Lopez da Cruz visited South Africa in 1996 to discuss the issue

In several meetings the East Timor issue was discussed Also in all the above meetings South Africa's position of support for the UN sponsored talks in finding a just and internationally acceptable solution to the issue was raised

South Africa's Ambassador in Jakarta has had a number of meetings with senior government officials and representatives of the opposition groups Our Ambassadors to the UN in New York and Geneva are also seized with the matter

From these interactions it is apparent that all the role-players are committed to the UN sponsored dialogues to find a just and internationally acceptable solution to the question of East Timor.

Payment/non-payment of school fees

*29 Mr M J ELLIS asked the Minister of Education

Whether his Department has provided state schools with exemption criteria in terms of the South African Schools Act, 1996 (Act No 84 of 1996), prescribing parental income levels at which children may not be excluded from schools because of their parent's failure to pay fees, if not, (a) why not and (b) on what basis are schools currently making decisions in this regard, if so, what are these criteria? N168E

The MINISTER OF EDUCATION

The question refers to section 39 of the South African Schools Act Regulations regarding the equitable criteria and procedures for exemption of parents from payment of school fees at public schools must be made by the Minister of Education after consultation with the Council of Education Ministers and the Minister of Finance

In view of the above, the answer to the question is "no"

(a) A subcommittee of the Heads of Education Departments Committee (HEDCOM), is working on the policy for school funding in terms of the Act, including the matter referred to in the question Moreover, the new governing bodies are expected to be elected only in April and May 1997

(b) The *status quo* with regard to the payment of fees in formerly state-aided public schools will be retained, at least until the end of 1997 Provincial departments of education and associations representing the governing bodies concerned have been informed However, in terms of the Act, learners may not be denied admission to a public school on the grounds of parents' inability or failure to pay school fees.

For written reply

SABC: information on HIV/aids prevention

7 Dr I M CACHALIA asked the Minister for Posts, Telecommunications and Broadcasting

(1) Whether any free time is being allocated on the SABC's radio or television services for the dissemination of information on HIV/Aids prevention, if not, why not, if so,

(2) whether he or his Department has taken any initiatives to facilitate the furnishing of such information in all official languages, if not, why not, if so, what are the relevant details? If not, why not, if so, what are the relevant details? N7E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING

(1) Yes, SABC provides "free airtime ' in the form of Public Service Announcements to mainly NGO s and other organisations who apply During the 1996 calender year free airtime to the value of R57 million was given in this regard to 61 applicants

(a) During 1996 National Public Service Announcements (NPSA's) were flighted with either Aids or "safe sex" on behalf of the Department of Health, Doctors for Life and the Association for Voluntary Sterilisation

(b) For 1997 applications have already been received from the aforementioned as well as the Society for Family Health

Both the Department of Health and the Society for Health direct their announcements specifically to Aids

(2) National Public Service Announcements go out in unsold advertising time, on all the SABC's TV and Radio services which the applicant specifies and the applicants are responsible for the production of the material Due to the increasing number of requests for NPSA's the SABC has taken the initiative to invite applicants who serve the same "cause" and jointly work out a schedule with them, thus ensuring that everybody gets a fair opportunity

December 1996: number of prisoners

25 Mr G C OOSTHUIZEN asked the Minister of Correctional Services †

(a) How many prisoners were there in South African prisons in December 1996 and (b) how many unsentenced prisoners were there in prisons during this month? N35E

The MINISTER OF CORRECTIONAL SERVICES

(a) 125 134

(b) 32 659

Statistics as on 31 December 1996

Elected local government representatives: posts

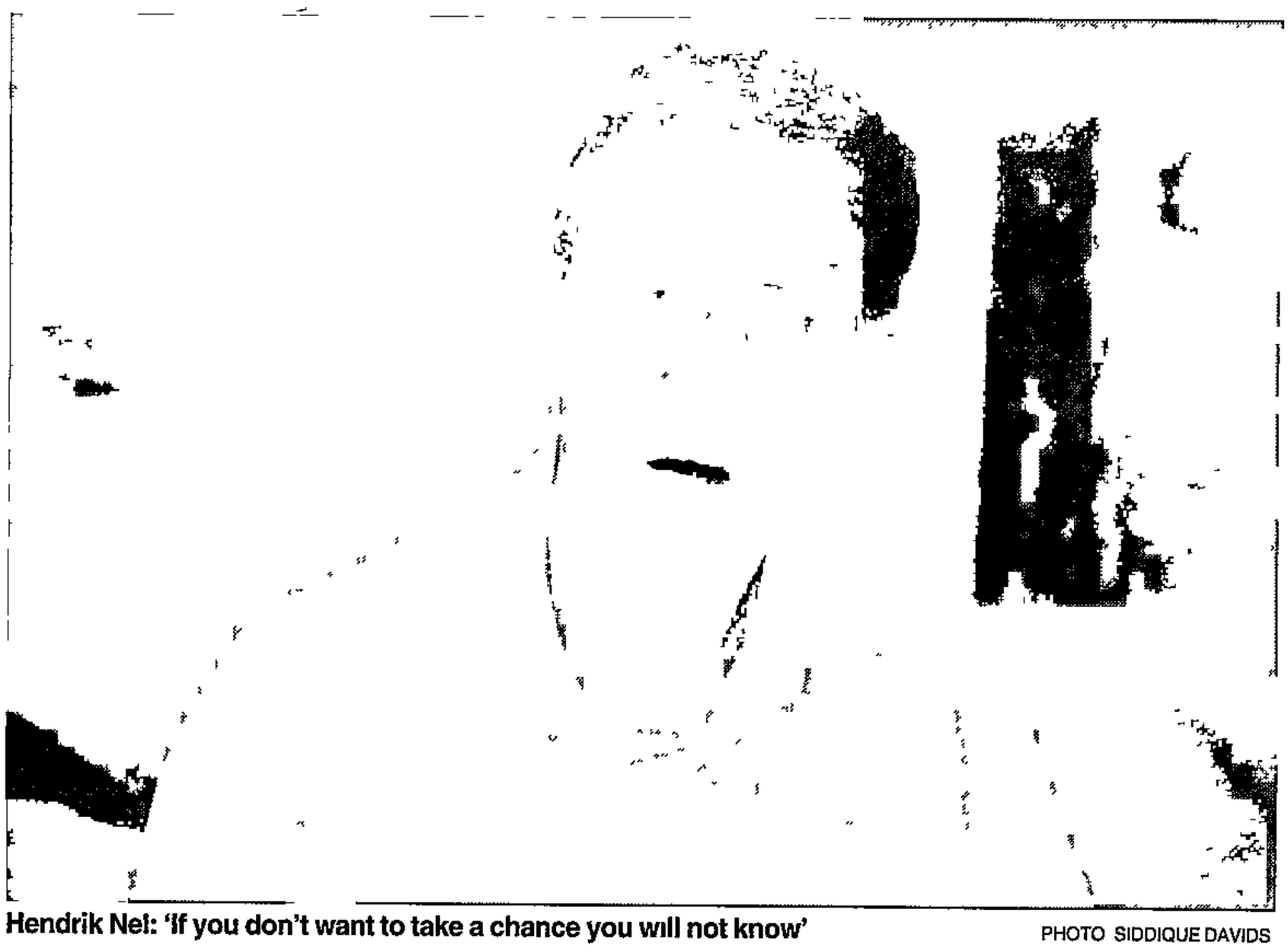
40 Mr A J LEON asked the Minister for Provincial Affairs and Constitutional Development

(1) (a) How many positions for elected local government representatives exist in each of the provinces and (b) what is the overall ratio of representatives to population

(2) whether representatives to population ratios in other countries were taken into account in deciding on the number of representatives in South Africa, if not on what basis was the decision made, if so, how,

(3) whether the Government intends reviewing the number of local government representatives before the next local government elections, if not, what is the position in this regard, if so, why? N75E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT



Hendrik Nel: 'If you don't want to take a chance you will not know'

PHOTO SIDDIQUE DAVIDS

Aids agony over drug clampdown

(92) MTG 14-20/2/97

The medicines control bureaucracy is being accused of denying people with Aids 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 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 procedure is denying them the chance to try a drug which could save their lives

The council halted testing of the drug after concerns in the scientific community about possible side-effects and about the way its inventors 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 out-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 Folb "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're not in a position to even suggest it is effective," he said, adding that the researchers' claims to the contrary amounts to "misrepresentation to the patients"

But one of the original participants in early trials of Virodene, who asked to 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'm not feeling as well now as I was two weeks ago I'm 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 ingredient 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 in the media

He and others believe the researchers are on to an affordable, effective 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 Visser, Dr Callie Landauer and Professor Dirk du Plessis — responsible for any negative effects caused by Virodene They have asked to be admitted to Virodene trials immediately

Would-be volunteers have been coming in from around the world

Larry Heidebrecht, representative 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 unacceptable," Folb 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 it could be shortly after the council reviews the committee report

Heidebrecht said he hopes that research will include testing on human subjects, but Folb said in his view the researchers will "have to go back to square one"

Funding for further research is still up in the air, though Heidebrecht said the researchers were still hoping to receive government funding Alan Hirsch, chief director of industrial and development technology strategy 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 Nkosazana Zuma, shocked the scientific and research community

People with Aids and care-givers, however, continue to support Zuma They see her as someone who cut through cumbersome procedures to get Virodene on to the market quickly and cheaply Current cutting-edge treatment for Aids is prohibitively expensive

Like most people with Aids, Gert Tolmay cannot afford the expensive medications Emaciated and ill, his immune system all but shut down, he lives at St Christopher'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

Star 15/2/97 (9a)

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

DR ZUMA: Outlined her department's programme

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

Zuma supports those who want new AIDS drug

'...no right to deny them'

(92)

ARG 15/2/97

JENNY VIALL
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 326 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, 50 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

(92) Sowetan 18/2/97

By Dan Fuphe

THE spread of sexually transmitted diseases such as syphilis and gonorrhoea remain 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 Isidingo 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

ARG 19/2/97

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 – Staff Reporter

(92)

Firms face HIV-Aids costs

sowetan 20/2/97 (92)

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

Star 20/2/97

OWN CORRESPONDENT
Cape Town

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.

HIV testing by employers a violation of the constitution

Labour, government and business are discussing whether job applicants should be tested for human immuno-deficiency virus. Mark Heywood contends that the practice should be prohibited by law

BD 20/2/97 (92)

IN 1994, Paul applied for a permanent post at the chemical company where he had been a temporary employee for two years He was asked to go for an HIV test The result was positive. Paul lost his job and was refused permanent employment Three years later, he has found another job He is still healthy

Paul's story is the story of thousands of South Africans The unfair practice of pre-employment HIV screening takes places nationally in factories, among domestic workers and in major parts of the public service such as the defence force and the police and prisons services

Each year, thousands of healthy men and women are denied employment, solely on the basis that they have HIV — a virus that will make them ill at some stage in the future This is a direct violation of the constitution which promises fair labour practices for all people living in SA

This week, the labour market chamber of the National Economic Development and Labour Council (Nedlac) will sit to hear the views of labour, government and business on pre-employment HIV testing

Prohibition

They will comment on a bill to prohibit the practice drafted by Judge Edwin Cameron, the chairman of the SA Law Commission's project committee, an organisation looking at possibilities for law reform linked to HIV/AIDS

The bill proposes to prohibit all pre-employment HIV testing, unless an employer applies to the Labour Court which may grant authorisation for testing "if it is satisfied that the knowledge of a job applicant's HIV status is, in the light of medical facts, employment conditions and social policy, necessary to determine his or her ability to perform the job"

Unfair discrimination in employment benefits will also be prohibited A penalty of R50 000 is proposed for employers that break this law

It seems likely the draft bill will be supported by government The ministers of health and labour have both made unambiguous statements in Parliament condemning pre-employment HIV testing The labour movement, particularly the union federation Cosatu, strongly supports the bill and has been demanding this sort of legislation for some time, but it is opposed by some sectors of business

Ironically, although the draft will provoke furious debate, there is little disagreement on the merits, or demerits, of pre-employment testing

In most democracies and in international bodies such as the International Labour Organisation and the United Nations, the discriminatory character and futility of the practice was made clear long ago

- ☐ It is discriminatory because it denies a person employment solely on the basis of her/his future possible ill health,
- ☐ It is probably unconstitutional because it breaches privacy rights, and
- ☐ It is unnecessary because there is no risk of occupational HIV transmission

Even in jobs, such as the often cited occupation of airline pilot, where it is argued public safety warrants knowledge of HIV status, there are practical (rather than biological) tests for spatial and neurological functioning which are nondiscriminatory because they do not identify the cause of the impairment (which could be due to a number of conditions such as stress, fatigue, ageing, substance abuse, brain tumours and psychiatric disorders), but concentrate on its effect on job performance

The short-sightedness of employers who still try to justify the practice on the grounds of "cost saving" was succinctly summed up by Michael Merson, the former director of the Global Programme on AIDs Merson warned that HIV could not be stopped at the door of the factory or office

"Testing merely distracts attention from the real issue, which is how to help existing employees avoid exposure to HIV After all, no matter how big your annual turnover is, it is small in comparison to your overall workforce A simple calculation will show that most new infections in the firm are bound to turn up among existing employees So that is where you need to put your energy and resources"

While business, labour and government concur on most of the above, the real point of contention is whether legislation is necessary

It is argued by some employer organisations that the bill of rights in the constitution and the Labour Relations Act already provide enough legal protection for people with HIV Both statutes provide legal remedies and protection against any form of unfair discrimination

The Labour Relations Act includes job applicants in its ambit It defines discrimination on any arbitrary ground including "race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, political opinion, culture, language, marital status and family responsibility" as a residual unfair labour practice

Although no judgment has been made on the issue, it is believed in legal circles that discrimination based solely on HIV status would be unlawful and an unfair labour practice

This becomes an argument for not altering the status quo Trade unions and human rights organisations, such as the Aids Law Project, argue that though this may be true, the problem is serious enough to warrant legislation

Prohibition of pre-employment testing would also meet government's constitutional obligation that "national legislation must be enacted to prevent unfair discrimination"

In addition to this, there are special factors to do with the stigma still attached to HIV and AIDs that merit specific legislation

People with HIV face extreme prejudice The desire to hide one's HIV status means that most people who experience this kind of discrimination do not choose to exercise their rights This allows the practice of pre-employment HIV testing to take place on a broad scale, but remain unchallenged

Further, job applicants are not usually members of trade unions, with the expertise to challenge unfair labour practices Complaints are therefore few and far between Making the practice unlawful would make it far easier to oppose requests for an HIV test before it takes place, rather than after the result

Finally, it is difficult for a job applicant to prove that the result of an HIV test was the reason why he or she was not employed

In its most recent judgment, the Constitutional Court made a comment which is relevant to the debate It stated "The guarantee of the right to equality lies at the very heart of the constitution It permeates and defines the very ethos upon which the constitution is promised "

The court went on to mention how the constitution declared that there was a "need to create a new order in which there is equality between men and women and people of all races so that all citizens shall be able to enjoy and exercise their fundamental rights and freedoms"

This recognises the fact that equality was not wished into being on April 27 1994 In fact, without proper vigilance, new inequalities can take root in society

Equality is something that must actively be created And the equal right to work, regardless of arbitrary distinctions such as race, religion or HIV status, is surely one of the most fundamental of all rights

☐ *Heywood is acting head of the AIDS Law Project at the Centre for Applied Legal Studies*

matter deal with a fiercely opposed plan to build 16 houses on the 1,4ha

subdivide these into smaller portions to be developed for rent or

Kriel still has the power to approve the rezoning

Drug to boost HIV fight claimed

(92) CT 20/2/97

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 Bouic, 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 pharmaceuticals company, which recently acquired the worldwide patent for the remedy

The founder of the company, Mr R Liebenberg, a former Matie, 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'

(92) Star 27/2/97

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 Laurie 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 been 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 Mojapelo 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

BD 21/2/97 (92)

---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 Glenister said a solution would be for the defined benefit to outsource 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," Glenister said

A disadvantage was that trustees could be "deemed to lose control"

"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"

School can't exclude HIV children

(92) CT 21/2/97

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 Heywood, 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, Heywood 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

The spread of the Human Immuno-deficiency Virus which causes Aids is peaking in Gauteng with more than one in ten people between the ages of 15 and 30 infected, a health department official said yesterday.

Dr Liz Floyd, provincial director for Aids and communicable diseases, said tests on pregnant women last year indicated 10% of young people were infected and the rate of infection was rising at about 3% a year.

The spread of HIV would see a resultant peak in Aids infections in three to five years – placing great pressure on health services, she said.

Speaking at the opening of a two-day conference to develop a comprehensive Aids care strategy, Floyd said in certain communities the incidence of infection could be as high as one in five

Poor, unstable communities such as informal settlements were most at risk to the spread of the disease.

HIV did not automatically develop into full-blown Aids and it was possible to live for many years with HIV without manifesting symptoms, Floyd said

She said a situation would soon be reached where all people who were at risk of infection would have contracted the virus. This would see the number of people contracting the disease stabilise, she said

Floyd said the vast majority – more than 90% – of people infected with the virus were heterosexual, with miners and truckers showing levels of infection well above the provincial average Gauteng's levels of infection reflected the national average, she said.

Floyd drew attention to Uganda, which had succeeded in reducing the number of people being infected with HIV. She said this had been achieved through full-scale political commitment and education programmes starting with young children.

Referring to the development of the Virodene PO58 drug to combat Aids, she said the health department was awaiting more analysis and it was unlikely that an Aids cure was imminent

–Sapa

(92) Star 22/2/97

Uproar at school over Aids boy's enrolment (92)

Star 24/2/97

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 Nkosi 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, Nkosi 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 furore 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 Peri-Natal 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, stocking 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 haemophilic brothers, 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 irrationally, but rather 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 ill 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 prioritised home-based care, and aimed at setting basic standards at 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, developing NGO capacity, and significant social welfare support, she said.

Zuma fails to seek sanction for costs of play

(92) BD 24/2/97

Wyndham Hartley and Tim Cohen

HEALTH Minister Nkosazana Zuma has failed to ask 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

(92) Sowetan 25/2/97

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 Mellville

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

The education ministry also said it had no policy on the issue, intimating that it was up to individual provinces to draw up regulations

"The spirit of the Act (Schools Act) 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*

Bengu backs rights of HIV children

(92) BD 26/2/97

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 Nkosi's attempts to join the Melpark Primary School in Melville.

An application by Nkosi's foster mother, Gail Johnson, for the AIDS-infected boy to be admitted to the school sparked panic among parents and caught educationalists 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

(92)

Sowetan 27/2/97

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 PO58 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 surgeons Professor Dirk du Plessis and Dr Callie 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 Huismans, 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, say slated drug scientists

Aids

(92)

Committee finds no evidence Virodene can inhibit HIV, and researchers are criticised for lack of proper controls in trials

Star 27/2/93

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 Nkosazana Zuma, presented their preliminary work to 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 Huismans, 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

"Nothing will stand in the way"

Control Council or Pretoria University's ethics and research protocol committee,

"No permission was requested or obtained, and the research went ahead without the knowledge of the university despite the researchers knowing full well they had to satisfy these requirements before proceeding with such work," Huismans 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

Huismans 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 protocol 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 monitored with the supervision of 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 to 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

(92) Star 27/2/97

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 Nkosi's admission to the school sparked panic when it was publicised 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 Nkosi'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 Nkosi 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 Nkosi 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 Nkosi I'm not only fighting for my own kid, I'm fighting for him (Nkosi), too," he said

VIRODENE RESULTS 'INCONCLUSIVE'

No evidence Aids drug effective, say experts (92)

CT 27/2/97

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, said the committee.

Huismans said the involvement of Visser's company, Cryopreservation 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

(92)

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— Own Correspondent

Virodene scientists 'will turn to courts'

(92) BD 28/2/97

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 Visser, 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 inconclusive 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 Huisamans, 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 facility. 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

(92)

Child victim (8) gets the nod to enrol at Melville primary school

Star 28/2/97

EDUCATION REPORTER

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 Nkosi 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 Laurie 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-skills 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

(92) Star 28/2/97

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, affiliate 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 Peri-Natal 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

Changes in patients not statistically significant

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 swore 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. He said he had no comment.

Fewer die from AIDS as infected people live longer – report

(92) A ARG 28/2/97

Atlanta – Deaths from AIDS have begun to decline for the first time, falling 13 percent during the first half of 1996 because people with the disease are living longer, federal health officials said.

The Centres for Disease Control and Prevention (CDC) said the decline in deaths was due to improved treatments and a slowing of the AIDS epidemic The number of people diagnosed with AIDS in 1995 was only two percent higher than in 1994.

President Bill Clinton hailed the news as "further evidence that this terrible epidemic is beginning to yield to our sustained national public health investment in AIDS research, prevention and care"

Health and Human Services Secretary Donna Shalala attributed the historic drop to innovative new drugs and more effective prevention programmes.

The CDC estimated that 22 000 people died of AIDS in the first half of 1996, down from 24 900 in the first half of 1995

"We saw an overall decrease of about 13 percent in AIDS deaths in the first two quarters of 1996 in comparison to 1995," CDC AIDS reporting and analysis chief Dr Patricia Fleming said

Deaths declined by 15 percent among men but increased by three percent among women, the CDC said Deaths dropped by 18 percent among homosexual men but increased three percent among people infected through heterosexual contact

The agency said it was the first time in the history of the AIDS epidemic that there has been a marked decrease in deaths among people with the disease

Despite the apparently encouraging news, AIDS remained the leading cause of death for people age 25 to 44 in 1995, accounting for 19 percent of all deaths in that age group

Because people with the illness are living longer, the number of people alive with AIDS is larger than ever The CDC estimated 223 000 people were living with AIDS in mid-1996, a 10 percent increase from a year earlier

"We must not lose sight of the fact that the best way to truly reduce the number of people who will die with AIDS is to prevent HIV infection in the first place," CDC director Dr David Satcher said "Prevention remains our best and most cost-effective approach for bringing the HIV/AIDS epidemic under control and saving lives"

Deaths from AIDS declined in all parts of the country and among all racial and ethnic groups but the declines were much greater among whites than among blacks or Hispanics

Through the end of 1996, 581 429 people had developed AIDS since the disease was first detected in 1981 Of that total, 84 percent were men, 15 percent women and one percent children

The CDC said 1996 was the first year that blacks accounted for a larger proportion of AIDS cases than whites. Women accounted for 20 percent of newly reported AIDS cases in 1996, which the agency said was an all-time high

AIDS advocacy groups welcomed the news but said more needed to be done

"The good news further validates the urgency to improve access to health care for all Americans living with HIV/AIDS," said Christine Lubinski of the AIDS Action Council – Reuter

Virodene 'cruel trick'

M+G 28/2 - 6/3/97 (92)

Jim Day

AIDS 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 '

Asked for comment on the report, which lambasted the three University of Pretoria researchers for their "naivete" 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

AIDS test drag their feet

Education authorities (9A) ST 2/3/97

Schools fail the AIDS test

Pupils and staff with HIV are victimised as education authorities 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 Nkosi 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-admittance 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 at 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 offers and sought legal advice

The teacher said it was his right to continue teaching, which he then 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 confidences 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 lifeskills 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 Nkosi 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, Professor Sibusiso Bengu, as well as the nine provincial heads of education, on November 19 last year to alert him of 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 drawing up of a policy

Mary Crewe, the chairman of the National Project Committee for HIV, AIDS and Lifeskills, criticised reports this week which said schools could formulate policy when they were "ready"

"What Nkosi has shown", Crewe said, "is that you can't wait until you're ready The schools need leadership from the department Nkosi 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

(92) CT 4/25/97

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 Sarafina 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

05/2/97 (92)

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 cannot, therefore, be prohibited from working where they seek employment," Motlana said.

Sarafina officials cleared

(92) M&G 7-13/3/97

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 Aids awareness play that cost taxpayers several million rands, have escaped with their jobs

Responding to a request by the *Mail & Guardian* this week, Health Department Director General Dr Olive Shisana 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 panned, and the role of the department was subjected to an investigation by Public Protector Selby 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 Shisana 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 Shisana to believe the tender committee had approved the bid by Committed Artists. The committee in fact had not.

Shisana'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 Ramasala, 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

Shisana'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

(92) Star 8/3/97

By ADELE BALETA

Cape Town – An affordable, non-toxic drug that bolsters 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 hypoxis 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 Bouic 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

Bouic said the research findings on the drug, developed by the medical faculty's medical microbiology and pharmacology departments, 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," Bouic 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 protocol and the acceptance of the newly worldwide patented drug by the scientific community is in sharp contrast to the furore surrounding Health Minister Nkosazana Zuma's controversial backing for the "anti-Aids wonder drug" Virodene PO58

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

Bouic 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 caused an increase of these cells

Patients reported weight gain as well Research on the hypoxis plant was funded by a family-owned South African pharmaceutical company headed by Roelof Liebenberg

Better life with common African spud

New drug out soon

(92) ARG 8/3/97

ADELE BALETA
STAFF REPORTER

An affordable, non-toxic drug that bolsters the immune system and helps to fight the HIV virus more effectively will be available to consumers with a prescription from April 1 giving AIDS and HIV patients the chance of a better life.

The drug, based on extracts from the indigenous African potato, or hypoxis 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

Head of the research team that conducted the trials at Tygerberg Hospital's HIV clinic, immunologist Patrick Bouic of the University of Stellenbosch, has been inundated with calls from impressed scientists locally and abroad as well as AIDS and HIV-positive patients wanting to know more about the drug

Professor Bouic said the research findings on the drug – developed by the microbiology and pharmacology departments – will be published next week in the International Journal of Immunopharmacology

He said the Department of Health had also made inquiries about the drug, which has no side effects and is administered in capsule form three times a day at a cost of R5,40

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The drug has no side-effects and is taken three times a day, at a cost of as little as R5,40 a day

Professor Bouic said the drug derived from the African potato – although not a cure for the HIV virus – had proved in clinical trials to significantly stabilise the T-cells (immunity cells) of patients and, in and some cases it even caused an increase of these cells Patients reported weight gain-as well

Research on the hypoxis plant was funded by a family-owned South African pharmaceutical company headed by Roelof Liebenberg

Mr Liebenberg, a businessman and former Matie became interested in the indigenous plant after a relative developed prostate cancer He heard that it had been used by traditional healers and had great healing properties In 1987 the company initiated research, with the permission of the university's ethical committee, on the hypoxis plant and its effects, if any, on lung cancer patients

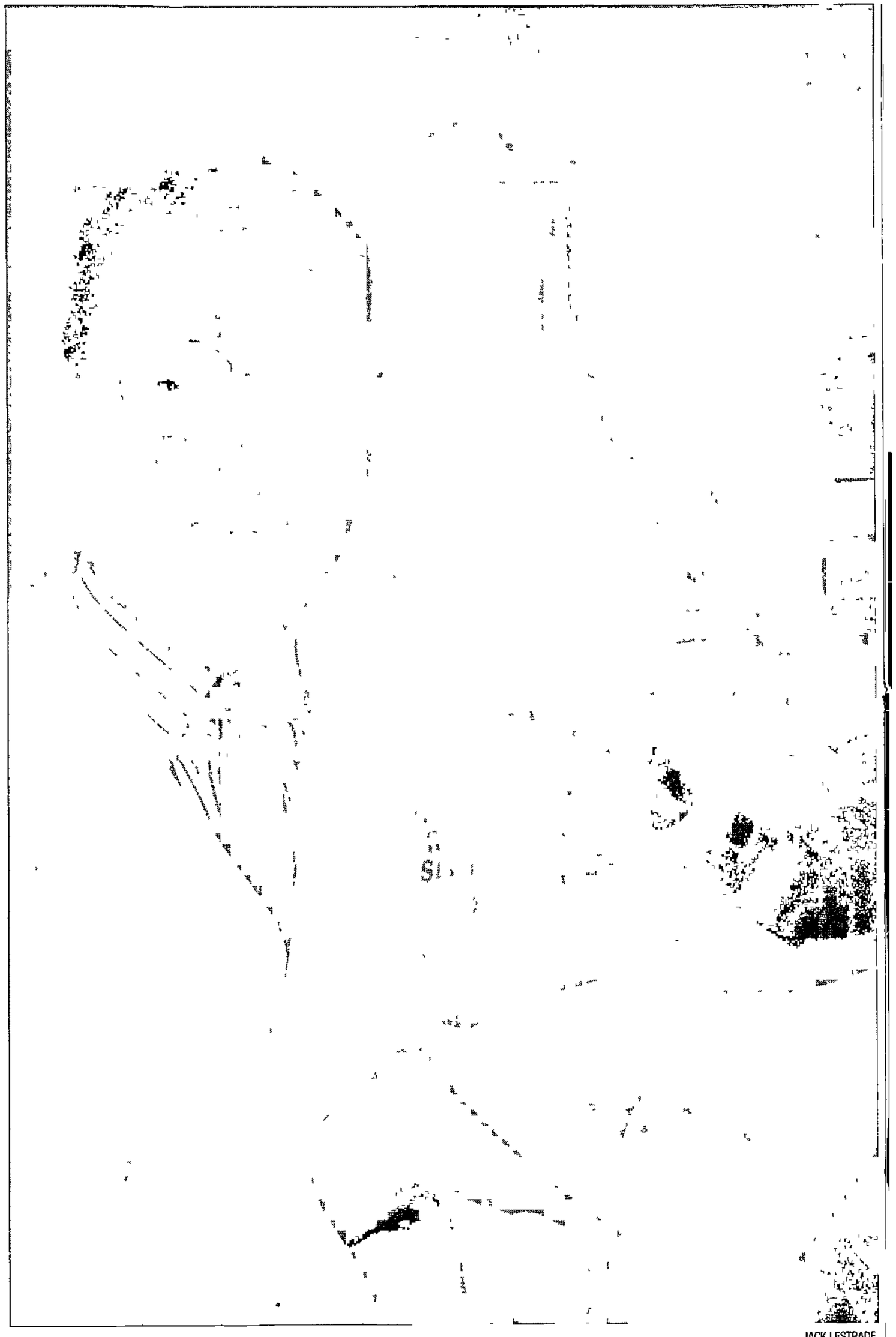
Professor Bouic was asked by the company to monitor the patients

"We found the patients' immune systems were significantly enhanced by the plant extract

"In May 1992, still using the extract from the total plant, we began trials on HIV-infected patients at the clinic There were some patients who did not want to take part and their immune systems deteriorated Some of these patients then changed their minds, took the drug and we noticed a marked difference."

In new trials in 1993 the team isolated the plant fat or phyto-chemicals – sterols and sterolins – as the most effective part of the plant in boosting the immune system In 1994 the drug was used on patients with tuberculosis and again it was found to be effective on the immune system

The drug may be bought with a doctor's prescription from April 1



JACK LESTRADE

Wonder pills? Patrick Bouic with the drug extracted from the African potato, or hypoxis plant, that has been found to boost the immune system of people infected with the HIV virus With Professor Bouic is research assistant Anel Clark

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

(92) ST 9/3/94

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 Possibly 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, then it backfired horribly

The cabinet gave the three researchers — cardiothoracic surgeons Professor Dirk du Plessis and Dr Kallie Landauer, and perfusion technologist Olga 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 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 one 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 Folb 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.

"The fact that the normal requirements for conducting a clinical trial were not met is unacceptable and potentially dangerous," says Folb 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 up negative

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 Hungwe 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'

(92)
BD 11/3/97

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

Nacosa 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

(92) Star 11/3/97

National Aids Convention appeals for interministerial committee to deal with needs of HIV-positive people

By Jovial Rantao
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 heartrending 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.

"How do I support my child? How do I pay his school fees? What do I do? There's nowhere to go. I can't go anywhere," she said

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

> **"What do I do? There's nowhere to go. I can't go anywhere"**

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.

Pooven 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

(92) (~~253~~)

DENNIS CAVERNELIS ARG 11/3/97
HIGH COURT REPORTER

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 F D J Brand was brought by Cecil van Biljon, Madodana Tyembile, Michael Williams and Kelvin Voskuil. 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

Star 12/3/97 (92)

By Robin 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 Tsungirirai Hungwe, 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'

(92) Star 14/3/97

MEDICAL CORRESPONDENT

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 Callie Landauer, worked on the controversial Virodene PO58 "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

(92) ARG 17/3/97

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) plan follows 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.

The Star Monday

Fight to free HIV-positive inmates

(92)

Star 17/3/97

BY TROYE LUND

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 Biljon, Madodana Tyembile, Michael Williams and Kelvin Voskuil

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

CT 20/3/97 (92)

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 Nkosozana Zuma said township people were still largely ignorant about the danger of Aids

HIV test for state jobs is scrapped

Rejects get a new chance

ART 25/3/97 (92)

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 Sipo 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.

WORK-SEEKERS MAY RE-APPLY

Aids tests for jobs axed

CT 26/3/97 (92)

WORK-SEEKERS turned away by the government because they have tested positive for HIV or Aids may reapply for jobs as cabinet ministers have agreed the tests are discriminatory.

SIX government ministries have abolished Aids testing for job applicants, an obstacle 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 Sipo Mzimela told Parliament's correctional 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 Mr Sydney Mufamadi, Minister of Health Dr Nkosazana Zuma, Deputy Defence Minister Mr Ronnie Kasrils, Minister of Justice Mr Dullar Omar and Public Service and Administration Minister Dr Zola Skweyiya.

"Anyone who applies for a job will be treated equally," Mzimela 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

Mzimela 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 ministries' 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

'DISCRIMINATORY': Nkosazana Zuma

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

for now and if necessary it can be reput to the President's office

Mr A FOURIE Madam Speaker we accept that So we can accept that the question will stand over until the President himself is here? [Interjections]

The DEPUTY SPEAKER Order! The question is not standing over The question has been responded to, in terms of the information that the Acting President gave to the House However, if members feel it is necessary, they can put another question to the President

Dr W A ODENDAAL Madam Speaker may I ask a follow-up question which I believe the Acting President will indeed be able to answer [Interjections] I would like to know from the hon the Acting President why it is so that the President himself in more two years has never answered a question in this House and now that he is acting as President he is being allowed to answer such questions?

The DEPUTY SPEAKER Order! That question is not related to the original question

Dr B L GELDENHUYS Madam Speaker arising out of the answer given by the hon the Acting State President, is it true that he is planning a coup? If so when? [Laughter]

The DEPUTY SPEAKER Order! That question certainly does not arise from anything

Mrs G N M PANDOR Madam Speaker, on a point of order I was not aware that the opposition over there had altered our Constitution to make provision for a State President I think they are still living in the past We now have a President [Applause]

The DEPUTY SPEAKER Order! That is a correction

The DEPUTY MINISTER IN THE OFFICE OF THE EXECUTIVE DEPUTY PRESIDENT Madam Speaker, may I ask that Question 1 put by Mr Leon, Question 2 put by Professor Turok and Question 4 put by Dr Alant, stand over so that the Deputy President can answer them at the next occasion? As members know, he is abroad at the moment, and is therefore unable to be with us today

The DEPUTY SPEAKER Order! Questions 1 2 and 4 will stand over We now come to Question 3 addressed to the Deputy President Deputy Minister Pahad will answer that question

Deputy President

*1 Mr A J LEON – Deputy President [Question standing over]

*2 Prof B TUROK – Deputy President [Question standing over]

Comtask establishment of Cabinet Committee

*3 Ms S C VOS asked the Deputy President

(1) Whether following the recommendations of the Task Group on Government Communications (Comtask) he intends (a) establishing a Cabinet committee on the information economy and/or (b) employing a professional advisory and consultative body to the Presidency for the two-year period 1997 to 1998 if not what is the position in this regard if so what are the relevant details

(2) whether he intends employing communications consultants if so

(3) whether a budget has been allocated for their services during the above period if so what amount is involved in this regard

(4) whether members of the Comtask team will be considered for employment as communications consultants if not why not, if so what are the relevant details? N251E

The DEPUTY MINISTER IN THE OFFICE OF THE DEPUTY PRESIDENT

(1)(a) Cabinet has agreed to establish a Cabinet committee on the information economy to be chaired by Deputy President T M Mbeki

(b) On 19 February 1997 Cabinet agreed to the general thrust of the report of the Task Group on Government Communications (Comtask) Subject *inter alia* to the fact that the SA Communications Service (Sacs) being transformed into a Government Communication and Information System (GCIS)

Cabinet also approved of the establishment of a committee headed by the Deputy Minister in the

Office of the Deputy President, to further examine the implications of the Comtask report and formulate a programme of action inthis regard This committee inaddition to the Deputy Minister, consists of Mr Leon Conradie (Department of Foreign Affairs) Ms Suzan de Villiers (who was researcher to Comtask) Mr Tony Heard (special adviser toi the Minister of Water Affairs and Forestry), Mr Solomon Kotane (Head of Sacs) Mr Mandla Langa (who was convener of Comtask), Mr Joel Netshitenzhe (Office of the President), Andile Ngcasbe (Director-General of the Department of Communications) and Mr Thami Ntetemi (Office of the Deputy President)

This committee has begun its work and intends to report to Cabinet within four months on substantive progress made on implementation of the Cabinet decision A professional advisory and consultative body as referred to in the question, is also being examined by this committee

(2) No Therefore (3) and 94) do not apply

Dr T G ALANT Madam Speaker, with regard to Question 4 I want to say that we agree to the arrangement that Question 4 stands over until the Deputy President is available to reply personally However the implicit understanding with regard to that arrangement is that when he comes to reply to Question 4 he should supply Parliament with the answer that we have been waiting for since March last year

The DEPUTY MINISTER Madam Speaker it is not only implied it is explicit that he is going to answer the question Dr Alant knows that I even spoke to him on the phone to apologise for the absence of the Deputy President

*4 Dr T G ALANT – Deputy President [Question standing over]

Ministers

Questions standing over from Wednesday, 19 February 1997

Research on HIV/Aids (92)

*14 Dr W A ODENDAAL asked the Minister of Health †

(1) Whether her attention was drawn to the research on HIV/Aids on which there were reports in the media recently if so, when

(2) whether she made a public statement in this regard, if not, why not, if so when,

(3) whether the Government will give any financial aid in this regard if not, what is the position in this regard if so what are the relevant details? N152E

The MINISTER OF HEALTH

(1) Assuming that the hon member is referring to Virodene the answer is yes, my attention was drawn to this research on HIV/Aids in July 1996

(2) Yes I have made three public statements in this regard Firstly on February 1997, secondly on February 1997 and thirdly on February 1997

(3) Yes, the Government will indeed grant financial aid for the research and development of this drug as soon as the researchers have finalised an acceptable research protocol and all the technicalities in this respect have been cleared

Our judgment will also be guided by the fact that in matters of such great importance as the Aids epidemic, we are morally bound to support reasonable efforts tofind an effective treatment and develop a vaccine We are all aware that in these matters the research has to begin somewhere and that those beginnings are often unlikely or unpopular Household names in medical history such as Jenner Pasteur, Flemming and Barnard were all subject to ridicule when they first presented their discoveries or innovations, and I am sure that we all realise the great benefit that they have subsequently brought to humankind

This Government confirms its commitment to relieving the suffering of our people who have Aids and offering hope to almost 2 million South Africans infected with the HIV virus and we will leave no stone unturned in trying to find some treatment and relief

Dr W A ODENDAAL Madam Speaker, arising out of the reply of the hon the Minister, why then did she not acquaint herself with the facts regarding Virodene before she persuaded Cabinet to spend

taxpayers money on unethical research in which human beings were being treated as research rats, since clearly there was no regard for their rights

The MINISTER OF HEALTH Madam Speaker, before I answer that question I would like to say that it is ironic, coming from a member of a party which, according to De Kock, actually deliberately spread the Aids virus among our people [Interjections] It is therefore ironic that when we are trying our best to help researchers who are trying to find relief for this epidemic, they come and say that we have no concern for human life De Kock says that they spread the virus deliberately [Interjections] Their own De Kock! [interjections]

Dr W A ODENDAAL Madam Speaker, if a person such as the Minister of Health, who wants to pass as a scientist, is telling such lies in this Parliament She knows it is a blatant lie, because it is not possible for anyone to spread the virus in the way that De Kock says I think on that point she has to

The MINISTER OF WATER AFFAIRS AND FORESTRY Madam Speaker, on a point of order Is it appropriate for a so-called hon member to refer to a Minister and a member of this House as telling lies? [Interjections] Oh, do not bay like wolves! [Interjections]

The DEPUTY SPEAKER Order! Hon Odendaal, could you repeat what you said? [Interjections]

Dr W A ODENDAAL Madam Speaker, I said that if it is so that De Kock told this story, it is a blatant lie Anyone who is spreading this

The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM Madam Speaker, on a point of order I would ask you please to rule on whether this parliamentary language The member is not repeating what he said He is deliberately misleading you

An HON MEMBER He is a liar!

The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM Ask to read the record and make a ruling He used the word "lie' If he does not have the courage to repeat his words, let him come out and say so, but do not let him mislead the House [Interjections]

The DEPUTY SPEAKER Order! I will request the Hansard in order to scrutinise the member s words and rule on the issue later

The MINISTER OF HEALTH Madam Speaker, I think the hon member – he may not be that, but I will call him hon member Odendaal – must not come here and act holier-than-thou The ethical questions that he is talking about belong to the University of Pretoria It is not the duty of the Minister to question researchers who come to her office by asking whether they have dealt with their ethical committee [Interjections] Unless, of course, they are saying that the University of Pretoria is not capable of dealing with its own staff and professors I take it that the University of Pretoria is a reputable institution that is quite capable of dealing with its professors and ethical questions

The question that I was concerned about – I still am – was the content of that research I will leave no stone unturned to find out whether Virodene works or not It is important for this country that we find out whether Virodene works against the Aids virus or not [Applause] This Government will finance the research to find out whether Virodene works against Aids or not, because it is important for this Government – a humane Government which cares – to make sure that if there is a possibility of helping millions of our people who are infected with Aids that possibility is utilised and those people are treated

I will not listen to the NP which does not care Since when has the NP cared about us? [interjections] It is a party which, when it was the ruling party was able to abduct a young woman who was lactating, put her in a grave and shoot her [interjections] Years later her bones are being dug up – she left a 10-month old baby – and they tell us that they care! [Applause] [Interjections]

Dr W A ODENDAAL Madam Speaker I will keep to my point of order, but I just want to mention that I have bulletin here of the Medical Research Council which says that this Minister is the worst

The DEPUTY SPEAKER Order! Hon Odendaal, are you asking a supplementary question?

Dr W A ODENDAAL Yes, Madam Speaker I just want to say that this bulletin states that she is responsible for what is happening with regard to the spread of Aids in this country [interjections] My follow-up question is this Why then did this Minister distance

herself so quickly from her accountability for spending public money on unethical research as soon as she found out that Virodene could lead to the destruction of a human being's liver and even cause cancer?

The MINISTER Madam Speaker I have not distanced myself Maybe the hon member must speak and listen in Afrikaans in order to understand [Interjections] I have not distanced myself from Virodene [Interjections] Maybe if I spoke isiZulu and he listened in Afrikaans he would understand [Applause] I have not distanced myself from Virodene What I have said is that the ethical questions must be sorted out by the university and its professors but the question of whether Virodene works against Aids or not is my concern and the concern of this Government We want to know whether it works or not If it works, we will use it If it does not, we will not use it I have not distanced myself from Virodene, and I will not distance myself Research is important and we must find out whether Virodene works or does not The purpose of the research is to find out whether it does [Interjections]

Mr M J ELLIS Madam Speaker, quite frankly the NP has yet again made an absolute debacle of a very important issue and I do not want to take part in this debate [Applause]

Dr R RABINOWITZ Madam Speaker, I have decided to withdraw my question I will submit it in future

The DEPUTY SPEAKER Order! The time allocated for questions has expired

Mr P W COETZER Madam Speaker on a point of order I did not want to interfere in the debate but in her response the hon the Minister intimated that members on this side of the House were responsible for the deliberate spreading of Aids [Interjections] The hon member Dr Odendaal responded to this [Interjections] I submit firstly that this type of reflection on hon members of this House is totally unparliamentary In a subsequent response she accused members on this side of the House of being involved in throwing a woman into a grave and shooting her [Interjections] Madam Speaker, those members do not even have enough respect for the Chair to give another member an opportunity to speak They think that by shouting me down the issue will be covered up It will not [Interjections] Their shouting will not silence us. [Interjections]

The DEPUTY SPEAKER Order! Could the hon member please proceed [Interjections]

Mr P W COETZER Madam Speaker, I am busy with a point of order [Interjections]

The DEPUTY SPEAKER Order! Could members please allow the hon Coetzer to complete his point of order Could you wrap up your point of order, hon member

Mr P W COETZER Madam Speaker, I submit to you that the second statement reflecting on members on this side of the House, is also totally unparliamentary I therefore ask you to request the hon the Minister of Health to withdraw those two statements

The DEPUTY SPEAKER Order! Hon member what was the second statement you were referring to?

Mr P W COETZER Madam Speaker, in view of the kind of circus we have on the other side of the House I am not suprised that you could not hear me In her second statement the hon the Minister stated that members of this party were involved in throwing a woman into a grave and then shooting her I submit that that statement reflects on members on this side of the House and is therefore unparliamentary

The DEPUTY SPEAKER Order! With regard to the first statement that the hon the Minister made according to what I heard she made it very clear that she was quoting Eugéne de Kock as a person who worked under a particular party [interjections] That is the first issue With regard to the second statement, could I ask the hon the Minister to repeat her statement?

The MINISTER OF HEALTH Madam Speaker the second statement refers to what I said about a party whose members [Interjections]

An HON MEMBER Which party?

The MINISTER The NP! The Truth and Reconciliation Commission has been digging up bones of a young woman called Phila, who was abducted [Interjections] Listen! Those hon

Government drops HIV tests for job seekers

By Jovial Rantao

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 Sipo 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 Sitole 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 decision 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

Star 26/3/97 (92)

Aids ethics: business challenged

(92) CT 27/3/97

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 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, 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

Steinberg 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 Maritzburg, 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'

(92) Sowetan 27/3/97

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 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," said Steinberg

Dr Neil McKerrow, head of the pediatrics department at Greys Hospital in Maritzburg, said supporting a family when Aids first struck a member would influence workplace productivity and the spin-offs would balance expenditure

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

(92) Star 27/3/97

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

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"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 McKerrow of Greys Hospital in Pietermaritzburg said supporting the family when Aids-related disease first struck a member infected with HIV would influence workplace productivity, and the spinoffs would balance expenditure.

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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 now ill equipped, McKerrow said

Uganda leads the African response to Aids epidemic

(92) (93/4)

South Africa can learn much from the country once dubbed the Aids capital of the continent

Mail 27/3/97

By Janine Simon
Medical Correspondent

South Africa, on the brink of releasing its latest annual figures on the HIV/Aids epidemic and kickstarting 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 an 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

> **"Perhaps if the president was not involved, we'd be dead"**

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

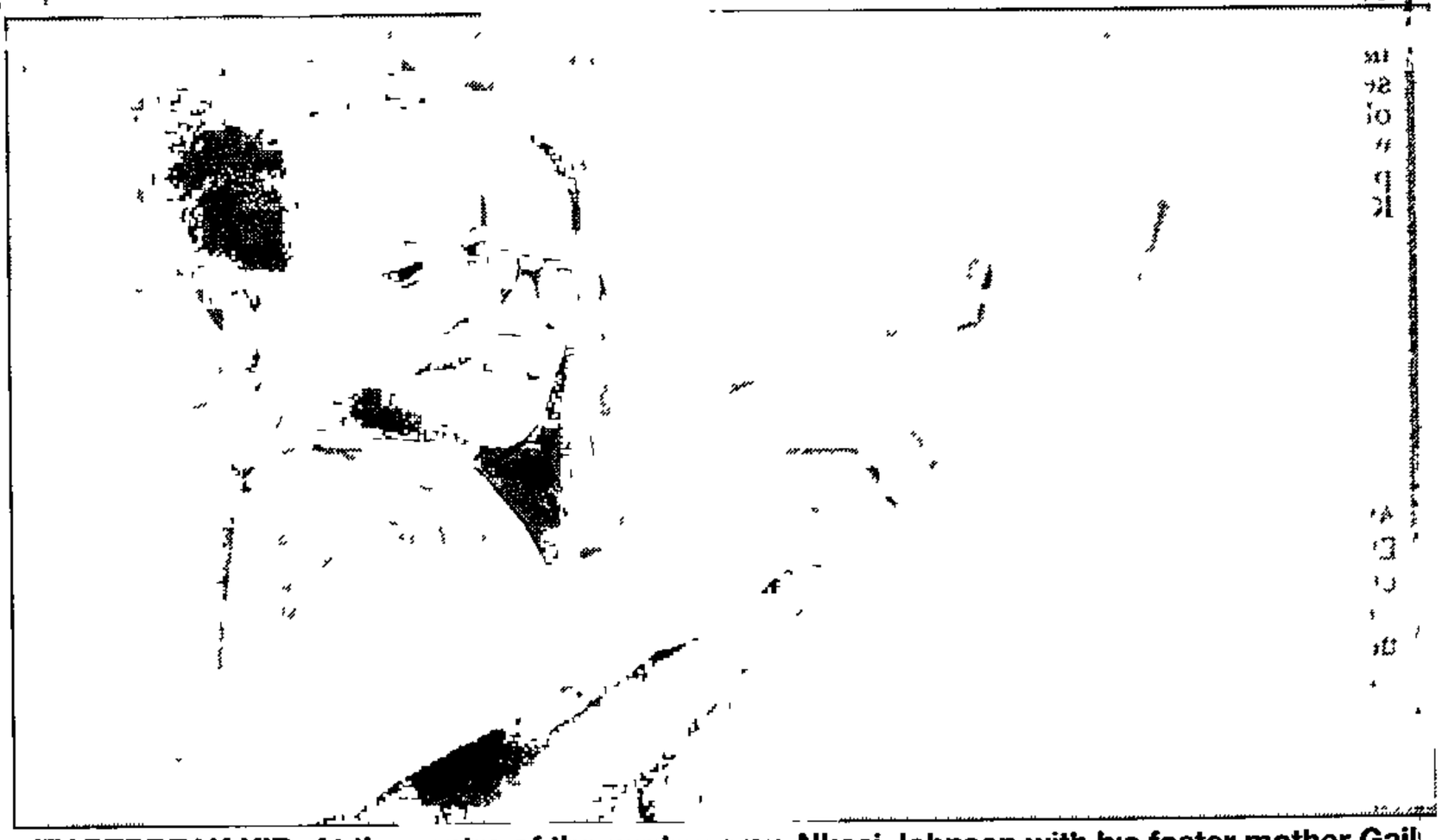
No-one suggests this is the solution to the epidemic

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

BST 30/3/97



HEARTBREAK KID At the centre of the controversy, Nkosi Johnson with his foster mother Gail

Time is needed for new attitudes to take root, writes MARY METCALFE, Gauteng's minister of education

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 "policies" which have never been translated into reality For education dictums 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 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, and 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 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 not going to be even development of 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

World Bank 'exploiting Aids'

(92)

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. CT 3/4/97

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 2 000 people are infected each week. — Sapa-AFP

HIV 'will slow GDP growth'

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 Zimbawe 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 unsustained.

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

4

HIGH COURT ROLL

Economists sound alarm bells on African AIDS epidemic

BDS 4/97 (92)

Kathryn Strachan

AS 1 100 people in SA become infected with HIV each day, economists warn that the total effect of the HIV epidemic is increasingly threatening the economy and framework of society

While the African epidemic is set to damage many of the economies on the continent, University of Natal economist Prof Alan Whiteside warns that the more sophisticated and industrial economies of SA and Zimbabwe could be more vulnerable to the effect of the epidemic.

AIDS is expected to slow Africa's gross domestic product (GDP) growth, reverse hard-won development gains on the continent, and leave its nations worse off for decades to come, he says.

The Actuarial Society of SA estimates that the HIV infection rate will rise from its current level of 10,4% of women attending antenatal clinics to 24% in 2005

This will mean that the figure will rise to 2 500 new infections a day within 20 years, says Metropolitan Life's AIDS researcher, Thomas Muhr.

Whiteside said the epidemic was still too new for it to have produced firm evidence of its effect on African economies Yet projections suggested that in the 35 years between 1990 and 2025, GDP growth in sub-Saharan Africa could be cut by 1,47%, largely due to the cost of diverting savings into treating patients with AIDS

As AIDS affects mostly people in their 20s and 30s and thereby reduces the growth rate of the labour force, it is not surprising that it reduces the GDP growth rate However, this trend becomes worse when a larger proportion of the lost labour is from the more highly skilled groups or when a larger proportion of the cost of treating AIDS patients is financed from savings

Attempts to model the economic effect for Tanzania, Cameroon and Zambia indicate that over a period of 20 years the growth rate of GDP could be up to 25% lower than it would have been in the absence of AIDS

The disease has yet to run its course in any developing country HIV levels continue to rise and AIDS cases will not peak for at least five years even in countries with the most advanced epidemics It is estimated that it will take between 50 and 75 years for the full effect of AIDS to become clear

New research was also drawing a picture of how companies were being hit by the epidemic Research in five companies in Kenya showed that AIDS was costing (US) $45 per employee annually — 3% of company profits — and could rise as high as $120 per employee (8% of company profits) by 2005

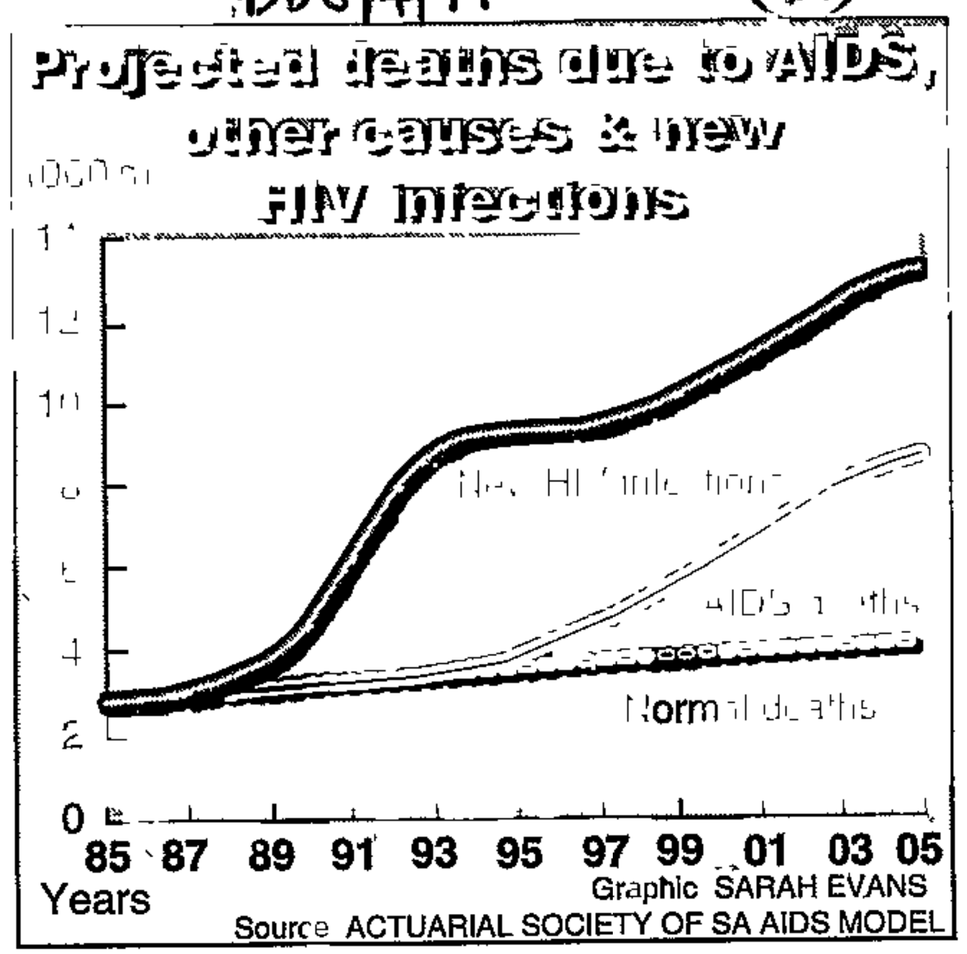
Studies in Kenya, Malawi and Zambia showed that absenteeism due to AIDS accounted for between 25% and 54% of costs without considering reduced productivity and loss of experienced staff

Actual expenditure, where it does occur, will be in employee benefits Typically in SA, benefits will include group life insurance, pensions and medical aid A sobering calculation done by Metropolitan Life on the effect of AIDS on some benefits shows that the cost will rise from 7% of total salary in 1995 to 13,5% in 2000, and 19% in 2005

In the end benefits will be reduced as payroll costs cannot rise to cover the increase, says Metropolitan Life senior general manager Peter Doyle

Whiteside said the response of the private sector to the epidemic had been patchy, misdirected and unsustained, largely because people were not aware of the magnitude of the problem and its potential consequences

AIDS will have a profound effect on the demographic patterns of African countries The population will continue to grow but at a slower rate, and the structure of the population will be altered The economically active will be hardest hit, leaving old people and children with no breadwinner.



Studies show that the population of Zimbabwe in 2002 will be 11% smaller than it would have been in the absence of AIDS, while the labour force would be 13% smaller. The need for services and jobs will continue unabated and the impact of AIDS will mean the need for social support actually increasing as the number of orphans grows

Researchers predict that infant mortality rates will nearly double in Zambia and Zimbabwe, and increase by 50% in Kenya and Uganda

The increases in child mortality rates will be even higher as many children survive beyond their first birthday but die before their fifth birthday Overall life expectancy is estimated to fall by 9 years in Zaire to more than 25 years in the worst affected countries by 2010

Developing nations 'face HIV scourge'

(92)

Linda Ensor

BD 9/4/97

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 in wome aged between 14 and 24

Research in SA has shown that an estimated 1 100 people became infected with HIV on a daily basis and this figure was projected to rise to 2 500 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

Zuma embroiled in new AIDS furore

ARG 11/4/97 (92)

HEALTH REPORTER AND REUTER

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 Lamont 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-a-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 returns 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

Nkosazana Zuma: in the middle again

AIDS expert writes off Virodene

ST 13/4/97 (92)

CAS 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 Paris'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 terminal 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

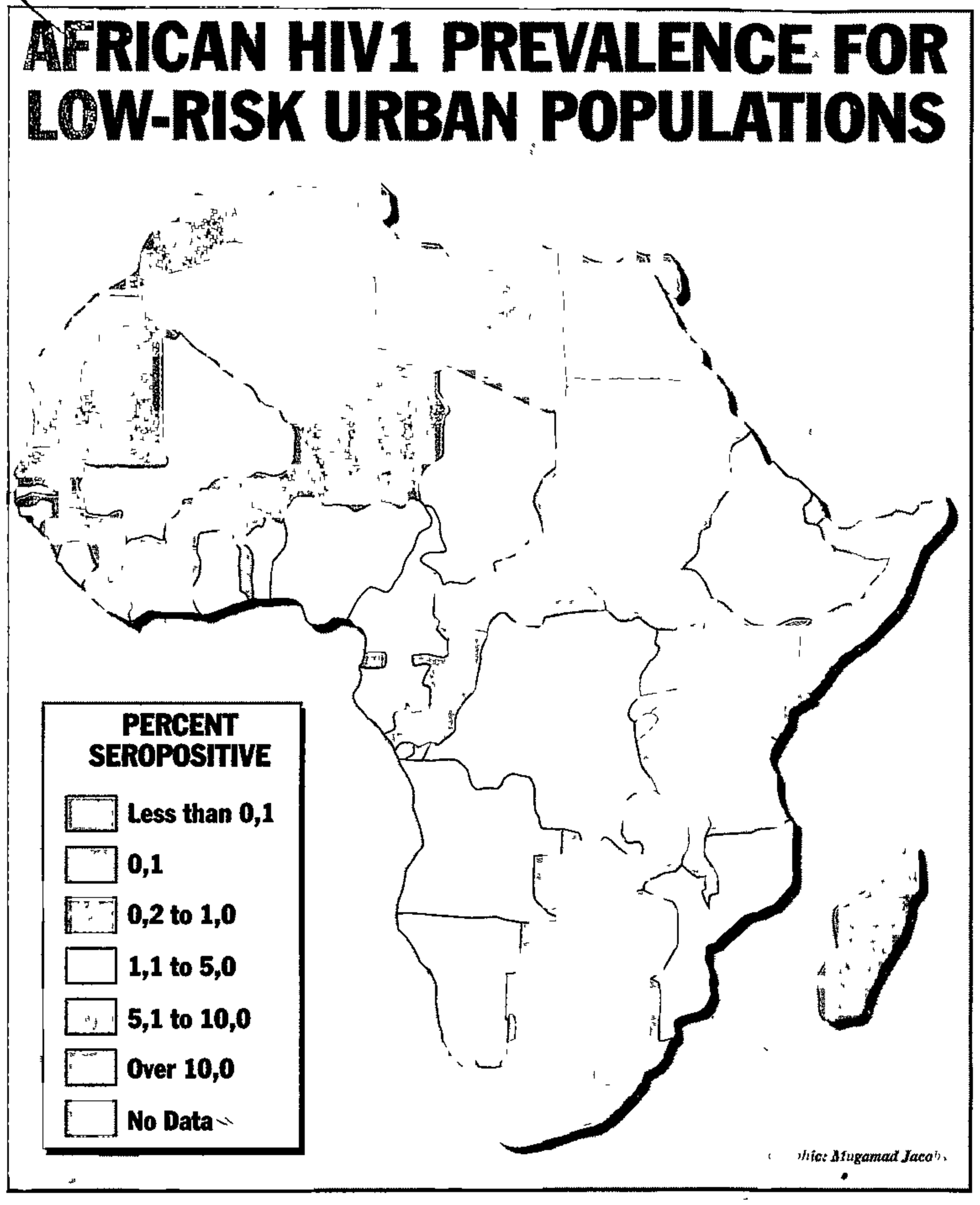
Few studies of the "natural history" of African AIDS had been done — and he hoped to correct this

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



CREEPING KILLER: Aids has spread along transport routes from Kenya and Uganda through Tanzania, Zambia and Malawi to Zimbabwe, Botswana and South Africa. Now it is spreading outwards from the cities This map, by the US Bureau of the Census, was based on Aids data collected in 1994

HIV INFECTION MAY HAVE PEAKED

Signs that Aids can be stopped

(92) ct 14/4/97

CAROL CAMPBELL, Medical Writer, visited Kenya and Zimbabwe to track the spread of Aids through Southern Africa, and find out what government measures are being taken to halt the disease. This is the first report in a special series of five on Aids in East and Southern Africa.

IN the 1970s the spectre of a fatal disease, which still has no cure, first raised its head — Aids In the 80s it raged through Africa and leap-frogged across continents to spread to even remote communities

Now 22 million people worldwide are infected with the virus that some have likened to the Black Death, the bubonic plague, that swept through Europe in the 14th century

But with three years to go to the millennium scientists are seeing the first glimmer of hope that the pandemic can be stopped after reports that it is being defeated in one of the worst-hit countries — Uganda

Dr George Tembo, a United Nations Aids expert who worked in Uganda for five years, said the disease had peaked in four Ugandan cities and, with hard-hitting sex education over several years, was on the decline

"Three years ago 30% of pregnant women tested in Kampala clinics were HIV-positive but this has dropped to 16%

"Similar trends have been noticed in Mbarara, Jinja and Tororo, which are the major cities in the country"

Bombarding people with information about Aids was paying off, he said

"There are signs that Ugandan youth are having sex later and those who are sexually active are using condoms"

But Tembo warned that people seldom changed their behaviour before they were personally affected by the disease "It looks as if your sister or your friend has to die before you change your habits," he said

In South Africa the president of the Medical Research Council, Dr Walter Prozesky, said it was inevitable that the infection rate of any epidemic, even Aids, would reach a plateau "Sooner or later everybody who can get the disease has got it — you can't get infected twice"

Others disagree, saying education was the deciding factor in Uganda

Millions of US dollars (nobody knows how much) were ploughed into fighting Aids in Uganda by foreign aid agencies with the support of the government, which has borrowed $72 million (R319m) from the World Bank to stop the spread of the disease

Professor Alan Whiteside of the economic research unit at the University of Natal said a similar "plateauing" trend had emerged in Thailand and some parts of Southern Africa

Even in Francistown (Botswana), which recorded the highest HIV infection rate in the world (40%) in the early 1990s, the virus appeared to have reached its peak

"The natural history of a disease means there is a point when it must plateau," he said

Whiteside warned that while the HIV infection rate was slowing down in some communities the real impact of Aids on a country had yet to be felt — even in Uganda

In South Africa 4,3% of the population are known to be HIV-positive but the number of people infected is growing fast In KwaZulu-Natal and Mpumalanga the figure among pregnant women who attended antenatal clinics in 1995 was over 18% In the Western Cape it was 1,6%

Why Aids grips some communities more that others is a mystery Poverty, promiscuity, poor education, cultural traditions like wife inheritance could be some of the reasons — but the disease has not discriminated

One remote community near Lake Kariba in Zimbabwe has a very high HIV infection rate suggesting it is the tourists and their demand for local prostitutes who brought Aids to the area

In Zimbabwe, where 500 people are known to be dying of Aids every week, the disease is still out of control

Yet despite this high death rate the number of condoms being used has leapt from five million a year in the mid 80s to 50 million now, which could mean it is a matter of time before the HIV infection rate slows down

Still, every person in the country knows someone who has died of Aids or who is HIV-positive, and health workers believe the Aids death rate is three times higher than the official figure

In Kenya malaria is still a bigger killer than Aids but the HIV virus lowers immunity to the mosquito bite which means more people catch malaria because they are HIV-positive

In Kenya, where the population is 24 million, 65 647 cases of Aids were reported to the Ministry of Health between 1984 and June 1996 The real figure is estimated to be 200 000 but many cases go unreported because patients never seek medical care or die of other diseases related to Aids

Another 1,1 million are believed to be infected by the HIV virus

The Kenyan government has taken out a $40m (R177m) loan with the World Bank in its attempt to cope with the flood of people needing medical care More than 50% of hospital beds are filled with people with Aids and Aids-related sicknesses

Kenyan researchers say there will be twice as many Aids patients as hospital beds by 2010, when they estimate that 2,5 million people will be dying from the disease

For a long time it was thought that truckers picking up prostitutes alongside the continent's major roads were responsible for carrying the disease between countries

The prostitutes working the truck stops on the N1 and N3 (the major routes into Johannesburg and Durban) caught the disease and then carried it back to their rural homes, where it soon spread among the local men, who passed it on to other lovers Now the disease appears to be moving from the cities outwards

Usually it spreads when an infected city dweller takes it "home" to a remote rural community and passes it on to his wife or girlfriend, who passes it on to someone else or gives birth to an HIV-positive baby

"It's like a spider's web now," said Tembo, "it is spreading indiscriminately"

'KENYANS HAVE NOT CHANGED THEIR BEHAVIOUR'

Publicity fails to stem HIV tide

CT 15/4/97 (92)

KENYA'S only hope of stopping Aids is "harambee" — pulling together — says health specialist Meshack Ndolo Health Writer **CAROL CAMPBELL** reports

DESPERATE LIVES: These children, from all corners of Kenya, were orphaned by Aids and are HIV-positive They are among the 32 children cared for by Catholic nuns, priests and brothers at a home in Karen, a suburb of Nairobi

PICTURES: CAROL CAMPBELL

TUCKED behind Kenyatta Hospital in the Kenyan 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 65 647 — 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 shunned 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 had become a women'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

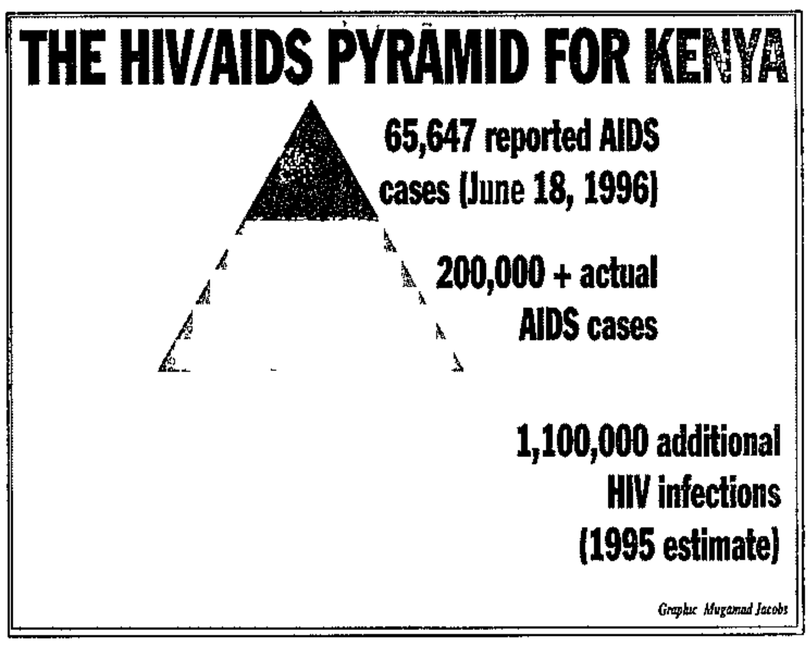
Kenya's rural communities have access to publicly-funded primary health care, but the prospect of tertiary care is almost out of the question

When the World Health Organisation reduced Aids funding to Kenya in 1993, President Daniel arap Moi's government had to take responsibility for the crisis. He borrowed US $40million (about R180 million) from the World Bank to finance a National Aids Control Programme

The health ministry improved its programme against sexually transmitted diseases and found that this contributed to a decline in the HIV infection rate

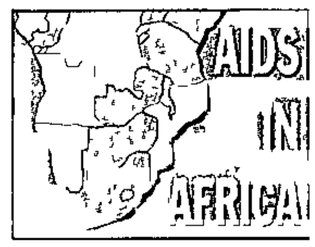
Teachers and headmasters, with the financial support of Unicef, have joined nurses and doctors in receiving training in educating people about Aids

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 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 confidentially, forced HIV testing, the rights of a spouse and children and 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 features of the campaign

"And still people do not change their behaviour," says Ndolo

The disease in Kenya is not under control, but 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"

CT 15/4/97

92

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 Gracie Wamboyi, 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, Molenu

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 Wamboyi 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 was always sick My neighbours knew he was HIV-positive and they were scared of him "

Wamboyi 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

CT 16/4/97 (92)

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 seldom admitted their loved ones died of the virus.

"People die of everything but Aids," she said

More than a million Zimbabweans have the HI virus and 100 000 have developed full-blown Aids since the start of the epidemic in 1985

Ms Margaret Mehlomakhulu, 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 R14 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 epidemic 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 Mehlomakhulu

"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 that began picking up the severity of the problem in Zimbabwe

"They were testing for HIV and finding it more and more," said Mehlomakhulu

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

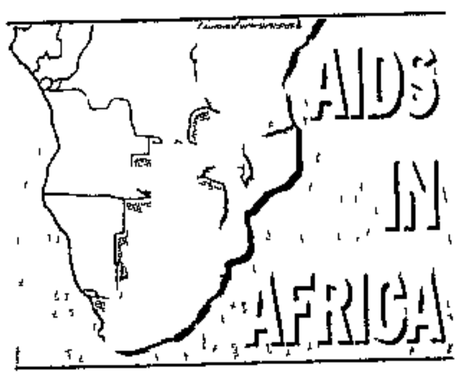
"It is these people we are now targeting for training and, if it is possible, a clinic sister tries to pop in to visit the home on a daily basis to make sure everything is running smoothly "

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 Manicaland Province in southern Zimbabwe a chief has turned the local tradition of "Chisa" into a life-saving support scheme for Aids orphans and the Aids sick

"Chisa" 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 Manicaland the chief uses the money raised from selling the Chisa harvest to support local Aids sufferers and orphans so that no family has an unwanted financial burden



"It's an idea which is taking off and other chiefs are looking at the scheme to introduce in their communities," said Mehlomakhulu

Although the state's financial contribution to fighting Aids has been minimal, Aids workers have succeeded in having Aids awareness included in the school syllabus Everybody from eight years old and up is taught how to avoid it

Universities, technikons and colleges have Aids societies which run awareness programmes

In the formal sector company managements are having to increase their members' medical aid contributions to stop their schemes from going bankrupt

Anyone wanting a life insurance policy of more than Z$100 000 (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 aid 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 His employer often does not know what has happened to him or hears through 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 Mehlomakhulu

- 2A -

Sale of assets winds down Sarafina 2

(92) CT 16/4/97

THE scandal-ridden Sarafina 2 roadshow has finally ground to a halt, with the recovery of vehicles valued at about R2 million, including a Mercedes-Benz luxury bus and a sportscar of the same make

More vehicles are under investigation as the government tries to recover R14,2m in unauthorised expenditure on the ill-fated Aids-awareness initiative

Health Minister Dr Nkosazana Zuma had initially defended the purchase of the bus as essential for taking the musical's cast and crew to shows The luxury sportscar, valued at R914 733, was defended as the private property of Sarafina 2 creator, Mbongeni Ngema

When, a year ago, the Cape Times exposed the scandal, including the purchase of the vehicles with European Union donor funds, Ngema threatened to sue, and Zuma denounced the reports as racist.

An attempted ANC cover-up failed, and pressure from the media, the National Assembly's health portfolio committee, the parliamentary opposition and the public eventually led to Public Protector Selby Baqwa ordering the play closed down

In the process Baqwa slammed the health department's chief accounting officer, director-general Dr Olive Shisana for gross maladministration

Yesterday Shisana told the health portfolio committee her department was still recovering the state assets and funds used for the musical Vehicles already recovered included a Mercedes-Benz valued at R914 733 (depreciated value R804 965), a Mercedes-Benz luxury bus valued at R1,1835m (depreciated value R916 530), and a Volkswagen minibus valued at R72 394 (depreciated value R63 707)

Furniture was also auctioned, bringing in a further R42 000, and the department was auditing other items in the government garage, she said

Baqwa also slammed two top departmental officials, one of whom, the chief directorate of departmental support services Mr Hugo Badenhorst, has been charged with misleading Shisana that a proper tender procedure had been followed

PROBLEMS: Health Minister Nkosazana Zuma

Yesterday he too appeared before the committee, but not to answer for Sarafina 2, for which his head has been demanded by non-governmental health organisations He dealt instead with retrenchment

Badenhorst said the department had received 230 requests for severance packages, of which 141 were approved, 67 turned down and 22 were under consideration

The high number of rejections was because the department wanted to retain those with expertise and knowledge they could not do without, he said

Shisana admitted that the health department had experienced capacity problems, including poor financial controls, incorrect procurement procedures and weaknesses in contracts.

In addition to the problems with Sarafina 2, she said, a lack of adequately trained people put a strain on the nutrition programme

She also told the committee that an audit of South Africa's health facilities had revealed that a third of the country's hospitals needed to be replaced or upgraded at a cost of between R6-8 billion and some might be closed or downgraded to community health centres

She said that the situation was uncovered during an audit of 108 health centres, 426 hospitals and eight academic hospitals during 1995 and 1996 The audit cost the state R15m

Shisana described 1996 as the year of delivery during which 102 new clinics had been built and more were under construction.

But the reprioritisation of the health budget towards primary health care facilities has meant a cut back in funds for specialised health care Last night Dr Tom Sutcliffe, the director of health in the Western Cape, said the academic hospitals in the province would be destroyed if this year's budget cuts to the province were implemented

"We agreed that as part of the provincial health plan, accepted by cabinet, academic hospitals would cut expenses by 2,5% every year but now we are being asked to reduce their budgets by 26% in one year .

"The academic hospitals are Groote Schuur, Tygerberg and Red Cross Children's Hospital — all three have been cutting back services for some time

"I think this target is unmanageable, especially if one of our only tools for cutting expenses is offering staff voluntary severance packages," he said — Staff Writer, Sapa

Health Department still retrieving assets and money used for 'Sarafina 2' (92)

Star 16/4/97

Cape Town – The Health Department was still recovering state assets and funds used for the Aids musical *Sarafina 2*, health director-general Dr Olive Shisana told the National Assembly health committee yesterday

Vehicles already recovered included a Mercedes-Benz valued at R914 733 (depreciated value. R804 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 R63 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 Shisana 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 Glaudine Mtshali said future plans included training registered midwives to terminate pregnancies and to promote reproductive health programmes – especially for men. – Sapa.

Sarafina 2 funds still being recoverd

(92) Sowetan 16/4/97

THE Department of Health is still recovering the State assets and funds used for the Aids musical *Sarafina 2*, health director-general Dr Olive Shisana told Parliament's health committee yesterday

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The directorate had underspent by R10 538 million in the past year

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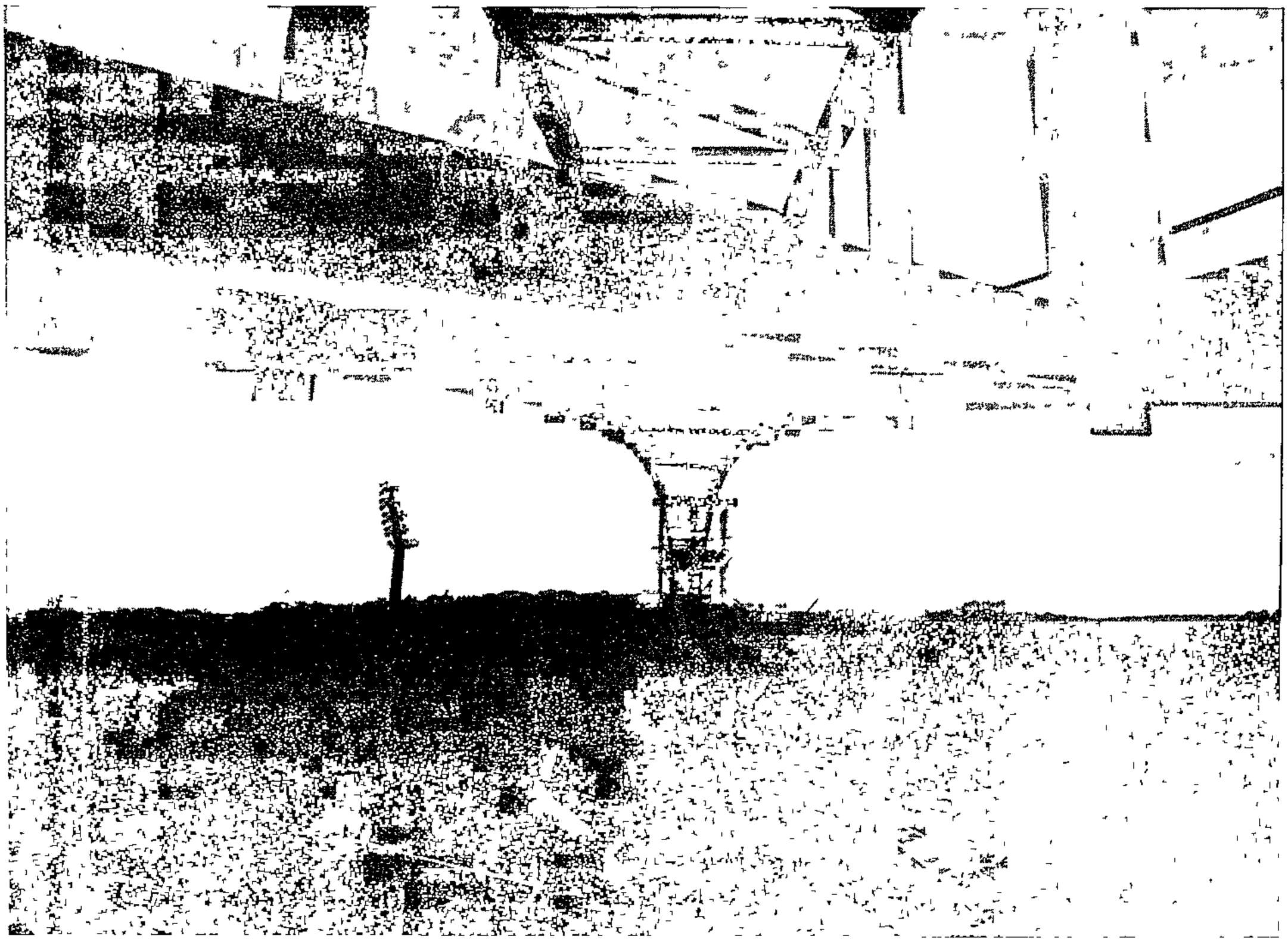


LYMPIC PROGRESS: The first arch of the new roof over the Velodrome, a cycling track in Bellville, was bolted into place yesterday Revamping the tadium will cost R38 million The building must be ready by July to host the World Junior Cycling Championships ***PICTURE: GARTH STEAD***

'Mandela factor' may secure IOC vote

CT 17/4/97

ETER DENNEHY

RESIDENT Nelson Mandela, the rump card" of the African bid for ne Olympic Games in 2004, will ddress International Olympic ommittee (IOC) members just efore they make their final deci- on in September on who hosts ne Games

This emerged yesterday during bid company briefing of Parlia- ent's portfolio committee on ort

Bid company director Mr gconde Balfour said the president ad made many telephone calls in n effort to help secure the vote of ne 20 IOC members from Africa

Cape Town needs 55 votes to et the Games There are 20 African embers out of a total of just over 0 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 Mluleki George, 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 Mr Karl-Heinz Huba's *Sport Intern* — an authoritative publication reporting on IOC matters — which has predicted that a European city will get the 2004 Games "There is alarm that the appearance by Mandela (at the pre-decision presentations in Lausanne in September) could turn everything upside down "

If Mandela looked the IOC members in the eyes on September 5, Hipper said, "they may not dare to vote differently"

He suggested that Mandela and his deputy, Mr Thabo Mbeki, should set time aside to meet the IOC visitors

"I was in Lausanne (when the five finalists were chosen)," said Hipper

"The concern about crime was there, but greater is the worry about what happens when President Mandela steps down

"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

CONDOMS HANDED OUT IN SECRET

Personal test of faith for Catholic Aids workers

CT 17/4/97 (92)

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.

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 flying 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 over-powering smell of disinfectant

When Sister Nolan asked her gently what the matter was, the girl asked in a whisper for yogurt

"Of course, I'll get you yogurt," said Nolan

Yogurt was the only food the teenager had the strength to eat and the only word she had the energy to say

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"

PICTURES· CAROL CAMPBELL

outside marriage — and all artificial contraception like condoms — for fear that it will lead to a loss of moral values and encourage adultery

Abstinence and fidelity are taught in place of contraception

One nun said simply "People are dying of Aids because they don't use condoms, I don't agree with the church's stand on this issue"

Like others interviewed on the subject of condoms she refused to be identified

"If a husband is HIV-positive he should be allowed to use a condom to prevent his wife from being infected," said the nun

"Telling a married couple they cannot have sex because one is HIV-positive is not realistic, and by forbidding the use of condoms you are sentencing the healthy partner to death," she said

Catholic Aids workers are turning a blind eye to their church's stand and handing out condoms.

As African governments increasingly admit they do not have the resources to cope with the epidemic (in Kenya half of all hospital beds are occupied by Aids patients), local people are looking to the church for help

In Zimbabwe's capital Harare Sister Nolan, an Irish nun, with a team of sisters and volunteers from several denominations, is nursing 35 men and women at a clinic built in the rambling garden of an old house

Ten of the patients are terminally ill and bedridden Every day they are washed, their sores cleaned and their soiled bed linen changed Those who cannot feed themselves are spoonfed

Although some have family who come to the clinic to care for them, it is church workers who respond to their crying during the night

While Sister Nolan spends hours counselling adults with HIV, she also has many young innocents come to her door for help

In the little "house" built for the Aids sick she pointed out a 14-

We have no drugs so we do as little we can," said the nun

Ensuring HIV sufferers are properly nourished helps them keep up their resistance to other diseases and gives them precious time before they become sick

During the day Nolan's centre runs job-creation projects for HIV sufferers who are still able to work, and a crèche for their children and Aids orphans

"We encourage orphans to live with extended family at night because it's a better environment than a children's home," said Nolan

"We look after them and feed them during the day"

On the outskirts of Kenya's capital Nairobi a Jesuit priest, Father D'Agostino, has taken in 32 HIV-positive children — most of them orphans — and tried to provide a loving home and food for them

With donations he gathers on trips to the United States he is building small houses where six or seven HIV-positive children can live with a foster parent in a "home" environment

The Nyumbani Centre (Swahili for home) is situated in Karen, a wealthy Nairobi suburb

Brother Augustine Njuguna, the man in charge while Father D'Agostino is out of town, said children from all corners of Kenya were sent to the home by social workers

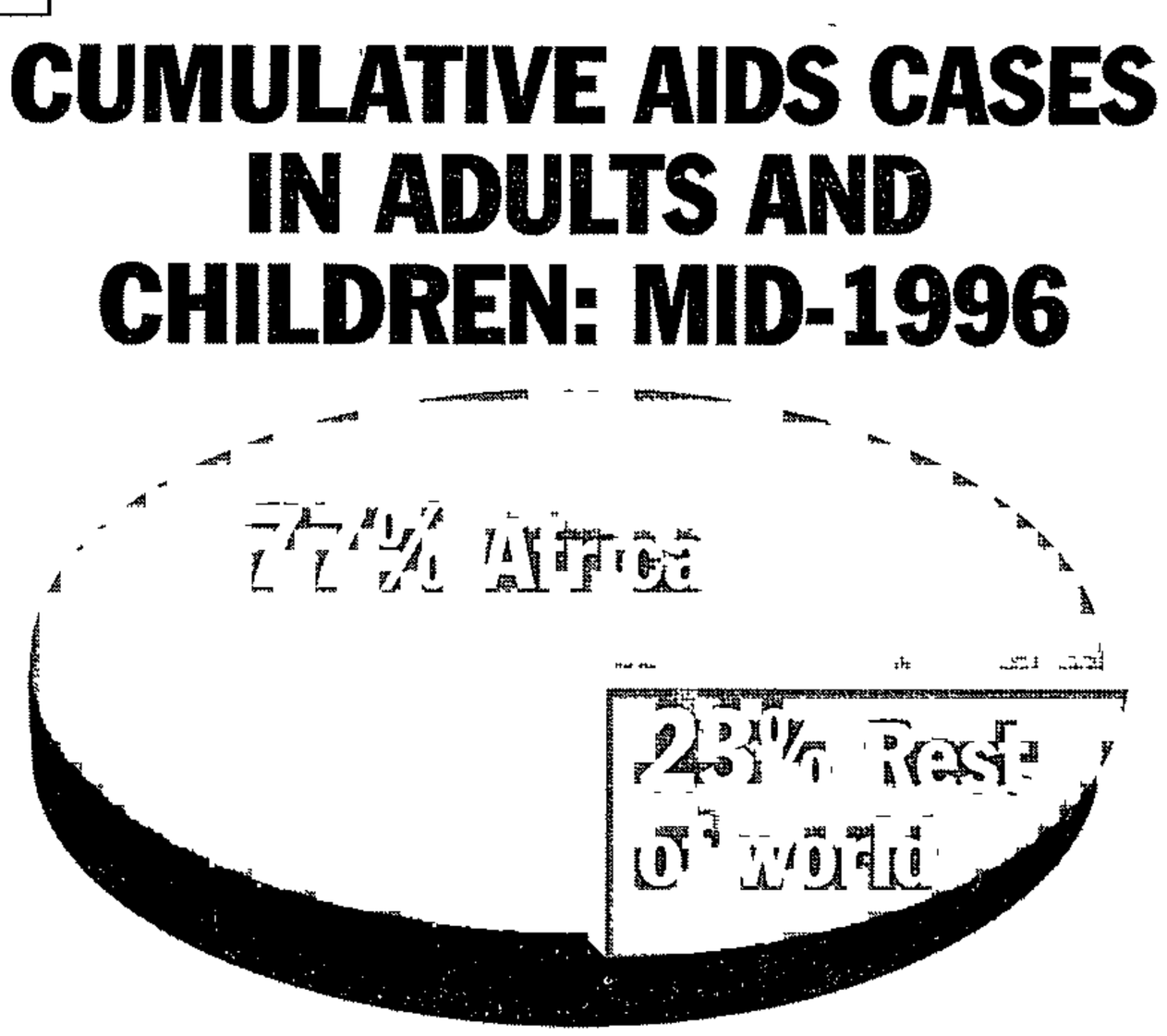
Often the younger orphans who turned negative were given up for adoption

"We have children living in Canada, Italy — all over the place," said Njuguna

He said D'Agostino often travelled to the United States to raise funds for medicine, but since the centre was opened in 1992 there had been no permanent donor

Alone, in a quiet room away from the other children, lay a newborn baby

A volunteer helper, a local schoolgirl, explained that the baby was HIV-positive, but stood a 50-50



Awareness campaign saves lives in Uganda

(92) CT 17/4/97

HEALTH WRITER

WHEN Kenya's Ministry of Health and Ministry of Education changed the school syllabus to include sex education, Muslims and Catholics burnt books in Nairobi's Uhuru Park in protest

Yet despite their opposition, religious leaders have reached a truce with the government — neither party wants to promote promiscuity, both groups want to stop the spread of Aids

In Kenya 1,1 million people are living with HIV and 200 000 have Aids And the number of people becoming infected is increasing every day

In neighbouring Uganda intensive

condoms in front of them to advertise Aids awareness programmes

"But total abstinence and monogamy are not working and we cannot shut our eyes to Aids," said Ndolo

"However, we are sensitive to religious feeling and we don't compromise traditional values when educating people about the disease"

Kenyan President Daniel arap Moi, a committed Christian, has publicly discouraged the use of condoms, as has Ugandan President Yoweri Kaguta Museveni — but neither man stops Aids workers from dishing them out

Dr George Tembo, Kenya's United Nations adviser on Aids, said presidents

Life insurance for HIV victims

(92)

NEW YORK: People who are HIV-positive are now being offered life insurance — in the first acknowledgement 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

Virodene 3 face music

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, Professor Dirk du 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

ET 17/4/97

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

He 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-appeasing theories," said Hill — Sapa

Plans needed to stop spread in HIV

(92)
Sowetan 17/4/97

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 Lurie, 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," Lurie 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," Lurie 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

(92) BD 18/4/97

Wyndham Hartley

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 know to the public protector and the auditor-general, it should be approved

AIDS policy proposed

ARG 18/4/97 (92)

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'

CT 18/4/97 (92)

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 in 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

'POLITICIANS ARE NOT SCIENTISTS'

SA can learn from Africa in Aids battle

(92)

CT 18/4/97

A KENYAN doctor has said that politicians should leave it up to the medical fraternity before making claims about miracle cures for Aids **CAROL CAMPBELL** reports.

SOUTH AFRICA should look to Africa to find a way to tackle the Aids epidemic and not try to "reinvent the wheel"

A Kenyan doctor made this observation just after South Africa's Health Minister Dr Nkosazana Zuma went over the heads of local scientists to promote the anti-Aids drug Virodene

"We've had our scandals too — people are always claiming to have a cure for Aids but we've become a bit more cynical now"

In 1989 Kenyan president Daniel arap Moi launched the drug Kemron and hailed it has a cure for HIV It wasn't A while later a herbalist made a huge amount of money selling a concoction called Chameleon, claiming it "cheated" the virus by changing colour in the victim's blood It didn't

This year a drug called Pearl Omega hit the headlines and when it was dismissed by Aids workers as a scam its inventor said scientists were "jealous" of his discovery

"Always remember, politicians are usually laymen and women who know nothing about science They should leave it up to the medical fraternity before making claims about miracle cures," the doctor said

The saga of Sarafina 2 which saw R14 million blown on a play which bombed also has Aids workers throughout Africa bemused

Mrs Margaret Mehlomakhulu, the deputy director of Zimbabwe's national Aids programme said she concluded long ago that Zuma was misled by her officials and had been conned into parting with money for Sarafina 2

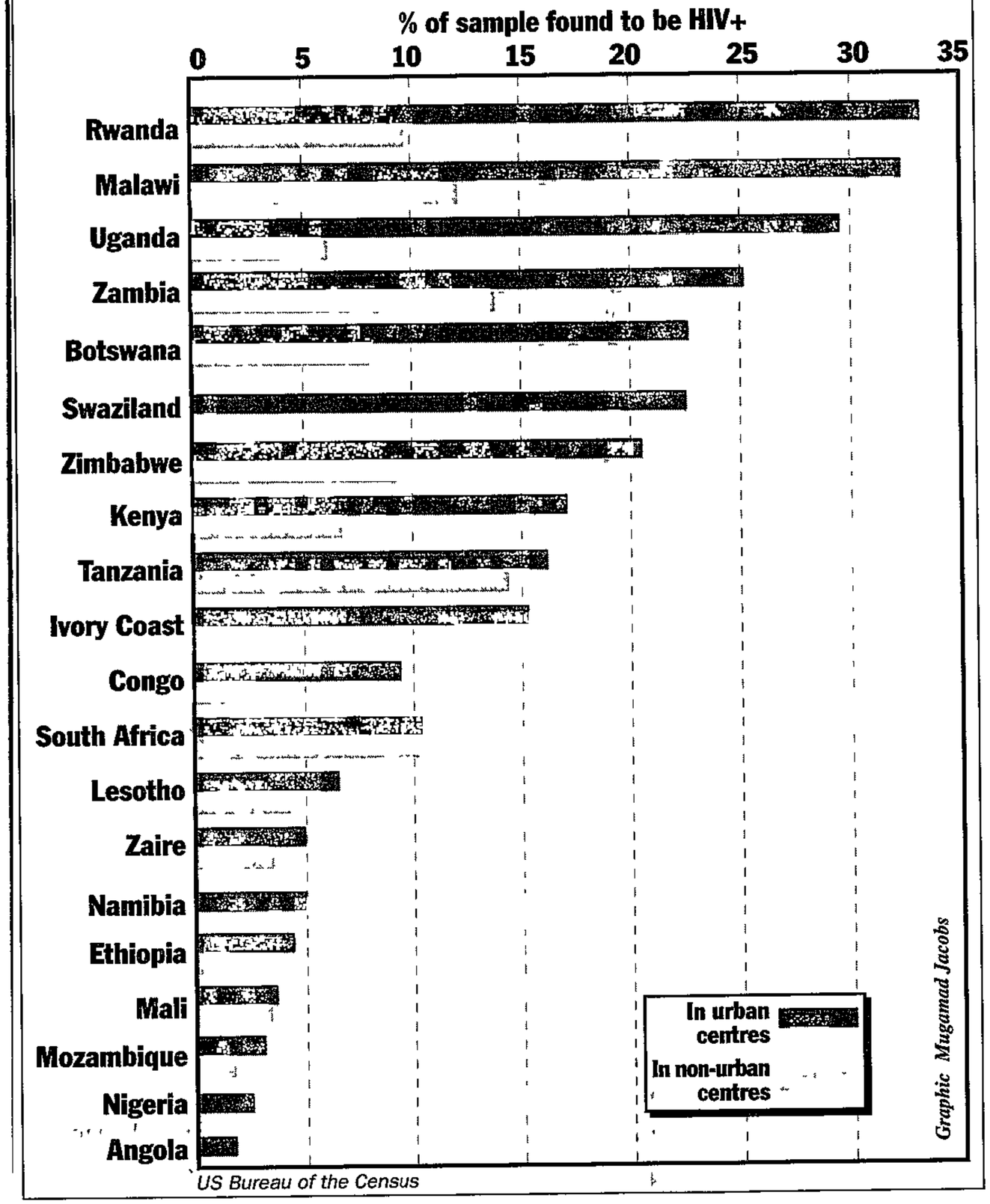
"I wouldn't even be asked for that kind of money The request would be turned down at the beginning"

Instead she does hand out small sums of money for radio dramas — because they reach so many people — and roving plays although they would never have a budget of R14 million

In Zimbabwe the national Aids programme gives short shift to researchers wanting money to work on Aids "cures" Instead it supports research like on whether mother's can pass on the HIV virus to their children by breast-feeding

Dr George Tembo, the United Nations Aids adviser to Kenya, said: "South Africa should not say it knows it all It might be advanced in some areas but it has a lot to learn from Africa A lot of countries have had a worse time with Aids than South Africa"

PROPORTION OF LOW-RISK SAMPLED ADULTS FOUND TO BE HIV+ BY 1994



THE FIGURES: In South Africa 10,4% of pregnant women tested at antenatal clinics in 1995 were HIV-positive Testing women at antenatal clinics is regarded as the most accurate way of measuring the spread of HIV in a population

Curriculum to boost awareness

CT 18/4/97

(92)

HEALTH WRITER

CHILDREN in South African high schools are to be taught about HIV and Aids as part of life-skills training in the new school curriculum, the director of the National Aids Programme Mrs Rose Smart said this week

"This does not mean we will be leaving condoms on school premises — rather they will be taught how to be assertive, deal with difficult situations and how to negotiate"

South Africa's sixth national HIV survey showed that 10,44% of women who attended antenatal clinics in 1995 were infected

A tender has been awarded to the Planned Parenthood Association to train two teachers to educate children about the epidemic at every secondary school in five provinces

Education departments in KwaZulu-Natal, the Western Cape, Gauteng and the North West Province have opted to continue with life-skills programmes already up-and-running, and will train their own teachers

"By the beginning of the next year we hope to include primary schools in the programme," Smart said The education drive is part of a concerted effort by the national Aids office to prevent the spread of the disease

Each province has also been awarded funds to employ 30 lay counsellors to help hospital and clinic staff counsel people before they are tested for HIV There are no plans to make the disease "notifiable" in South Africa — this means doctors do not have to give the names of the HIV-positive patients to the government This is law in some countries

"Because of the stigma attached to Aids we believe making doctors submit their patients' names will drive the disease underground and undermine prevention efforts"

There was a need to collect data about the epidemic in different parts of the country which meant provinces were being encouraged to take part in the development of a national surveillance programme

"Departments like Water Affairs and Forestry are ideally placed to help us because staff work in remote communities"

● The Ministry of Health has allocated R41,9 million to fight Aids this year This has been boosted with funds from overseas

Aids battle to move to 'hot spots'

(92) M+G 18-24/4/97

Treatment for Aids barely exists for 90% of Third World patients That may now change, says the scientist who discovered the Aids virus

Dawn Blalock reports

Scientific star Aids discoverer Luc Montagnier foresees more Aids research centres to tackle the microscopic foe PHOTO SIDDIQUE DAVIDS

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 stigmatising mortal illness" to a medical problem soon to join the ranks of other chronic illnesses, says Dr Luc Montagnier the French physician who was catapulted to scientific stardom when he isolated the virus in 1983

The diminutive white haired Montagnier toured South Africa last week searching for a potential site to build a proposed Aids research centre to serve the whole of Southern Africa

His grand design is for a network of Aids research centres in HIV "hot spots" to fight the virus on its fiercest front — the developing world

"It is obvious that the world will not be rid of this epidemic if it is left to fester 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 full-blown Aids the absolute death sentence appears less absolute

Aids is "certainly serious" but treatable, if not yet curable, for patients in North America, Western Europe and Japan Montagnier says In the Third World however accessible treatment is non-existent for more than 90% of Aids patients

That may change With research funding in some European countries on the decline as the disease plateaus there, Montagnier's research centres could signal a change of tack to Aids research that will concentrate on and be located in endemic areas looking at the strains of the virus and cultural issues that are unique to Africa and other developing areas

And the continent does present some unique problems Africans, Montagnier says, are not exactly compliant patients The Aids "cocktail" or "triple therapy" treatments are prohibitively expensive and for them to work patients with HIV must be treated early and often

"It s difficult to understand that they must be treated every day sometimes twice a day without interruption. They say But I m not sick '" And another version of denial — the attitude that "this is a disease for poor black Africans" — is still being battled.

Just as his research base at the Pasteur Institute in Paris is connected to a small hospital, the research centre he envisages in South Africa would be the same so that both patients and medical researchers have ready access to one another

Montagnier casts a disapproving eye on researchers who are "bound to the laboratory" and have little or no contact with patients "If you are working on a virus and don't see patients you could lose sight of the end result," he warns "Everything has to be for the final goal to cure people "

Compared to the rest of the Africa, HIV is a relatively late arrival here Before 1990, there were almost no reported cases of HIV infection — a happy side-effect of South Africa s apartheid-era isolation "Now the country is very much open," says Montagnier

Local experts estimate that 8% to 10% of South Africans are HIV-positive — and the numbers are increasing explosively

Though difficult to predict what will happen, Montagnier says it is likely that Aids in South Africa will follow the pattern already seen in other African countries such as Uganda and the Ivory Coast where the virus has been passed primarily through heterosexual contact. young adults are the most severely affected and the economic consequences can be dire

Aids education campaigns are still not effective enough and the hope that they are sufficiently advanced in South Africa to reduce transmission is "wishful thinking"

"It s very difficult to change behaviour in such a short time " he adds

Despite increasing pressures on already squeezed charitable resources here Montagnier is enthusiastic about the financial prospects for the centre, drawn from a combination of government funding and private sector largesse

He says a "strong willingness" from South African health officials and President Nelson Mandela makes South Africa a likely place for the centre's location One has begun operating in Abidjan, Ivory Coast, and Montagnier foresees a centre based in Thailand to research the epidemic in South East Asia, followed by one somewhere in South America

In a haze of cigarette smoke in the departure lounge at Johannesburg international airport, Montagnier sips water and relaxes while waiting for his flight back to Paris

His schedule these days includes a lot of airport lounges and is a far cry from the all-nighters he used to spend in his Paris laboratory before the bug he discovered thrust him into headlines worldwide Though "travelling and receiving honours" cuts into his research time he insists the discovery did not change his life "I was existing before Aids," he says, and he believes in life after Aids

He expects that within five years his projects and the prognosis for a viable Aids vaccine will be far enough advanced to enable him to tackle the next microscopic foe

Only the best for AIDS prisoners

ST 20/4/97

CARMEL RICKARD

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 one day everyone with HIV will be given treatment at state expense"

DP objects to AIDS ruling

(92) BD 21/4/97

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

Tuberculosis easily prevented

(92)

ARG 21/4/97

JENNY VIALL
HEALTH REPORTER

People with HIV have a better chance of survival if they have access to, and can attend, a dedicated HIV clinic for basic care and support.

This is the finding of a study done at Johannesburg General Hospital's HIV clinic by David Spencer

Dr Spencer, keynote speaker on HIV and Aids at the African Health Sciences Conference in Bellville last week, said tuberculosis was the biggest cause of death in black people with HIV, and along with other infections could be easily prevented and treated

"If we know who has HIV and they are encouraged to come to clinics, infections can be effectively combated," he said

The HIV clinic at the Johannesburg hospital has a seven-month waiting list, yet it is not willing to extend its services to more than one clinic a week "Many people look to us to live their last years productively

"Drugs that help people feel well, gain weight, be at work and look after their children have a major impact on their lives," he said

"At R4 000 a month few can afford that. But if we actively involve patients there is a great deal we can do for them. I may not have all the science, but I have compassion and humanity.

He said people needed to be made aware of HIV clinics

A study in Khayelitsha, reported by researcher Najma Shaikh, found that demand for care at dedicated HIV clinics had shown a rapid increase over a five-year period. Diarrhoea and TB were the most common infections in children with HIV Nearly all health workers wanted HIV services as part of primary health care services

Free condoms for teenagers fails to spark 'sex frenzy'

HEALTH REPORTER

Making condoms available at high schools increases condom use, especially by those teenagers at high risk, according to a study at New York City's high schools.

The study found that condom availability did not increase sexual activity, a big fear of parents

The findings of the study were presented at the recent African Health Sciences Conference in Bellville.

The study was initiated by the head of the school system in New York in response to an increase in HIV transmission. In New York, 20 percent of teenagers have sex before the age of 12.

Initially, parents were worried condom availability would cause a "wild sexual frenzy" among children However, the study found sexual activity remained the same – but with teens 1,4 times more likely to use condoms

DP slams ruling on HIV prisoners

(92) Star 21/4/97

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 2 500 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

(92)

By Priscilla Singh
Health Reporter

Star 22/4/97

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 it 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 27 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 Heyward, 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"

(92)

6% have AIDS virus, survey finds

BD 25/4/97

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 25,13% 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 1995 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 19,90% 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 5,34%; while in the Northern province it rose to 7,96% (4,89%) The Free State showed an increase of 17,49% (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 15,2% (11%)

"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 counselling services to combat the spread of the virus and would revise its AIDS prevention programme in July.

Metropolitan Life senior GM: corporate business, Peter Doyle, said the "rate of growth in .. 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

See Page 11

CA

2,4 million people now HIV positive

600 000 increase in a year

ARG 25/4/97

JENNY VIALL
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 3,63 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

MANY MISCONCEPTIONS ABOUT AIDS

HIV rise 'extraordinary'

(92)
CT 25/4/97

SOUTH AFRICA has reached a very serious stage of the HIV epidemic, says Health Minister Dr Nkosazana Zuma. Health Writer **CAROL CAMPBELL** reports.

THERE had been an unexpected and extraordinary increase in HIV-infection in some parts of the country, Mr Peter Doyle, a senior general manager of Metropolitan Life, said yesterday

The seventh national HIV survey, released yesterday by Minister of Health Dr Nkosazana Zuma, showed that 14% of the 15 000 pregnant women tested at antenatal clinics around the country were infected with the virus In 1995 the figure was 10,4%

Testing women at these clinics is regarded as the most accurate way of measuring the spread of HIV in a population

Doyle said the dramatic leap in the HIV infection rate in the North West Province from 8,3% to 25,13% in one year was "unexpected" and "extraordinary"

The Western Cape has the lowest incidence of HIV — 1,65% — in South Africa, with Gauteng having a 15,59% infection rate, KwaZulu-Natal 19,9% and North West 25,13%

This was based on a sample of 15 044 specimens screened during the seventh national annual survey in a series of unlinked anonymous surveys during October and November 1996

South Africa had reached a very serious stage of the epidemic, Zuma said

"This follows expectations but the threefold increase in the HIV prevalence in the North West province is of great concern," said Doyle, the designer of the Doyle Model, a formula used to measure the impact of Aids on society

"Seven years ago we said 9,5 to 10% of adult South Africans would have the virus by 1996 The figure is 11%, which means we weren't far off compared with other projections"

BAD NEWS: Nkosazana Zuma

'They told me they only "go with" fat people because they could see thin people were the ones who died from the disease.' — Zuma

In KwaZulu-Natal, commonly thought to be the worst-hit province, the epidemic appears to be reaching a "plateau" and has inched from an 18,23% infection rate to 19,9%

"In KwaZulu-Natal and Mpumalanga (15,77%) the infection rate appears to be levelling off, but I believe these provinces are still going to exceed 20%," Doyle said

What was unknown was what impact the HIV infection rate would have on the economy, as infected people began getting sick with Aids-related diseases

"Most people say it takes five to six years for HIV-positive people to get sick, but I think this will stretch to eight to 10 years in South Africa because most of the people affected are very young and will keep their immunity up for longer," Doyle said

The disease would have some impact on productivity and training but the real burden would be shouldered by the public health service, which did not have the capacity to cope with the epidemic

"When the public health service can't cope, the general health of the nation declines, which leads to a knock-on effect and the spread of other epidemics like TB," Doyle said

Zuma said that at first she did not believe the high figure from the North West Province was accurate and asked that the survey be repeated in that area

"The second time round the results were the same," she said

Doyle warned against jumping to conclusions about the sudden increase in the infection rate in North West Province, saying that by only testing a certain age group the results could have been skewed

"Or maybe previous statistics were out The sample of people tested could have changed or maybe women who couldn't afford health care in the past are now going to clinics because it's free"

Zuma said she was still concerned that many people, especially the youth, had misconceptions about how HIV was passed on

"I spoke informally to a group of young people in KwaZulu-Natal about Aids and they told me that they only 'go with' fat people, because they could see thin people were the ones who died from the disease

"This type of misinformation is very concerning and has to be monitored because only 'going with' fat people is not going to protect you from the virus"

Mrs Rose Smart, the director of the national Aids programme, said two teachers at every secondary school in the country would be trained to teach life skills such as negotiation and responsibility, to help teenagers make wise decisions when deciding whether or not to have sex

Names list 'cruel fake'

DURBAN: An Aids poster, listing the names of people allegedly infected with the disease and distributed in Newcastle, has been slammed by the Department of Health.

The poster, which claims to come from the health department, lists the names of 23 women who are apparently infected with HIV.

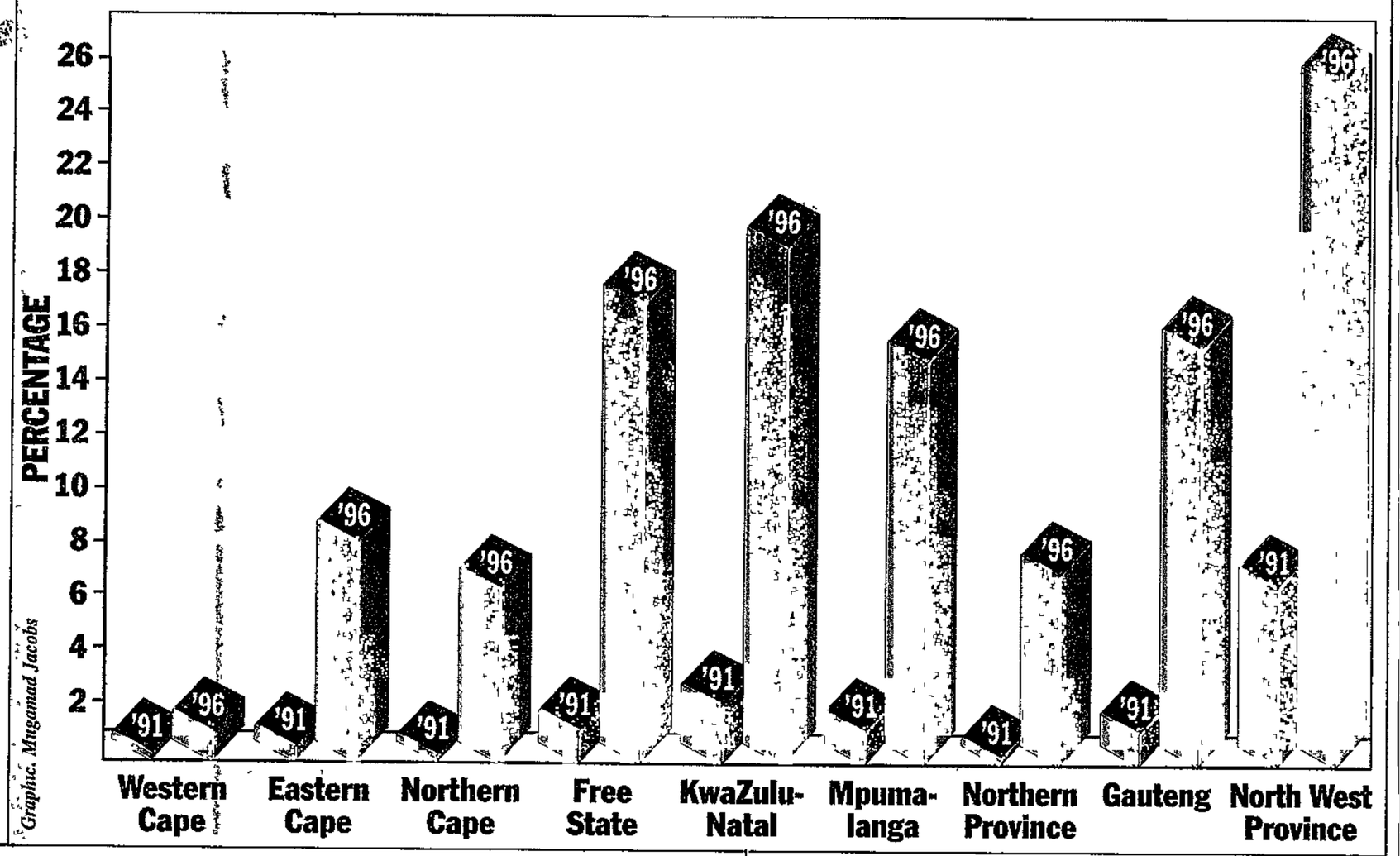
It features the Aids campaign logo "One World One Hope", and warns that "more names will be released soon".

The Department of Health has slammed the poster as a "cynical and cruel attempt to undermine the fight against Aids in this province".

It said legal action would be taken against those responsible if they were found.

The Department of Health would never associate itself with such a poster, it said. — Own Correspondent

Summary of the prevalence estimates by province, based on the national HIV surveys, 1991 – 1996



Two million in SA infected

CT 25/4/97 (92)

TWO million South Africans are infected with Aids and a further 700 to 800 are contracting the disease every day

Aids doctor for international insurance company Europe Assistance, Professor Ruben Sher, has warned that the potential impact on business productivity and profits was "devastating"

The cost of Aids to the South African economy is expected to rise from R113 million in 1991 to R10 billion by 2000

"The full horror and ravages of Aids have not yet impacted on South Africa, as the disease is still in its infancy At the moment we have an HIV, rather than an Aids epidemic," Sher said

KwaZulu-Natal superintendent of health Professor Ronald Green-Thompson, said about 16% of the economically active population were infected and this would rise to 20% by the year 2 000

In KwaZulu-Natal, about 80% of the 1 000 babies born HIV-positive every month would die before the age of two

About 10% of Aids babies lived an average of three years and a small percentage survived until the age of about 11 Most died from respiratory infections or gastro-enteritis

Greys Hospital paediatrician Dr Neil McKerrow, who has worked with Aids-infected children since 1991, said babies who were infected from birth usually developed Aids by nine months

At birth most HIV-infected children were returned to their families until they became ill and had to spend the rest of their short lives between the hospital and their home

McKerrow said about half the children abandoned in hospitals were HIV-positive and had to be placed in homes and in foster care

The plight of Aids-infected children has been highlighted after the provincial health department's presentation to the National Assembly health committee this week

According to Southern Life's latest Aids bulletin, sub-Saharan Africa is leading the world in Aids cases

Africa, with 14 million cases, has three times more cases than South and South East Asia, the next highest region with 5,2 million people infected with HIV — Own Correspondent

Virodene incident slammed as disastrous

CT 25/4/97 (92)

DURBAN The Virodene incident had been an "absolute disaster" for the campaign against Aids says the head of the paediatric unit at the University of Natal, Professor Jerry Coovadia Yesterday he addressed a University of Natal Aids Awareness Forum and warned that the Virodene incident had given thousands of Aids victims false hope

Three Pretoria researchers recently made a public claim that they had found a cure for the disease, which has been slammed by the medical fraternity

He said finding a cure for a complex virus such as Aids was not a "cataclysmic" event but a very slow process

Research had found that the virus mutated up to 180 times a year, he said

Finding a drug that could treat such a disease was an ever-changing process

Coovadia said American researchers had made a breakthrough in developing a drug that successfully prevented the transmission of the HIV virus from pregnant mothers to their babies

This was successful in two-thirds of cases — Special Correspondent

Call for committed politicians

CT 25/4/97

(92)

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 Zuma'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 Pooven 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

(92)

Nkosazana Zuma

Rise in HIV 'bad news' — Zuma

ET 25/4/97

"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

(92)

Star 25/4/97

Prevalence among young and skilled of grave social concern, says Zuma

By Jovial Rantao
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

Sharpest increase in North West

The biggest increase was in North West, where figures rose sharply from 8% to 25% Gauteng's figures increased from 12 03% last year to 15,49% 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 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 ante-natal 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 ante-natal 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 per cent to 19,90 per cent

Zuma pulled no punches "The HIV-Aids epidemic has reached serious proportions in South Africa," she said

(92) Sowetan 25/4/97

'Top 100 firms in SA should help in fight against AIDS'

(92) ARG

Johannesburg – South Africa's top 100 companies should each donate R1-million to help combat HIV/AIDS, a leading Aids expert has said.

"A small investment now could save millions in future Business has intervened in combating crime by creating Business Against Crime, why not Business Against HIV/AIDS," said AIDS consultant Ruben Sher yesterday.

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

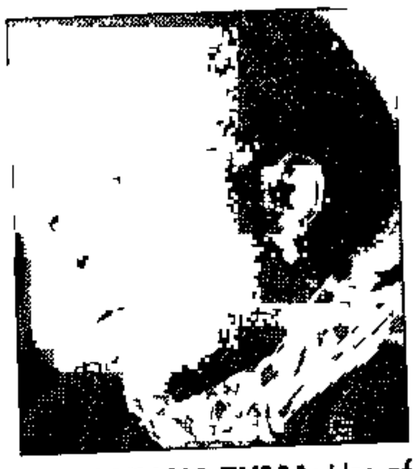
Both the mines and Eskom had warned of the massive costs of employing "duplicate" workforces and the consequences for the country's economy, he said He said while prevention was vital, it was equally important to offer practical solutions for patients to sustain productivity and prolonged quality of life – Sapa

Zuma takes Aids battle into the schools (9a)

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 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



NKOSAZANA ZUMA: Use of condoms will be encouraged

It planned to follow this up with programme 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 90 000 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, poliomyelitis 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 26/4/97

DP slammed over criticism of ruling on HIV prisoners

'Typical of discrimination'

ARG 28/4/97 (92)

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 Fatima 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

SA's response to HIV epidemic to be assessed

Star 28/4/97 (92)

JANINE SIMON
Medical Correspondent

The first review of how South Africa's response to the HIV/Aids epidemic measures up to World Health Organisation (WHO) guidelines will be conducted in July

Figures released by the Department of Health last week showed the epidemic had tightened its grip on the country and was becoming more visible as people get ill

About 2,4 million South Africans, or 6% of the population, are infected with HIV, and an estimated 90 000 of those will develop full-blown Aids this year

Rose Smart, director of the National HIV/Aids and STD Programme, said periodic reviews were common in other countries, but South Africa had never conducted one, partly because it had been cut off for years from WHO input

WHO guidelines followed

Researchers were already touring provinces to identify which sites should be visited by the review assessment teams, she said

The HIV/Aids review would be carried out in the same way as the 1996 tuberculosis review, which showed SA has one of the worst TB epidemics in the world

Five teams of researchers would cover the country Four teams will each tackle two provinces, and the fifth team will tackle the ninth province and the national department, said Smart

Their report would be an analysis of the response to the epidemic against the context of health department restructuring, economic pressures, and standard models recommended by the Global Aids Programme

Last year, South Africa's National Aids Programme all but ground to a halt under the shroud of the *Sarafina 2* controversy, and the Virodene debacle had the potential to do the same this year

"I don't know what we could have done to get the message across that Virodene wasn't a wonder drug, but it wasn't done," says Smart, who was appointed head of the R41,9-million programme in December

But, she said, the review and other plans to bring the country's response in line with the WHO's standard model of how to deal with the epidemic were now well under way

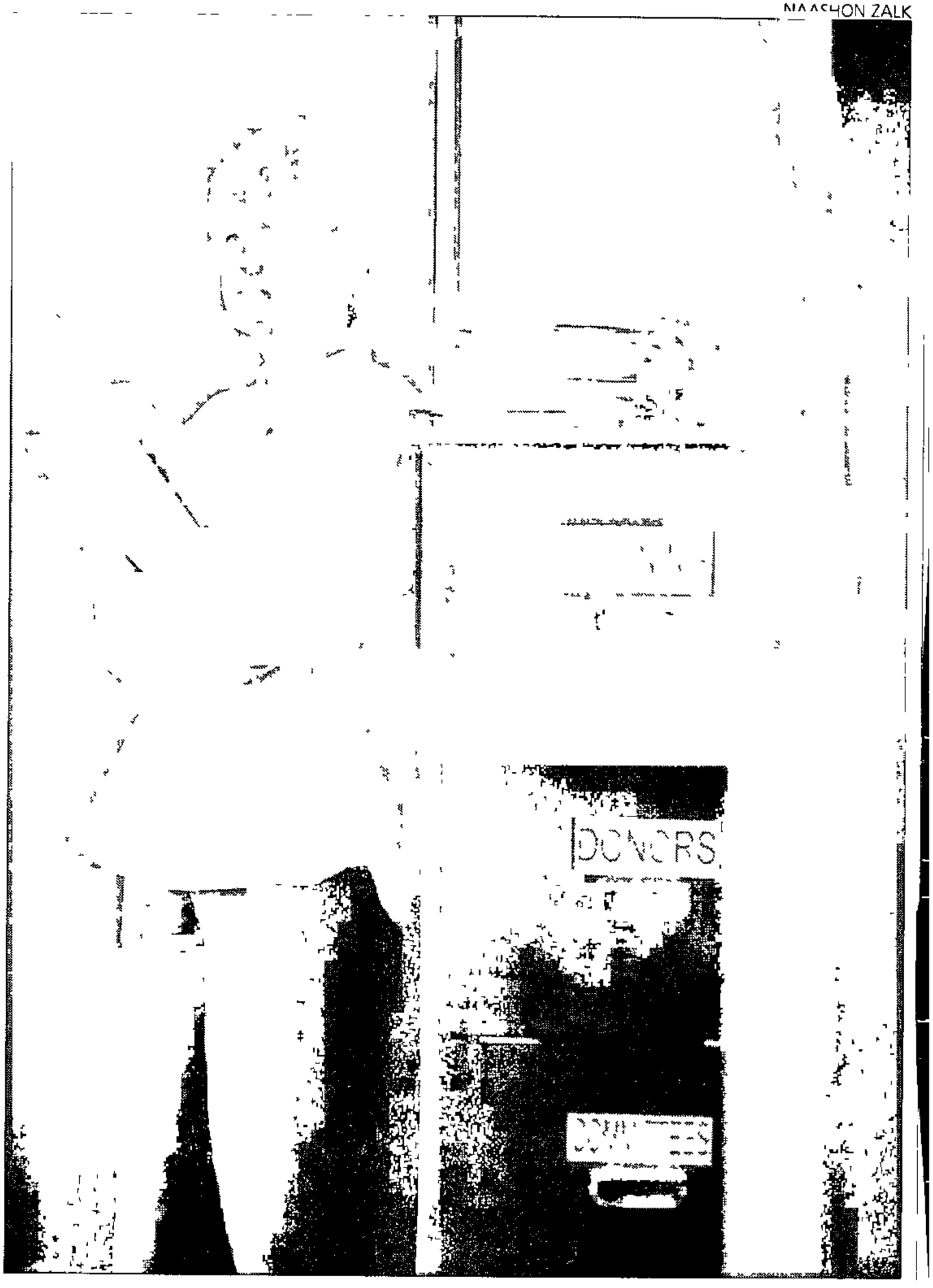
These included

- training 10 000 secondary school teachers in lifeskills education,
- conducting a national radio programme to raise awareness of STDs, which increase the risk of contracting HIV,
- giving a face to the epidemic and strengthening regional partnerships,
- setting up a continuum of care, counselling and support,
- setting up inter-departmental approaches in the public and workplace programmes in the private sectors

Smart also stressed in a recent interview that tackling the epidemic was not complex, nor the preserve of experts

There were also many simple things the public could do, such as providing care for people who were dying at home and leaving child-headed households to cope

But people did not want to hear messages about the HIV/Aids epidemic, as they were happier to ignore it than admit that it involved them, she said



Accessible information . people don't accept that the HIV/Aids epidemic affects them, says Rose Smart, director of the National HIV/Aids and STD Programme.

Southern Africa heading for Uganda-like Aids epidemic (92)

Star 28/4/97

By Janine Simon and Priscilla Singh

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 Minister 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

Janina 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 tried 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 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

BD 20/4/97 (92)

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 Slawski, 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

Slawski 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, Slawski said the North West's dramatic increase from 8,23% to 25,13% 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"

Row over tender for new AIDS campaign

'Department hoodwinked us'

(92)

ARG 30/4/97

JENNY VIALL
HEALTH REPORTER

A new row over tender procedures threatens to mirror the R14,2-million *Sarafina 2* AIDS play debacle.

This year's R7-million national Department of Health AIDS media campaign has come under fire from AIDS organisations which claim they were "hoodwinked" into rubber-stamping the tender process

A similar row over the department's failure to go through proper tender procedures led to the closure of *Sarafina 2* last year

Representatives of organisations involved in AIDS and HIV work said they were shocked and upset to hear near the end of the two-day consultation meeting organised by the government's HIV/AIDS directorate earlier this month that the tender process was already under way.

But Rose Smart, director of the HIV/AIDS programme, said people were told about tenders for the campaign "Beyond Awareness" well in advance of the meeting and only a few had not known about it.

Tender documents were included in papers given to delegates at the meeting Ms Smart said tender applications had closed last week and an adjudication panel, including representatives of the national media committee, would choose a shortlist

The Western Cape AIDS media committee insisted it did not know about the tender process It said the R7-million would be wasted because there had been no input from people who knew about HIV

"We are fed up with being a rubber stamp for the Department of Health It's a pattern of the way they work, the department does something then wants backing from us," said Kevin Osborne, a member of the media committee

A delegate to the national meeting said the majority of the people attending did not know that the tender process had started "We saw this meeting as the rebirth of the national media committee We thought we were starting anew, that we there to inform the tender process for the R7-million media programme.

"Then near the end someone let slip that the tender process had already started Most people didn't know this and were very upset They said they were not prepared to rubber stamp decisions which should have been made in consultation with us"

Ms Smart had told the meeting that the tender document had gone out before her appointment in December, the delegate said

"If they had told us this up front it would have been better. We thought we were giving direction It left a bad taste Now tenders are out to people who have no knowledge of HIV. It's the same old story"

Although tender documents were included in the package delegates were given, there was no time before the meeting to look at them, said the delegate

In memory: AIDS worker Kevin Osborne with a memorial quilt A march from the Grand Parade to St George's Cathedral will be held at 4 15pm on Sunday

with which companies, (b) in each case, (i) how long have these contracts been running and (ii) what is the value of the contract with each specified company and (c) what total amount was spent by the Government Printer on printing done by outside contractors in the latest specified financial year for which information is available? C142E

The MINISTER OF HOME AFFAIRS

(a) and (b) See Annexure

(c) R62 745 092,00 – for the period 1 April 1996 to 31 March 1997

Contract number	(a) Name of Contractor	(b) Contract period	(c) Estimated value of contract R	Description of contract
SD-K 1	Imperial Printing (Cape Town)	1997/01/01 to 1999/12/31	1 500 000	Departmental reports and blue books
SD-K 2	Creda Press (Cape Town)	1997/01/01 to 1999/12/31	11 270 000	Government Gazettes draft bills, etc
SD-K 4	Creda Press (Cape Town)	1997/01/01 to 1999/12/31	600 000	Financial reports, RP reports ect
SD-K 6	Creda Press (Cape Town)	1995/11/01 to 1998/08/31	1 000 000	Publication Skipper
SD-K 7	Imperial Printing (Cape Town)	1997/04/01 to 1998/03/31	250 000	Personnel letters Western Cape Provincial Administration
SD-K 8	Perskor (Johannesburg)	1994/08/01 to 1997/07/31	250 000	Archive publications
SD-K 10	Berna Drukkers (Pretoria)	1996/09/01 to 1997/06/30	50 000	Publication Arbor
SD-K 24	Butterworths (Johannesburg)	1997/01/01 to 1999/12/31	300 000	Maintenance of Stamp Duties Handbook
SD-K 27	Promedia (Pretoria)	1996/10/01 to 1999/09/30	17 000 000	Various reports and publications (GPW)
SD-K 30	Perskor (Johannesburg)	1996/03/01 to 1998/02/28	600 000	Publication Global Trade
SD-K 32	Galvin & Sales (Cape Town)	1996/05/01 to 1999/04/30	1 100 000	Sea Fisheries publications
SD-K 39	Pretoria Drukkers (Pretoria)	1996/10/01 to 1997/09/30	20 000	Visiting cards Department of Health
SD-K 42	Response Graphics (Cape Town)	1995/01/01 to 1999/12/31	2 500 000	VAT 201 forms
SD-K 47	Perskor (Johannesburg)	1997/02/01 to 1998/01/31	1 500 000	Publication Share
SD-K 48	Dreyer Drukkers (Bloemfontein)	1995/04/01 to 1998/03/31	3 400 000	Provincial Gazette, Free State Provincial Administration
SD-K 49	Ferroprint (Durban) Embossed Labels (Johannesburg) Sato Labelling (Johannesburg)	1996/01/01 to 1997/12/31	500 000	Self-adhesive labels
SD-K 58	Pretoria Koerant Drukkery (Pretoria)	1996/10/01 to 1997/09/30	850 000	Various newsletters for SACS
SD-K 62	Manifold (Johanesburg) Paragon (Cape Town) Lithosaver (Johannesburg)	1996/10/01 to 1999/09/30	2 000 000	Blank continuous stationery
SD-K 63	Promedia (Pretoria)	1995/07/01 to 1998/06/30	250 000	Publication Salus
SD-K 65	Imperial Printing (Cape Town)	1997/05/01 to 2000/04/30	250 000	Publication Militaria
SD-K 73	The Natal Witness (Pietermaritzburg)	1997/04/01 to 1998/03/31	100 000	Publication Tradepost
SD-K 75	Creda Press (Cape Town)	1995/08/01 to 1998/07/31	500 000	Publication Conservation

Hansard.

Contract number	(a) Name of Contractor	(b) Contract period	(c) Estimated value of contract R	Description of contract
SD-K 76	Sigma Press (Pretoria)	1997/05/01 to 2000/04/30	150 000	Publication Klinker
SD-K 77	CTP Bookprinters (Cape Town)	1995/07/01 to 1998/06/30	13 500 000	All full-colour work
SD-K 82	Lithosaver (Johannesburg)	1996/09/01 to 1998/08/31	50 000	Bank books i e dsposit, transfer etc
SD-K 83	Manifold (Johannesburg) Paragon (Cape Town)	1996/11/01 to 1999/10/31	1 500 000	Blank continuous stationery (GPW)
SD-K 84	Perskor (Johannesburg)	1995/11/01 to 1998/06/30	100 000	Publication Social Work Practice
SD-K 86	Berna Drukkers (Pretoria)	1994/10/01 to 1997/09/30	200 000	Publication Water
SD K 91	Berna Drukkers (Pretoria)	1996/05/01 to 1999/04/30	50 000	Publication Muniviro
SD-K 94	Barlan Forms (Pinetown) Lithosaver (Johannesburg) Ferroprint (Durban) Coastal Labels (Cape Town)	1994/10/01 to 1997/02/28	600 000	Self-adhesive labels
SD-K115	Dreyer Drukkers (Bloemfontein)	1995/04/01 to 1998/03/31	200 000	Newsletters Free State Library
SD-K128	Lithosaver (Johannesburg)	1997/02/01 to 2000/02/28	13 100 000	Income tax forms
SD-K131	Pretoria Bookbinders (Pretoria)	1996/05/01 to 1998/04/30	1 700 000	Binding of library books for Gauteng Provincial Administration
SD-K133	Promedia (Pretoria)	1995/01/01 to 1997/12/31	100 000	Personnel newsletters
SD-K140	Mills Litho (Cape Town)	1995/04/01 to 1998/03/30	600 000	Publication Cape Librarian

Prisoners diagnosed with HIV/AIDS

138 Mr J SELFE asked the Minister of Correctional Services

(1) (a) How many persons currently serving prison sentences have been diagnosed as (i) being HIV positive and (ii) suffering from full-blown AIDS and (b) in respect of what date is this information furnished,

(2) whether such prisoners are being provided with any special medication, if not, why not, if so, (a) what medication and (b) what is the estimated cost per annum of providing such prisoners with this medication,

(3) whether consideration has been given to developing any prisons or sections of prisons especially for prisoners suffering from HIV/AIDS, if so, what are the relevant details,

(4) whether he will make a statement on the matter? C151E

The MINISTER OF CORRECTIONAL SERVICES

(1) (a) (i) Eight hundred and seventy-six (876) prisoners in South Africa are currently HIV-infected

(ii) 26

(b) 31 January 1997

(2) (a) and (b) Special medication for HIV/AIDS is not generally being prescribed to prisoners *or* the rest of the community at State expense The Department of Correctional Services abides by the general policy of the Department of Health Two prisoners however obtained (via a court order) permission to have special medication prescribed to them at State expense The drugs being dispensed are AZT (Retrovir) and DDI (Videx) The estimated cost per annum for providing such drugs to these two prisoners will be R28 000

(3) No consideration has been given to developing any prison or section especially for prisoners

suffering from HIV/AIDS The Department of Correctional Services believes that such prisoners would be identified and discriminated against when being segregated from other prisoners

(4) No

Red tide: impact on crayfish

141 Mr E K MOORCROFT asked the Minister of Environmental Affairs and Tourism

(1) Whether any estimate of the impact of red tide on crayfish along the West Coast has been made following the recent Elands Bay incidents, if not, why not, if so, (a) what estimated tonnage of crayfish (i) walked ashore and (ii) was successfully returned to the sea and (b) what is the estimated impact of these incidents on the crayfish population in the area,

(2) whether he or his Department has taken or intends taking any steps against members of the public who removed crayfish from the beach, if not, why not, if so, (a) what steps and (b) why,

(3) whether any costs have been incurred as a result of these incidents, if so, (a) what costs and (b) in respect of what actions have such costs been incurred? C154E

The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM

(1) Yes

(a)(i) During the major stranding event of 4-8 April 1997 some 800 to 1 500 tons of lobster were estimated to have come ashore

(ii) Between 100 to 140 tons of these lobster were returned to the sea alive in areas outside Elands Bay During the two subsequent much smaller stranding events in the area (50 - 60 tons and 100 - 200 tons respectively), more than 80% were returned to the sea alive, illustrating the improved capability of dealing with such events

(b) After the major stranding and immediately prior to the second stranding event an extensive diving and environmental survey was conducted in the area A brief observational diving survey was also conducted during the most recent stranding event The lobster population in the area has been severely impacted by these stranding However, how this will affect the Total Allowable Catch (TAC) for the area will only be known once all the relevant information has been examined by scientists on the Sea Fisheries Research Institute's Rock Lobster Working Group

(2) Yes

(a) and (b) Ever since the problem started on 14 March 1997, road blocks were set up, rock lobster in illegal possession were confiscated and charges were laid Confusion set in on 17 March 1997 when the Attorney General revealed to the media his understanding that the Sea Fishery Act of 1988 and regulations did not apply to stranded rock lobster The public then descended on Elands Bay and as a result, assistance from the South African Navy and South African Police Services was requested The South African Navy withdrew its assistance temporarily because of its 75th Anniversary Celebrations, which coincided with the major stranding event starting on Friday 4 April 1997, For a few days the situation was not containable by the few inspectors and local police on the ground but order was restored on 9 April 1997 after the Attorney General had issued a clear statement to the media, confirming that the Act and Regulations do apply (see appended statement) and when 250 naval and 20 police personnel came to the rescue once more

All charges that have been laid in relation to these strandings will be dealt with according to normal procedures of prosecution, i e where deemed appropriate relevant state prosecutors will refer cases to the Attorney General for a decision as to whether prosecution should continue or not

(3) Yes

(a) and (b) Direct costs to the Department include

Overtime claims from Departmental Personnel	R 89 700
Travel and Subsistence claims from Departmental Personnel	R 38 124
Transport costspersonnel	R 19 469
Total	R147 293

These costs do not take into account expenses met by the South African Navy and South African Police Services It also ignores direct costs associated with the collection, transport, retention in tanks and replacement of live rock lobster, as well as the packaging and marketing of some tails, all of which were handled by the fishing industry All such costs will be recovered from the proceeds of the marketed tails of lobsters that died during handling and the balance will be paid to the State

Press statement by Adv F W Kahn SC, Attorney-General, Cape Town

Regarding my decision not to institute prosecutions in respect of crayfish being removed from beaches along the West Coast, my office was approached in connection with an accused who had been found in possession of dead crayfish which he had removed from a beach near Elands Bay without being in possession of a permit

My decision not to institute a prosecution in respect of this case alone was a lenient application of the law and a moral decision based on information made available to me that the dead crayfish would in any event have been buried or processed through a fishmeal plant

The public have now, it seems, interpreted my leniency shown in respect of this one particular case as a green light to disregard the law regarding the possession of crayfish The position has now changed and I have this morning been informed that live crayfish are continuing to leave the sea and that the public are now abusing the position and making control impossible

Accordingly this situation will not be tolerated and the Sea Fisheries Inspectorate has now been instructed to apply the law and people removing crayfish from the West Coast area without a permit, will be prosecuted irrespective of whether or not the crayfish is dead or alive

Sea pollution: monitoring of coastline

148 Mr E K MOORCROFT asked the Minister of Environmental Affairs and Tourism

(1) Whether the relevant provincial governments monitor the coastline for sea pollution, if not, why not, if so, how is such monitoring carried out,

(2) whether any instances of sea pollution requiring (a) public warnings to be issued, (b) the closure of beaches and/or (c) urgent clean-ups or containment action occurred in (i) 1995 and/or (ii) 1996, if so what are the relevant details in each case

(3) whether charges were laid against any persons and/or organisations as a result of pollution incidents in (a) 1995 and/or (b) 1996, if so, (i) which persons and/or organisations and (ii) what was the outcome in each case? C161E

The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM

(1) Yes The Provincial governments do not currently monitor the coastline for marine pollution as this role has historically been carried out by other authorities For example, the Kuswag aircraft which patrols the shipping lanes is run by the national Department, while monitoring for bacteria is conducted by the Local Authorities

(2) There have been a number of oil spills which necessitated clean-up actions

(i) The Apollo Sea June 1994 - December 1995 (Cape Town beaches)

(ii) Cordigliera November 1996 (Eastern Cape beaches)

(3) These spills were the result of shipping casualties and not deliberate discharges, so no charges were laid However, steps have been taken by the Department of Transport (whose responsibility this is) to recover the costs incurred for the clean-up operations

Business holds power in fight against HIV

Sowetan 2/5/97

By Steven Mot(92)

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

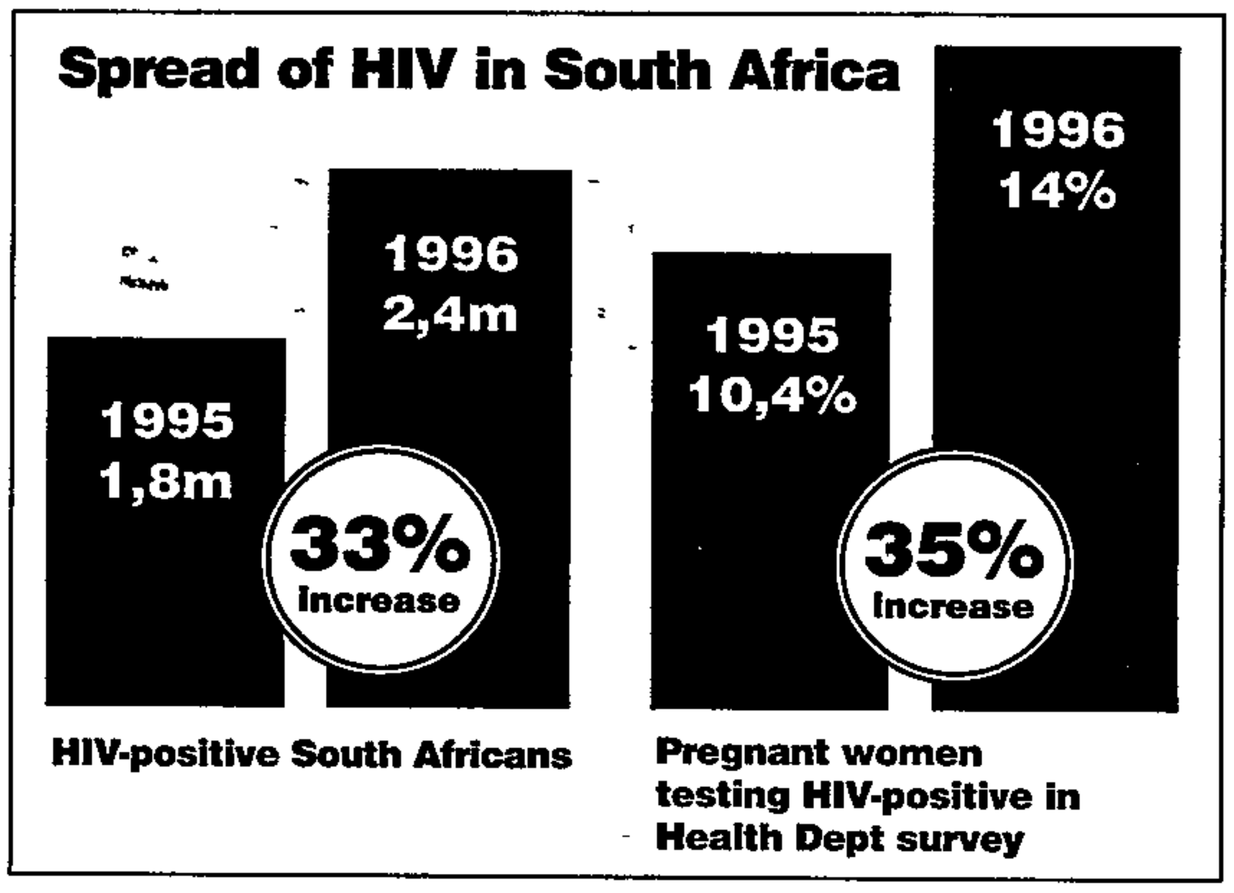
"Some private sector companies, have taken initiative to develop ground-breaking assistance packages which seek to prevent further spread of HIV, prolong productivity and quality of life," he says

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

Bureaucrats dither as HIV invades

(92) M+G 2-8/5/97

Anti-Aids activists claim the Health Department has good policies — on paper — but is falling down on implementation. Jim Day reports



ONLY about half of R65-million budgeted for HIV education, prevention and care has yet been used —even while the virus continues to spread alarmingly

The money, from the Reconstruction and Development Programme (RDP), is a major portion of funds made available to fight HIV. Other finance comes from the European Union and the Health Department's budget

Figures from the national and provincial offices of the department's HIV directorate reveal the reality of what many activists have long claimed that while programmes and policies now on paper could reduce the spread of the epidemic, the pace of implementation is agonisingly slow

The R65-million was allocated by the RDP for HIV/Aids programmes in the budget year that ended in March Of this, R18-million earmarked for strengthening counselling, outreach and community-care services was promised to the provinces, but is still going through bureaucratic processes

None of the R4,4-million meant for research into care and support has been spent Only half the R8-million for bringing government departments into the fight has been used

Rose Smart, head of the Aids directorate, said this week that she expected all the RDP funds to be spent and there was no danger of losing them She added she was aware that her directorate and many of the provinces were unable to push through HIV programmes as quickly as she would like.

"We're definitely making progress, but often things take time," she said, emphasising the need to lay the institutional groundwork before programmes can begin "These things can't be rushed "

Even as directorate officials struggle to strengthen existing programmes and bring new ones on line, Aids activists say other departments and the public remain largely indifferent to the epidemic that figures released last week show is expanding at a horrifying rate

HIV infection among pregnant women increased 35% last year, to reach 14% Health officials believe the annual survey of women attending antenatal clinics is an accurate benchmark to study the spread of HIV-infection

About 2,4-million South Africans are now HIV-positive, up from 1,8 million last year, a one-year increase of 33% Some 1 500 South Africans become infected each day· 90 000 people are expected to develop full-blown Aids this year

Although the figures came as no surprise to the experts tracking the epidemic, one official described the numbers as "mind-boggling".

The latest figures show that efforts to stem the tide in South Africa have simply not been effective, said Kevin Osborne of the National Association of People Living with HIV/Aids

"Obviously, not enough is being done," he said "They've got the money to spend, the programmes are designed, and then they get sent to the provinces and nothing happens "

The *Sarafina II* and Virodene "debacles" drained time and energy from efforts to implement HIV programmes, he said Delays had also been caused by the turnover in the directorate's leadership

Directorate officials blame delays on late approval of last year's RDP budget for anti-Aids programmes, "time-consuming tendering processes", and restructuring of departments

Officials and activists repeatedly bring up the model of Uganda, which has shown that high-level political commitment to combat the disease can bring down infection rates That level of commitment is not seen in South Africa, they say

Phone calls to several organisations and departments that could play a key role in fighting the spread of the disease indicate such a lack of commitment

The National Union of Mineworkers, for example, does not have an HIV-education programme in place for its members, nor any condom-distribution programme NUM, described as a relatively progressive union on HIV issues, has no schedule to put any programmes in place, according to Welcome Mboniso, the union's health and safety coordinator

Training for high school teachers in anti-HIV education is due to begin this month They will then launch a nationwide education programme for schoolchildren

The Welfare Department is only expected to begin evaluating what it can do about the HIV epidemic this month.

The nation's prison system has been praised for improving its HIV policies in the past year, but questions remain about relatively simple issues like how condoms should be distributed Presently, prisoners must often ask officials for a condom, a system which discourages their use

With HIV infection already so high in South Africa, some activists say "we missed the boat" on prevention, and that resources should now be focused on providing the best possible care. Although that view is a matter of hot debate, it is clear that, whatever is done, there will be no quick reversal of the epidemic

On trial for sleeping with more than 100 women, PAGE 17

Virodene team asks public to fund research

CAS St LEGER ST 4/5/97 (92)

THE team that came up with Virodene, the controversial "AIDS cure", is launching a foundation tomorrow to collect funds from the public for clinical trials

The AIDS Research Foundation of South Africa will be registered as a company not for gain

The team also intends to apply to the Medicines Control Council within weeks for permission to continue its research

The use of Virodene for AIDS patients was banned and research into Virodene P058, dimethyformamide (DMF) prohibited in February when the council found that a chemical in the drug was a lethal industrial solvent likely to cause liver cancer

Virodene was developed by Michelle Olga Visser, a laboratory technician, Professor Dirk du Plessis and Dr Callie Landauer of the University of Pretoria

At the time, the council's Professor Peter Folb said every step of the team's proposal was flawed and there was no way of getting a meaningful result He said the research work was "quite inadequate"

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

ST (BT) 4/5/97 (92)

The prospect of sacrificing 1% a year in GDP growth to AIDS within 10 years is now in view, writes ZILLA EFRAT

AIDS threatens to knock a full 1% a year off South Africa's GDP growth rate by 2005

So says Southern Life AIDS management actuary Janina 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

"In some African countries, companies employ two or three people to run machines If one dies, the others can continue to work the machine," she says

Other expenses which may hit bottom-line profits could include workplace safety measures, AIDS education programmes, employee counselling and employee care facilities

'Savings will slump as people dip into their nest eggs to pay for drugs, nurses and assistance'

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 those in 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

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 6% 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

Law body protests over AIDS tests

Bonile Ngqiyaza (92)
BD 8/5/97

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

ST 8/5/97 (92)

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 fullblown 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

Star 21/5/97 (92)

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

(92)

Star 21/5/97

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 (Nacosa)

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

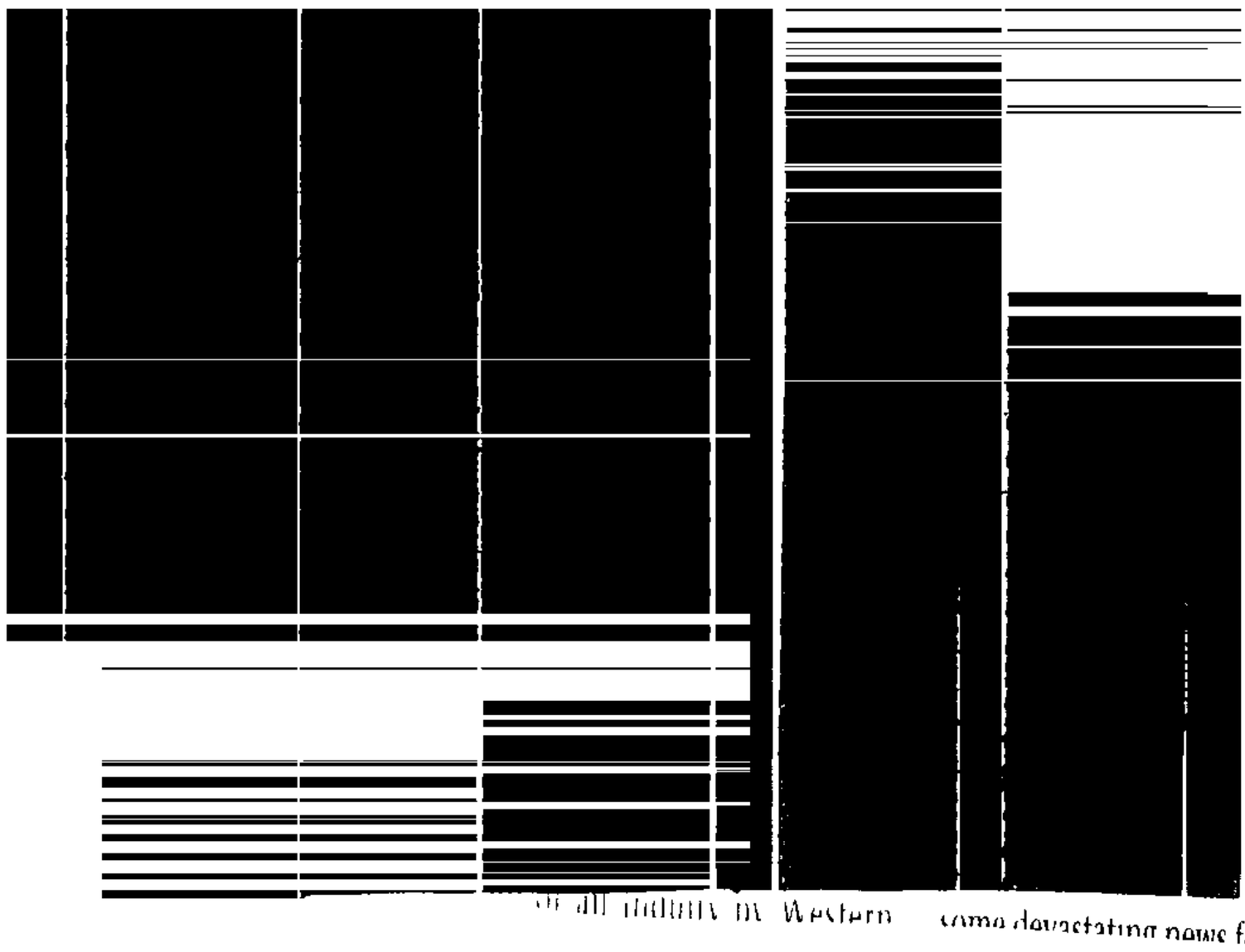
The HIV epidemic will have a huge impact on the economy and development

"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 Emmanual 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



rst Aids zones

CT 22/5/97 (92)

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 NORTH West Province 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 Winterveld, Sister Marilyn, a nun at the Sisters of Mercy Community Hospital, told how only weeks earlier an HIV-positive man was burnt to death in his home and his wife and three children hounded out of the area because he had "dirty blood"

Mr Martin Maleti, an Aids worker and one of the only people in the province openly living with the HIV virus, had his front teeth smashed and was hit over the head with a brick because he was HIV-positive

LIVING WITH THE HIV VIRUS — PAGE 7

"Nobody will admit they are HIV-positive or that a family member has died of Aids because they fear the consequences" said Maleti "I can't get a loan and I lost my job because I tested positive"

Mrs Ronel Visser, the assistant director for community health services in the Rustenburg district said she had heard Aids called the Zuma Syndrome or the Sarafina disease

"People won't even say the word Aids," she said

Local people also call it "Makgome", which is Setswana for "the widow's disease"

Unlike Uganda, Kenya or even Zimbabwe, the local people's knowledge of the virus and how it spreads is dangerously poor

There are no international education efforts under way helping to stamp out the epidemic and the handful of Aids workers in the region don't have easy access to transport to get to far-flung rural areas

The general feeling among health workers is that a wider spectrum of pregnant women is making use of the public health service because it is free and this has pushed up the percentage in the survey

In Rustenburg one-in-three sexually active people are believed to be HIV-positive but Visser said the approved staff establishment for Rustenburg provided for only one "official" Aids and sexually transmitted diseases co-ordinator

"It is impossible for one person to train all our health workers to deal with HIV-positive patients and educate the community about safe sex," she said

The irony is that of the R62 million needed to run the health service in Rustenburg only R37m has been allocated. This means that 43% of the posts in the Rustenburg district are unfunded, leaving 12 fully equipped clinics unopened because there is no money for staff

It is common knowledge among health workers that bureaucracy is hampering the fight against Aids

Not even ample warning of a visit by the Cape Times team could persuade the assistant director for STD/Aids in the North West, Mr Cornelius Lebeloe, who is based in Mmbatho, to give an interview Only when the MEC for Health, Dr Molefi Sefularo, stepped in, would Lebeloe explain what was being done to fight the epidemic

He eventually said the ministry was going to appoint a member of staff for each of the five measures that had been identified as effective ways of combating Aids

These are teaching lifeskills in and out of school, increasing access to condoms, promoting information about the disease through the media, caring for and supporting the infected and the affected and campaigning to stamp out sexually transmitted diseases

A private Mogwase doctor said infection in the North West was high because the province was bordered on three sides by Botswana where the virus was also out of control.

"There is a lot of movement — legal and illegal — between South Africa and Botswana and the virus gets carried back and forth

"Also there are the casinos (eight altogether) like Sun City which inevitably bring prostitution to the area"

Sun City spokesman Ms Rozzane Motshwane said the resort did not tolerate any form of prostitution although she was aware it gravitated towards hospitality industries.

The platinum mines which use migrant labour added to the HIV problem as men were separated from their wives and led promiscuous lives with local girlfriends

The Ministry of Health, under Dr Nkosazana Zuma, has made Aids a national priority and Sefularo knows full well he has a crisis on his hands

Both are scrabbling to put in place a health system that will get the epidemic under control

Condoms are everywhere but Maleti said local people had no idea how to use them

"Health workers tell people to carry condoms on them if they are going to have sex, and they do just that but they don't use them, they put them under their pillow during sex or keep them in their pocket

"They believe that will stop them from getting Aids"

At least 80% of the North West population is rural and consult traditional healers and not doctors

A tradition known as "scalpification" in which the traditional healer cut the skin of his patient with a razor blade before rubbing in "muti" was a dangerous practice that could spread the disease, especially if the razor wasn't cleaned, said the Mogwase doctor

Efforts are being made to educate traditional healers about Aids but there is no organised body representing the profession in the province and individuals have to be willing to listen and learn

'People believe the disease is witchcraft or a curse'

ARG 24/5/97 (92)

Driving out of Nairobi's bustling traffic requires nine lives, skill and a very mild temperament.

Dodging millions of potholes and fighting like-minded drivers for the meagre bit of tarred road is carried out with as little fuss as possible – except for the foreigners

This is why the drive of about 180km from Nairobi to the serene village of Kitui, east of the city, is a welcome change. There, lush vegetation takes precedence over concrete buildings and life is definitely much calmer – although when it comes to fighting AIDS, the rural people are as determined, possibly more so, than the city folk.

In the out-of-the-way village of Kitui, the power of the church is felt, not just in spreading the gospel of God, but in preventing the spread of HIV and AIDS.

Erastus Lungu is an important man in the community The grandfather of five, who spends most days driving hundreds of kilometres by motorcycle to parishes in the area, is co-ordinator of the AIDS project in the diocese

In 1992, Mr Lungu, 65, was one of eight members of the community to get training in AIDS education, prevention and awareness They in turn trained others as "Tots" – trainers of trainees – to launch a voluntary educational programme.

"This programme was aimed at creating greater awareness at the parish level within the rural districts What we have found of this infection is because of the migrant labour, many residents go to the city to find work, become infected there and when they return to their rural homes, infect their spouses.

"This is why the need for education and awareness is so great "

Mr Lungu said people were initially hesitant

"In the churches they would say we are holy people and we have nothing to do with AIDS. The reality is that AIDS is with us. The people would believe the disease is witchcraft or a curse; however, this is the type of cultural belief that has to be eradicated."

He said other cultural beliefs helped spread the virus

"When a man dies, traditionally his wife is inherited by either his brother, a close male relative or a nominated member of the community. Alternatively, she doesn't marry and is an attraction for the various married men within the community Both traditions make it easy for the spread of the virus and we are trying to discourage widows from wife inheritance or sleeping with other married men."

Mr Lungu said the young were an important target group

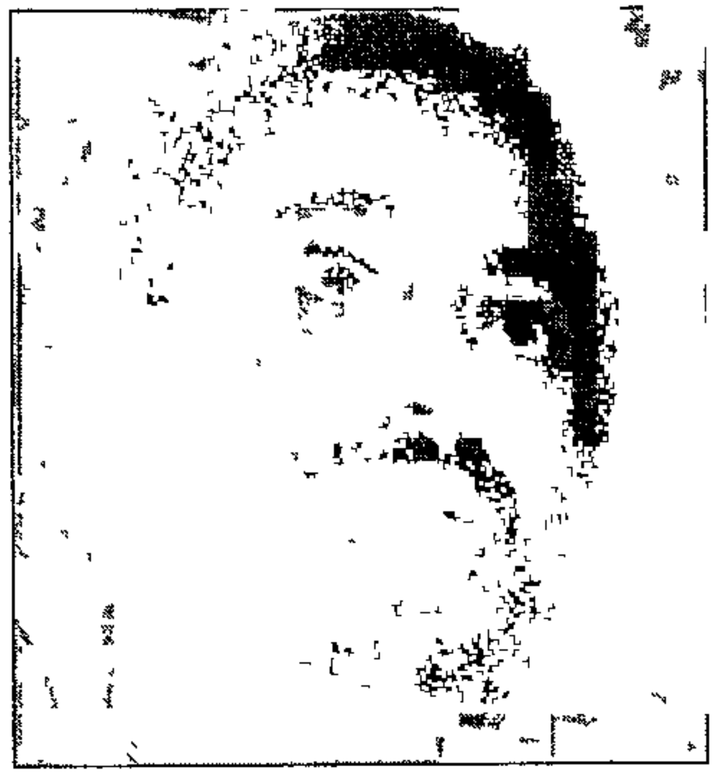
"With young people, we try to promote prevention through abstinence In church, the condom is seen as encouraging loose sexual behaviour, which is why we try to educate the youth about the importance of abstaining from sexual behaviour "

The success of the youth programme is evident at the Mulango Evangelistic parish In the classroom, filled by mothers and children ranging from six to 18, the lesson is a revision on caring for people with AIDS. The Rev Benjamin Mutia starts off the lesson by asking someone to define HIV and how it is transmitted. A child no older than eight stands up and confidently answers correctly.

AIDS: taking the fight to the people

In Kenya, grassroots projects tackle the killer disease

ARG 24/5/97 (92)



Action: Kenyan AIDS educator Salim Mohammed

The impact of the AIDS epidemic is potentially disastrous, yet the government has yet to develop an effective anti-AIDS policy. The Diakonia Council of Churches went to Kenya and Uganda, where churches, NGOs and government are sharing responsibility in the fight against AIDS. **Yasantha Naidoo,** who accompanied the delegation, reports.

In the heart of the Kenyan Mathare slums is a small three-roomed building alive with activity. It resembles the headquarters of an underground political organisation – with posters and cuttings and photographs taking up every available space.

Here youngsters, male and female, are armed with AIDS information and awareness so they are able to fight the epidemic through their most popular sport, soccer

The Mathare Youth Sport Association is situated in one of the largest and poorest slums in Africa

The majority of the thousands of residents are children, with few chances or playing fields for sports Their houses are surrounded by waste and garbage, a festering ground for diseases which kill and cripple the residents

In 1987, a group of concerned residents started a small self-help project to organise sports activities and clean up the slums

Since then, the association has grown and pioneered innovations in youth sports, environmental improvement and community development

Among a long list of achievements are HIV/AIDS awareness, prevention and care programmes, headed by the dedicated and witty Salim Mohammed

"We have to explain to teenagers the reality of AIDS and dispel the myths about the disease The best way to do this is just before a game of soccer At any given weekend we have about 300 matches in the district – and a counsellor addresses the spectators, mainly youngsters, about HIV and AIDS for about 25 minutes," he said

"Since the programme started, all team players are trained and work in the slums on HIV/AIDS prevention, education and care Our programme does not only look at the epidemic, but other issues relating to this, including the issue of assertiveness for females and their right to say no "

Mr Salim said another issue was to challenge the idea of the traditional roles of men and women

"Traditionally the roles of men and women are very separate and very defined For example, the girls must fetch firewood and stay at home, while the boys go to school This is why we have introduced girl's football – to challenge these roles "

Mr Salim is almost embarrassingly frank about the topic of sex education and awareness

"When you are educating teenagers you have to have the experience to be able to give correct information

"One of the greatest difficulties in informing the teenagers is the problem of myths The majority of them know about the disease, but ignorance makes them afraid "

He said parents were often invited to workshops along with their children

"It is very hard for our parents to talk to us about sex and the disease At our workshops we are able to bring both parents and kids to a common level of sharing information," he said

The motto of the Mathare Youth AIDS Awareness Prevention and Counselling Project is "By changing the way only one person behaves, we can save many lives

"There is no medicine for this plague, only information to stop it

"You have that information and must share it "

Mr Salim said "I was raised in this community as an orphan and I feel we are all locked in a cage – and I want to show them the way out

"I don't want to achieve many things in life – all I want to do is help my brothers and sisters "

Gideon makes it his mission to spread the word

An HIV-positive Ugandan priest believes his illness is no mistake – and has made it his mission in life to spread the word about HIV and AIDS **Yasantha Naidoo** reports

When the Rev Gideon Byamugisha – a priest with the Namirembe Diocese Day Care Centre in the Church of Uganda – lost his wife in 1991 to AIDS, he was devastated.

When he tested positive himself, he went into shock for a year, not even considering that his infant daughter Patience might also have contracted the virus

In 1992 he decided his life was not an accident and, true to his biblical name, decided to spread the gospel – of HIV and

The former deputy-headmaster today runs the diocese's HIV prevention and AIDS Care project – and when he talks about "the window of hope" his face lights up at the prospect of those who will be saved

His personal pain and experience of the virus is carefully concealed as he talks excitedly about the five-pronged programme aimed at decreasing the spread of HIV and improving the amount of quality of care and support for People With AIDS (PWAs) and their families

The first programme, Child-to-Child, attempts to educate children at school level about the disease and how it is transmitted

"In Uganda, AIDS is the leading cause of death among adults and children under 5

and this we call our window of hope

"This generation, we hope, will reduce the transmission of the disease and we are actively campaigning to educate these youngsters "

The behaviour change training programme is aimed at providing support clubs for young people, to empower them to learn positive living lifestyles

Mr Byamugisha said teenagers realised how vulnerable they were and eventually changed their behaviour to ensure they were not in danger.

The third facet of the programme, the home care programme, is aimed at providing training for the infected and affected family members on care and support

"We have the Good Samaritan group, voluntary members who teach skills in

The fourth programme is the music, dance, drama and sports programme for behaviour change

"People get bored with the message when there is just talk "

The Post-Test club is perhaps one of the programme's most successful initiatives

"The club was formed for PWA who are not sick and who lead healthy lives, despite their status. Here we are a support group to one another, offering other PWA counselling and support We also run a self-income generating project, where the men and women weave baskets, mats, bags and other crafts, which they sell

"We also target the children of the sick parents, encouraging them to keep memory books of their thoughts, feelings and aspirations for their children "

emory book is very familiar to Mr

"Every day, at times when I think about my future and my daughter's future, I just write all my feelings, my fears and my thoughts in my book I also make tape recordings for her, so she will know just what I am going through

"Patience is only 7 and at times I panic about her status and subjecting her to testing Recently someone teased her about her father having AIDS, and I had to explain the situation to her."

In July 1995 Mr Byamugisha married Pamela, the wife of his best man, who died after contracting the virus

"Pamela is also HIV positive, but I needed to marry for a number of reasons At the moment, both of us are living positively

"It does not matter that I am HIV positive I have been given the mission to help others and this is what I am trying to do I

Support group: a member of the Post-Test Club

SA HIV-Aids cases alarming

Sowetan 28/5/97

(92)

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 90 000 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

"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

Independent researchers say that up to 800 people are infected every day That means 16 percent of South Africa's workers already have the HIV virus

The figure, says Professor Ronald Green-Thompson, will rise to 20 percent by the year 2000

By then, the cost of Aids to South Africa's economy is expected to rise from R100 million to almost R10 billion

The World Health Organisation has moved in swiftly to assess SA's responses to its international guidelines on dealing with the epidemic

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 diseases 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 ante-natal 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 she believes 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"

Health Minister Nkosazana Zuma.

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 Christiana 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 Afrique*

More insight on Virodene drug

(92)

Sowetan 29/5/97

By Mokgadi Pela

PRETORIA-based researchers who invented the controversial Aids drug, Virodene PO58 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 Visser and Larry Heidebrecht

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 banning 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"

Madeleine Wackernagel highlights some of the issues raised at the World Economic Forum

Aids: Time is running out

(92) M+G (BM) 30/5-5/6/97

AT the February meeting of the World Economic Forum (WEF) in Davos, President Nelson Mandela made an impassioned plea for a renewed fight against Aids His address made world headlines, but back home the "new struggle" has been sidelined by the *Sarafina II* and Virodene fiascos, despite growing evidence of a burgeoning problem, predicted to cost 1% of South Africa's gross domestic product by 2005

Last week's Southern Africa Economic Summit of the WEF brought home the costs of inaction. Aids cannot be seen in isolation — the costs to productivity and, by implication, competitiveness are huge as whole swathes of economically productive people are wiped out.

Said Mandela "Aids kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals thus increasing the number of dependent persons It creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children "

One Zimbabwean farmer related his experience — he has no employees in the 25 to 40 age group but plenty of younger and older workers Another told the story of a bank that trains three people for one job in anticipation of Aids-related deaths

But as Patrick Dixon, director of Global Change, emphasised, action must be taken before the situation is as dire as in Uganda, where children-headed households are common in rural areas

Uganda finally moved to vanquish the "enemy" in 1990, taking a multisectoral approach, involving government, business and non-governmental organisations

"Our policy in fighting Aids has been to give it a face and to expose it as a deadly enemy," said Ugandan Prime Minister Abednego Kinto-Musoke at the WEF meeting The picture is depressing 500 000 people have died since the early 1980s, 1,5-million more are HIV-positive and the number of orphans is rising constantly But infection rates have been cut from 30% to 15% in some urban areas

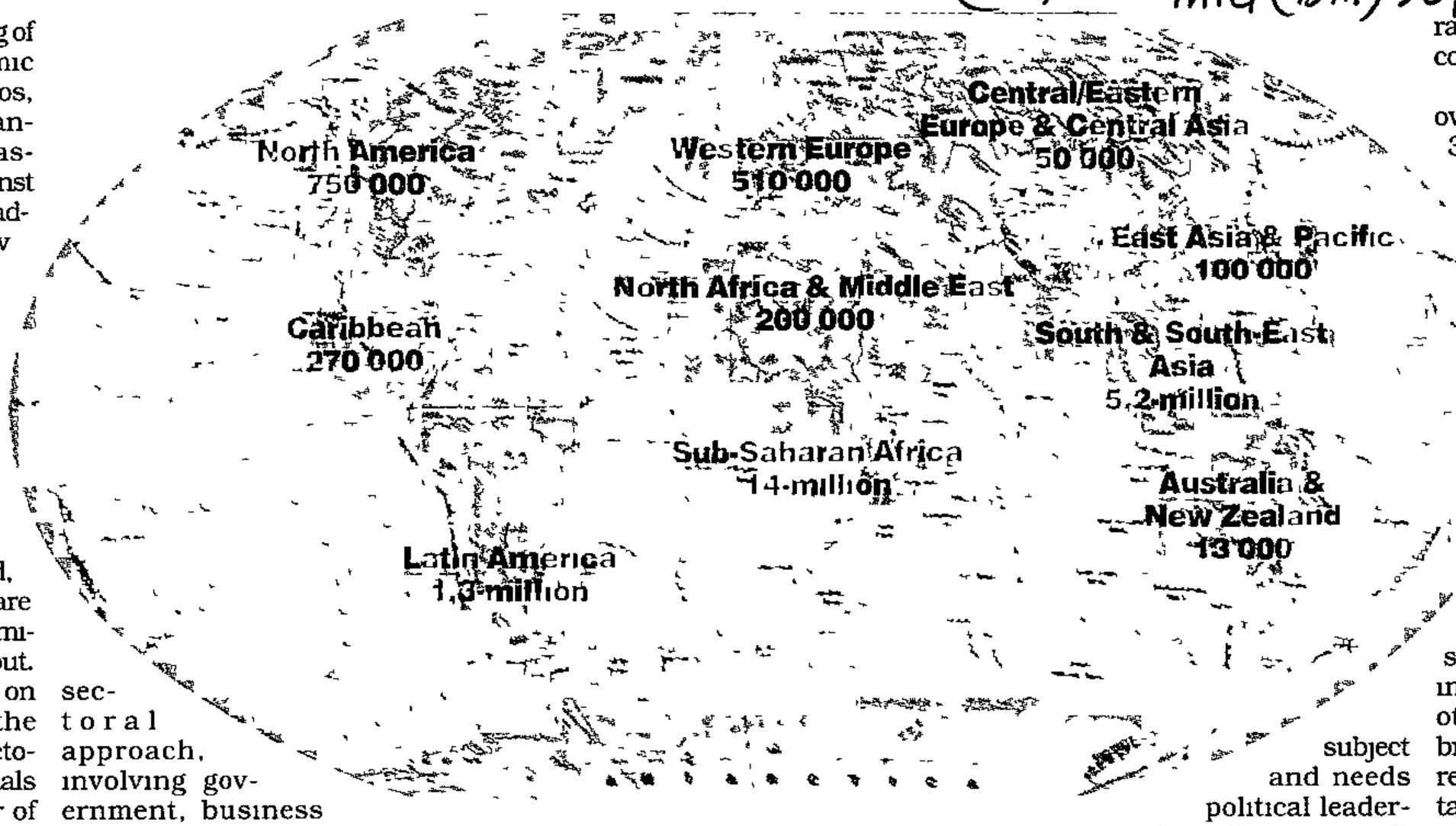
'Our policy in fighting Aids has been to give it a face and to expose it as a deadly enemy'

"The situation is not hopeless With appropriate prevention and care programmes, the enemy will eventually be conquered "

Key to Uganda's programme has been "a policy of openness and government commitment from the highest political level, spearheaded by President Museveni", said the prime minister

The lack of a political commitment is a problem in this country, says Dr Clive Evian, an expert on Aids Ugandans only reacted once they had witnessed for themselves the "real" state of the epidemic, when the numerous empty villages could no longer be ignored South Africa has virtually caught up in terms of the number of cases but not in terms of awareness and preventative measures

"Other socio-economic issues, such as crime, tend to take precedence, thereby shifting Aids off the agenda It is a highly politicised subject and needs political leadership all year round, not just on World Aids Day or in National Condom Week



Africa's trauma The estimated number of persons living with HIV/Aids by region at the end of 1996 The global total is 22,6-million SOURCE UNAIDS

"Aids could have a more devastating effect on this country than apartheid The question now is not whether there will be an epidemic, but how terrible it will be "

Even with notoriously unreliable statistics, the consistent rise in infection rates is evident Latest government data show 20% of pregnant women in KwaZulu-Natal testing positive and 25% in Durban

Gencor's Adriaan du Plessis told the conference the infection rates at South African mines were estimated at 20%, but without accurate data, it was difficult to devise a counter-plan

Nonetheless, the costs to business overall could be broken down into 36% in lost production, 30% in training, 12% in healthcare and 13% in death And by 2000, the epidemic was predicted to account for 60% of all healthcare costs

Business, says Evian, is responding to the problem, although there is still room for improvement Labour, on the other hand, is doing very little, even though Aids is a health and safety issue and thus falls under the unions' brief

"We should make Aids a national issue, covered in schools, businesses, union meetings and on television Only once other countries' experiences are brought home to us, once it is made real and given a face, will the devastating effects be driven home "

Denial and obfuscation are still a problem — and not only among the population at large Said Marvellous Mhloyi, professor of demographics at the University of Zimbabwe: "Governments have to take responsibility, denial is still too much in evidence They can't just abdicate because structural adjustment programmes mean spending cuts Interventions by business will only work if they are given government support."

Saturday Star
May 31 1997

Aids body called racist for stinting on funds for meeting with clerics

(92) Star 31/5/97

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 Coetzer and its executive refused to provide more funds

RAP deputy chairman Senamo Molisiwa, who organised the failed meeting, accused Coetzer of racism He said Coetzer 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 Coetzer failed to pay for the venue and their accommodation, although he had been notified

"Our visitors had to arrange alternative accommodation out of their own pockets But when it comes to meetings with white church leaders, everything is paid for," said Molisiwa

But members of the RAP executive committee, which was formed late last year, have thrown their weight behind Coetzer, blaming Molisiwa for lack of consultation and not following the procedures laid down by the RAP

The executive also accused him of taking a unilateral decision on the meeting In a statement, the executive said Molisiwa did not submit the required list of delegates invited to the meeting

"Despite (the fact) that Molisiwa 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 Technikon, which was changed to an "expensive" three-star hotel, and that the delegates consisted more of spouses of the ministers than the relevant people

"Although Coetzer 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 Molisiwa

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

	August 1996	R157 86
	September 1996	R161 25
	October 1996	R159 39
	November 1996	R216 45
	December 1996	R423 66
	January 1997	R441 56
	February 1997	R202 93
	March 1997	R217 27
	April 1997	R188 32
	May 1997	R237 32
		R3306 04
C Steinberg	May 1996	R1129 82
	June 1996	R504 73
	July 1996	R723 38
	August 1996	R466 32
	September 1996	R970 75
	October 1996	R1198 63
	November 1996	R975 58
	December 1996	R1087 31
	January 1997	R812 96
	February 1997	R830 34
	March 1997	R1344 22
	April 1997	R527 79
	May 1997	R647 72
		R11219 55

(b) The Department has a cellular phone policy which prescribes that all users must pay for any private calls made

Firm paid for services rendered

153 Mr J SELFE asked the Minister of Correctional Services

Whether any amounts were paid in 1996 to a certain firm, the name of which has been furnished to his Department for the purpose of his reply, for services rendered to his Department, if so, in each case, (a) what was the nature of the services so rendered, (b) which employee, partner and/or consultant attached to the said firm was retained for this purpose, (c) over what period were the services rendered and (d) what amount was paid to the firm? C166E

The MINISTER OF CORRECTIONAL SERVICES

No

Custodial training for personnel

164 Mr R J RADUE asked the Minister of Correctional Services

(1) Whether new custodial personnel entering the service of his Department undergo any custodial training prior to their assignment to prisons, if so, (a) what type of training and (b) for what period are they so trained, if not, why not

(2) whether any steps have been or are to be taken with a view to thoroughly training all new personnel assuming custodial duties, if not why not, if so, what steps? C177E

The MINISTER OF CORRECTIONAL SERVICES

(1) Yes

(a) The training of personnel consists of six modules with different inputs which, amongst others, consist of the following

- Professional Development – Human rights
  – The Constitution
  – Labour Relations
  – Conflict Resolution
  – Professionalism etc
- Inner Duties – Gate duties
  – Section duties etc
- Other Guard Duties – Post duties
  – Escort duties
  – Team duties
- Administrative duties
- Multi disciplinary duties
- Preparedness – Self defence
  – First aid

(b) For a six-month period

(2) Yes

Sentenced prisoners: total average daily cost

167 Mr L J SWANEPOEL asked the Minister of Correctional Services †

(a) What (i) was the total average daily cost with regard to the incarceration of a sentenced prisoner in the past financial year and (ii) is it estimated will such cost be in the next financial year and (b) what portions of the said amounts will be or is estimated to be (i) capital and (ii) current expenses? C180E

The MINISTER OF CORRECTIONAL SERVICES

(a) (i) R65 50 for the 1996/97 financial year

(ii) R71,87 for the 1997/98 financial year

(b) (i) For the 1996/97 financial year the actual capital cost was R1,97
For the 1997/98 financial year the estimated capital cost is R1,84

(ii) For the 1996/97 financial year the actual current cost was R63,53
For the 1997/98 financial year the estimated current cost is R70,03

HIV positive prisoners' anti-viral medicine

173 Mr J SELFE asked the Minister of Correctional Services (92)

With reference to the Cape Town High court ruling in April 1997 that prison authorities are legally obliged to treat HIV positive prisoners with anti-viral medicine when prescribed, (a) how many prisoners (i) in total and (ii) in each of the provinces are currently receiving treatment as a result of that ruling, (b) what medicines are being supplied, (c) what is the monthly cost (i) in total and (ii) to each of the provinces of providing such treatment and (d) who is supplying these medicines? C186E

(a) (i) Two (2)
(ii) Western Cape Province only

(b) *Retrovir* 100mg capsules
Videx 100 mg tablets

(c) (i) R1 330 for the combination therapy
(ii) R1 330 for the Western Cape Province only

(d) The Department of Correctional Services is responsible for the expenses mentioned in paragraph (c)(i)

Awaiting-trial/convicted prisoners: escapes

175 Mr J SELFE asked the Minister of Correctional Services

(a)How many (i) awaiting-trial and (ii) convicted prisoners escaped in 1996 and (b) how many of these prisoners have been recaptured? C188E

The MINISTER OF CORRECTIONAL SERVICES

(a) (i) 206

(ii) 1 139

(b) During the period 1 January 1996 to 31 December 1996, a total of 568 prisoners were re-arrested and admitted to prisons after they had escaped It should be pointed out that such arrests do not necessarily represent only prisoners who escaped during the aforementioned period but may also include prisoners who escaped before the said period This figure does not include those escapees who were arrested and detained in police cells without the Department's knowledge

meeting taken into account, and how are these things co-ordinated?

According to reports, the Cabinet could not discuss the Defence Review last week, because there were only 13 Ministers in the country The Deputy President was on a working vacation in Zanzibar and the President himself was at a soccer match According to reports, the contractual implications thereof [Time expired]

Mr D H M GIBSON Chairperson, in the earlier interpellation an hon member from the ANC referred glowingly to the Minister of Water Affairs and Forestry and to the fact that he had visited every rural area in South Africa The difference between him and some of his Cabinet colleagues is that they have not had time to visit the rural areas in South Africa because they have visited every other country in the world since coming to power [Interjections]

Nobody can deny that with our country's increasing international commitments, and with the globilisation of the economy, it is entirely appropriate that members of the Government should travel overseas This can certainly be in the interests of our country and our economy and can have an impact on our domestic policies and priorities It is often entirely appropriate that this should happen

But we are concerned about the determination of priorities We would like to be satisfied that the Cabinet has really weighed up the need for visits abroad against the needs and interests of being here in South Africa, hands on the pump, and actually doing the job for which these hon people were elected to Government

Some foreign visits are essential and some are optional We are not convinced that a proper balancing and weighing up of the essential needs of both takes place If job creation, economic growth in particular, is our national priority, when it comes to optional overseas visits these must take second place to our national priority of economic growth If they advance us towards that end, and do so substantially, then fine If they do not, then somebody else should be sent, or the invitation should be declined

In the hard world of the global economy, what counts is whether one actually delivers in job creation, in housing, in education and in the fight against crime [Time expired]

The DEPUTY PRESIDENT Chairperson, the Government is satisfied that the visits that Ministers and Deputy Ministers pay to other countries in the world are proper and that their purpose is to advance the interests of this country As I have explained, before the Ministers and Deputy Ministers leave the country, they have to write to the President or the Deputy President explaining where they are going and why they are going there They can then get specific, written and signed permission to travel

I am saying that we are satisfied that the travels that Ministers undertake serve the interests of the country The information that 12 Ministers were out of the country last week is incorrect [Interjections] That is not true Some of the Ministers who were out of the country were attending, as I am sure the House knows, an important business conference in Edinburgh which was attended by 500 business people from around the UK and Europe A number of economic Ministers were at that meeting, and we believe it was important that our Ministers should have been there

Even now, if one looks at some of the Ministers who are not here, one finds that the Deputy Minister of Environmental Affairs and Tourism is in Harare attending a Cites conference, which as we know is discussing important questions about elephants and other matters [Laughter] The Minister of Finance is in Japan because, again, as the House knows, the Government is issuing a Samurai bond, and it was important that he be there The Minister of Trade and Industry has just left the Trade Ministers' meeting of SADC in Mauritius Hon members should remember that we are chairing SADC [Time expired]

Mr D K PADIACHEY Mr Chairman, the Deputy President has, on numerous occasions, spoken about the African Renaissance If he would listen, this interpellation would help him to see this dream come true The Ministers present here today are a good sight, because we missed them last week and this has cost the country a fortune We can compare the Government to a company In a proper company the shareholders' interests are looked after, and the directors have to see that this is done The Deputy

President has set guidelines [Interjections]

The DEPUTY CHAIRPERSON OF COMMITTEES Order!

Mr D K PADIACHEY These guidelines have to be adhered to If they are adhered to, one will find that things will run smoothly, and this country, which is like a company, will show a profit in the end The shareholders out there, those people who have put us here to see to their interests, will benefit, and that is what we must keep in mind at all times It is true that some of the Ministers who have come out of exile now want to revisit their homes [Interjections] This is sad, but I was happy to see that the Minister of Water Affairs and Forestry did not visit Scotland

HON MEMBERS Ireland!

Mr D K PADIACHEY Ireland, but he realises why I said Scotland! [Interjections]

The DEPUTY CHAIRPERSON OF COMMITTEES Order!

Mr D K PADIACHEY The Deputy President should set a quota of how many Ministers may leave the country at any given time We cannot say that there is no need for a quota The Cabinet needs to meet on a Wednesday They need to take decisions

Mr P W COETZER Mr Chairman, if the information that I have that 12 Ministers were abroad is incorrect, then the Deputy President must please tell his colleagues to supply the correct information

The other question that has not been answered is the question of co-ordination The fact of the matter is that a meeting of the Cabinet could not take place last week Important decisions on defence could not be taken, because the Deputy President was overseas and the President was at a soccer match The cost to the country was somewhere between R40 million and R60 million This is a record that qualifies for the Guinness Book of Records It must be the most expensive soccer ticket and visit to Zanzibar in history

According to the information that we could check, during 1995, 10 ANC Ministers spent on average 28 days of the year abroad, and here I deliberately excluded the Minister of Foreign Affairs who we accept has to be overseas more often They did so at an average cost of R6 800 per day

The DEPUTY PRESIDENT Mr Chairperson, the hon member did not ask a question about co-ordination I must repeat that we as a Government are convinced that the visits which Ministers pay abroad are indeed important in terms of advancing the interests of the country

The Cabinet meeting to which the hon member refers, took place as a meeting of Ministers There is a constitutional requirement that when Cabinet meets and takes decisions as Cabinet, the President or the Deputy President should be there Unfortunately, the President could not attend, but the Ministers who were there did meet as a meeting of Ministers The decisions that were taken there will be tabled at the next Cabinet meeting next week

One cannot set quotas In part, we need to recognise the fact that we are one country among many other countries We are one player among many other players in the world, and things such as international conferences get organised and we have to respond to them We cannot say that we cannot attend the United Nations' General Assembly because the quota is filled The Government will continue to implement the control measures which it has with regard to this matter I repeat that I am quite certain that the travels of the Ministers and Deputy Ministers have been in the interests of the country

Debate concluded

Programmes aimed at combating spread of tuberculosis (92)

3 Mr A ALLY asked the Minister of Health

Whether she or her Department is currently implementing any programmes aimed at combating the spread of tuberculosis, if not, why not, if so, (a) what programmes and (b) with what measure of success?

N1497E INT

The MINISTER OF HEALTH Chairperson and hon members, the Department of Health is currently implementing programmes aimed at combating the spread of tuberculosis TB is a

national priority, and it is estimated that 10 000 people died of it last year, and 160 000 people became infected and ill as a result of TB

TB is a curable disease, but drug treatment is lengthy and requires extraordinary commitment from both the service provider and the patient Incomplete treatment, with the patient discontinuing therapy, is a common problem in South Africa and results in a costly failure to cure patients and increases the threat of their developing multidrug-resistant TB

We spend about R0,5 billion per year on TB, and we are now redirecting these funds, in the first instance, to focus on curing infectious patients The programme we are introducing to combat TB is called Dots, which stands for directly observed treatment short-course, which relies on the patients being observed every day for the six months in which they take their treatment This is a widely accepted method which has not been practiced in South Africa before, but which is recommended by the World Health Organisation, and many countries which have had to deal with TB have found it very useful

Following an international review of our TB programme last year in June, we have taken the following steps to accelerate the implementation of Dots A TB operational centre produces weekly reports on the epidemic and on how it is being combated in the field To ensure optimal TB management, the department has approved the creation of a five-person TB task group, with a technical adviser for each province, which will work to ensure the successful implementation of the Dots strategy Thirteen demonstration and training districts have been identified around the country to implement Dots and to serve as capacity-building centres for other districts

Since 1996, more than 3 000 doctors and nurses have attended courses on the new Dots strategy, and a new national TB laboratory co-ordinator will strengthen the diagnostic services in the country [Time expired]

Mr A ALLY Mr Chairperson, I want to thank the hon the Minister for a very encouraging response to my interpellation However, there is something I would like to know from the Minister Although she has the Dots programme on the ground, does the Minister have the resources to reach out to the people to whom it matters most, because to draw on a curative programme is one thing, but what I want to know is what it costs to cure a TB patient in contrast to what a programme of TB education costs I believe that the Dots programme that she has focuses more on the curative side than anything else

I would strongly urge the hon the Minister to go in for a very hard and fast education programme reaching out to people on the ground, starting in the schools School children should be taught about healthy, hygienic living When one goes to the rural areas, one can see the stark reality of poverty and areas where squalor rules supreme, and we know that TB is spread by unhygienic conditions

I would like to ask the hon the Minister if she is aware that thousands of children have developed serious forms of TB countrywide over the past 20 years, in spite of being vaccinated against it, because of an ineffective vaccine applicator It has been found that Japanese-made vaccine applicators with nine needles, used to immunise infants against TB, meningitis and other infectious forms of TB over the past two decades, have failed to vaccinate successfully

Infants were not given sufficient amounts of the vaccine, leaving them unprotected This is particularly problematic in the Western Cape which has the highest incidence of TB in our country, and one of the highest in the world I want to know whether the Minister has taken steps to rectify this position

It is often the case that those who undergo the TB treatment programme do not see it through to its conclusion It has been found, and statistics have shown, that those who have undergone the programme do not complete the treatment, which lasts for about six to eight months There are various reasons for this, ie people who move from one area to another, such as migrant labourers

I want to know whether the Minister has researchers and workers on the ground who are keeping track of TB sufferers who are on the programme I believe the Minister should look into this It is all very well to have a programme on the ground, but whether it is reaching the people in the

rural areas, the very people who are affected, is another matter I believe that education is most important and, as the adage goes, prevention is better than cure What we are looking at [Time expired]

*Mr P W GROBBELAAR Mr Chairperson, it is very important to me to participate in this interpellation this afternoon Tuberculosis is a ticking time bomb which we have at the moment, especially here in the Western Cape

We know that last year up to 1 000 casualties were caused by tuberculosis The Western Cape, and specifically Cape Town, is the world capital of tuberculosis The incidence of tuberculosis here is 10 times the world average, that is to say, 1 000% more than the world average Is this the place where the Olympic Games should be held and to which we should attract people – the tuberculosis capital of the world? It is extremely important that we do something about this matter

As I have already mentioned, just last year tuberculosis caused 1 000 casualties in the Western Cape alone Now it is becoming clear that 25% of the tuberculosis casualties are also Aids-related Tuberculosis is a disease which has to be reported, but Aids is a disease which does not have to be reported Therefore, the Minister will have to investigate this matter in a serious and urgent manner and take preventative action against tuberculosis and, by so doing, also tackle Aids This is a matter which we cannot postpone any longer

As I have already said at the beginning of my speech, this is a ticking time bomb with which we are saddled, especially in the Western Cape When hon members look at the figures, they will see that the Eastern Cape is not far behind the Western Cape

The casualties which tuberculosis causes and the costs involved can be prevented because we know that the problem in the treatment of tuberculosis is that the patients do not take their medication [Time expired]

The MINISTER OF HEALTH Mr Chairperson, first of all I just want to say to the member that TB is not spread in the same way as Aids, but rather relies for its spread on the living conditions and the nutritional condition of the person The conditions which encourage the spread of TB are poverty, squalor, overcrowding, poor lighting in housing and poor nutrition Therefore, the Ministry of Health alone cannot eradicate TB

In many countries, TB began to decline, even before treatment became available, just through the improvement in living conditions and nutrition One can educate people until one is blue in the face, but if they are not fed and given proper shelter, and live in conditions of squalor, one will not counteract TB

Having said that, yes, Dots has been devised precisely to address the problem which the hon member raised, that of people who do not finish treatment and who then increase the reservoir of TB sufferers in the population

The health services' programme, as it was two decades ago, as the hon member says, meant that the patient was admitted to the TB hospital for two months, was thereafter sent home, and then just stopped treatment When patients start treatment for TB, within two weeks they will feel better, and therefore there is no incentive for the patients to continue with the treatment, but they are not cured So it is important that patients are observed and that they take their treatment until they finish it, and that is precisely what we are trying to do [Time expired]

Mr H K SINGH Mr Chairman, for fear of creating another uproar in the House, although I am sorely tempted I am going to restrain the impulse to state that I speak on behalf of all the TB patients in South Africa

TB kills at least one South African every 40 minutes In 1994 it was estimated that 13 000 lives were claimed by TB According to current statistics, we find that a minimum of 10 000 lives are lost through TB in our country, and just in passing it might interest us to know that the figures for the southwestern Cape soar above the national average and are, in fact, among the worst in the world

I am aware that the World Health Organisation has defined TB as a global problem, requiring global attention, and that it has put its full weight behind the directly observed short-course treatment, called Dots for short The problem that

arises is that we need strong political commitment to enforce such a concept, such a programme, but we find that for various reasons we do not have the machinery to ensure that we can provide the drugs and monitoring that are necessary for these patients We do have a revitalised tuberculosis control programme in the country [Time expired]

Mr A ALLY Mr Chairman, I would like to thank the hon the Minister for a very positive response to my interpellation, but what I believe is that the causes of TB are many and varied, and one of them that the Minister has mentioned is overcrowding, and I would like to suggest to the Minister that, in getting a very strong commitment from Government, there should be an interaction between the Minister of Housing, the Minister of Education and the Minister for Welfare and Population Development

I know that there is now a hue and cry throughout the country that the reduction of the maintenance for children to R75 will further affect the poverty of the people of our country I think that because the Western Cape has the highest average, which some people estimate to be 559 per 100 000 of the population and with our bid for the Olympics for the year 2004, it is imperative that we do something I am very happy to read, in the document the Minister handed to us, that the Government is on the offensive, but I think time is against us There are many factors that are tying our hands We have a high incidence of HIV [Interjections] [Time expired]

The MINISTER OF HEALTH The hon member has just referred to the R75 per child that is being proposed May I remind the hon member that African children get zero rands, so R75 will be a very great improvement It certainly will improve their access to food and their nutritional status, and that should be a point scored against TB, not for increasing TB in the country

Secondly, this country is spending R500 million on TB, but because it had not adopted the correct strategy and programmes, we have little to show for that R500 million that we have been spending With the programme that we are embarking upon, we will manage to contain TB

However, let me warn hon members that there is no magic One has to improve the socio-economic conditions of the people in order to deal with TB One has to have both Dots and drugs in order to contain TB The sooner national consensus is reached on feeding, housing, education and health, the sooner we will be able to deal with TB

Debate concluded (266A) (266B)

Bushbuckridge border dispute referred to Parliament/parliamentary committee

4 Mrs P DE LILLE asked the Minister for Provincial Affairs and Constitutional Development

Whether he intends referring the issue of the Bushbuckridge border dispute to Parliament or a parliamentary committee for consideration as a matter of national concern, if not, why not, if so, what are the relevant details?

N1490E INT

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT Mr Chairperson, I would like to thank the hon De Lille for raising what is an important matter of public concern

Border issues tend to be very emotional issues, no matter whether they concern international, provincial, municipal, magisterial or even school area boundaries It is therefore not difficult to activate such issues in order to promote particular political, commercial, personal or other interests Nations have been taken to war on artificially activated border disputes These are some of the reasons that our own provincial boundary disputes are so difficult to resolve and that, in spite of the most delicate approaches, there are from time to time flare-ups in and around affected areas As far as this issue is concerned, I am currently in discussion with the Chairperson of the National Council of Provinces about the possibility of this matter being referred to the National Council of Provinces for its attention

However, may I say that the South African Constitution very fundamentally declares South Africa to be a united country It creates a single South African economy and national economic policy As far as economic policy is concerned, that is purely a national competence The reason for this is to ensure equity across the country Revenue, in

the form of all of the main taxes, personal income tax, company tax and sales tax, is collected by central Government and then it is ensured, through the mechanism of the Financial and Fiscal Commission, that the per capita expenditure on all South Africans, regardless of the province in which a person may live, is the same This is to ensure that a person living in a province with a smaller GDP is not prejudiced as a result of that fact alone Therefore, regardless of which side of a provincial boundary one lives on, the national expenditure on the individual remains the same

A thread running through the entire Constitution is the concept of nation-building It promotes the idea of a South African identity, a South Africanism and a new South African nation over and above any other identity, be it linguistic or cultural, that people may have It certainly requires that a provincial identity should be secondary to the national South African identity

In dealing with border disputes, it may be wise to remind the House that the interim Constitution, which was repealed a few months ago, left a number of border areas [Time expired]

Mrs P DE LILLE Mr Chairperson, I want to welcome the talks between the Minister and the border dispute committee, although it is a bit late – six weeks after the violence erupted in the province If the dispute had been addressed earlier, violence would have been avoided Therefore, it is wrong to blame the violence for the border situation in Bushbuckridge We should rather blame the way in which the situation was addressed at the outset

I just want to put the problem in context In 1994, according to the interim Constitution, provision was made for a referendum In addition, an undertaking was given by the Government that this provision would be put into effect Taking advantage of this provision, the people of Bushbuckridge established a referendum-facilitating committee which collected over 500 signatures Thereafter these signatures, in the form of a petition, were delivered to Parliament

So it cannot be said that the people of Bushbuckridge did not try the constitutional option The promised constitutional amendment raised expectations for the people of Bushbuckridge Instead, the response they got from the ANC was that it was too expensive to hold a referendum and also that the provincial governments rejected a referendum What happened thereafter was the formation of the Bushbuckridge border committee to further attempt to find a solution for a peaceful settlement

Violence has not really been part of the approach of the people of Bushbuckridge After the refusal to recognise the border committee the uprisings started The department refused to deal with this committee and referred the matter to the ANC National Working Committee, further increasing the frustration of the campaigners in that area A constitutional matter was then based on an ANC decision and there was no separation between Government and ANC This is unacceptable, and we also regret the loss of life in the area

I want to agree with the Minister that our approach should be one of "one nation, one country" and "South Africa comes first and then loyalty to provinces" At the World Trade Centre the PAC warned against hard borders We did not support the creation of many provinces We now have economic migration from the poor to the rich provinces and this dispute is fuelled by nondelivery in the Northern Province

A further problem was created when the provincial government said that a referendum was not necessary and that Parliament, through constitutional amendment, could deal with the problem The issue of Bushbuckridge was then linked to Groblersdal which is another grey area, and therefore the two-thirds majority was not achieved by the portfolio committee Groblersdal is still controlled by a CP council and local government elections have never been held there This is unacceptable The African people's right to have a council elected by democratic vote has been violated in this instance We must separate the Bushbuckridge dispute from the Groblersdal dispute, and both problems need to be addressed through constitutional means

I would also like the Minister to investigate the role of four MECs in the Mpumalanga provincial government in this whole problem All four MECs come from Bushbuckridge and therefore had a direct interest in the dispute In preparation for the

Baqwa extols the lessons of Sarafina

BD 5/6/97 (92)

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 criticised 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

Sarafina 2 debacle 'was 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 R14-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 scant 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

Star 5/6/97 (92)

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 Sive 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 Avan 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 Sher, 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

(92) Star 5/6/97

By Jovial Rantao
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

AIDS may reverse subsidy pattern

BD 12/6/97 (92)

AIDS will have a significant effect on — and could eventually reverse — the cross-subsidy pattern inherent in contribution structures of medical schemes, says Janina Slawski, senior manager of Southern Life's risk management consultancy.

This is because few scheme members in their 40s or older will be HIV/AIDS-infected, and the high-infection and major claimants group is likely to be in the 24 to 44 age bracket.

"While the higher health-care costs of older employees have traditionally been subsidised by younger, lower-claiming scheme members, there will now be a move towards older scheme members subsidising the rising AIDS claims of younger members.

"This will increase scrutiny by scheme members of the contributions they are asked to pay in return for their benefits. Discussions around equity are also likely to come to the fore," she says.

While many medaids have been placing limits on benefits payable for AIDS, this is not helping to contain the epidemic.

If all AIDS-related claims could be identified and capped, then cost increases could be contained — despite the impact of AIDS.

However, identification of claims is not easy, particularly as most claimants who are HIV positive do not know it

Placing a cap on AIDS-related claims forces members — and encourages their service providers — to hide the fact that a claim is AIDS-related in order to avoid limits on their claims

This secrecy also means they will not get the best medical care or appropriate preventative care and emotional support

Slawski says the effect of AIDS is likely to initiate a move to managed health-care principles as against traditional medaid schemes, if identification and control is to be enhanced.

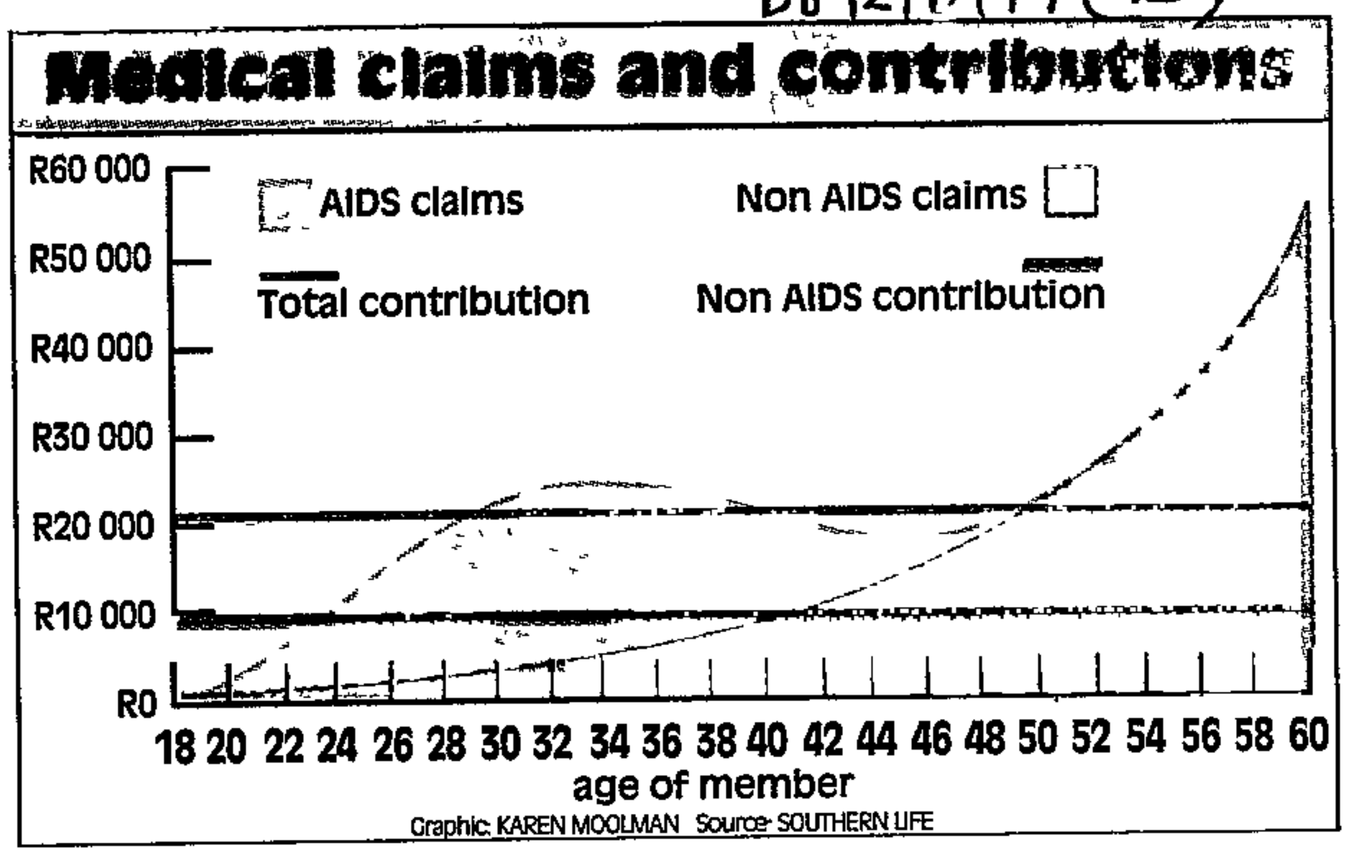
"This will require that scheme members first of all be identified, and then be assured of confidentiality if they are willing to come forward and receive appropriate care"

Meanwhile, the effect of AIDS will mean fewer employees will reach retirement age, with the appropriate need of support for their medical costs in retirement

Although this alone might cause a decrease in the funding requirement for existing members, any reductions would have to be offset by corresponding increases in the number of dependants of members requiring support for their medical costs

"While the overall effect of AIDS remains to be quantified, it could conceivably lead to a reduction in the liability that companies would have to bring through their financial statement in respect of pensioner medical costs.

"However, any such reduction would have to be considered against the rising costs of providing benefits to members prior to their retirement," says Slawski



Law body seeks views on HIV testing for jobs

Kathryn Strachan (92) 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

(92) M+G 13-19/6/97

South African Aids patients who took part in drug trials have been dumped by the company that used them. Ruaridh Nicoll and Mungo Soggot report

MORE than 150 Aids patients in South Africa were encouraged into a drug-testing programme run by the Swiss pharmaceuticals giant Roche after Johannesburg Aids experts falsely claimed they would be given free drugs for life

The 80-week programme, run in collaboration with Wits University and Johannesburg Hospital, dramatically halted the deterioration in the patients' conditions But the patients discovered the treatment was to end — in February this year — as Roche prepared to register the drug for market

The price of the drug — about R1 800 a month — is way beyond the reach of most South African Aids and HIV patients, as well as state health resources

Roche said this week its contract with the 160 South Africans, part of a global group of 3 500 human "guinea pigs", had stipulated the treatment would end when the drug, Saquinavir, became available on the open market — an agreement it employs worldwide

But the deputy chairman of Wits's ethics committee, John Kalk, said there had been a "verbal agreement" with Roche that the patients' treatment would continue until it was no longer useful

Roche dismissed such talk "I don't accept that there was such an agreement," says Roche South African representative Dr Mike Brown

"What is important is what is in the contract The patients want an indefinite supply of free drugs We are not of a mind to do it "

The company has now agreed to continue treating the patients for free until the end of the year, and was discussing the issue with the university this week

'Companies from abroad come to this country to circumvent ethics'

But, Brown added, "Our responsibility is to discover new drugs and not to sponsor health care . in most other countries the state pays for Aids drugs "

The Roche programme has raised fresh ethical concerns about the guinea-pig trials undertaken by multinational pharmaceutical groups in developing countries Many local doctors say patients are often unable to understand the terms of the contracts they are signing, but are desperate to try the treatment

And, according to United States Aids information group Project Inform, the treatment of Aids patients could be adversely affected by taking them off such a drug regime Patients can easily develop a resistance to drugs like Saquinavir if they keep changing their dosages, making treatment with the drugs less effective at a later stage

"Companies from abroad come to this country to circumvent ethics," Wits ethics committee head Professor Peter Cleaton-Jones told the *Mail & Guardian*'s sister newspaper, *The Observer*, in London

Vincent Hlongwane, representative for Health Minister Nkosazana Zuma, dubbed as "grossly inhuman" the practice of using and then dumping guinea-pig patients

Other groups were more philosophical Mark Decker, a representative of Friends for Life, which counsels some of the patients, said that "somewhere along the line someone erred and did not follow the correct procedure

"The blame is being put on a verbal agreement. Patients who were promised free drugs are now losing out."

He said patients should read the small print before signing up, and ensure every agreement is put in writing

Dr David Spencer, the head of the Johannesburg Hospital's infectious diseases clinic, which ran the drug trial, could not be reached for comment

North West takes lead with HIV-positive people

(92) Sowetan 13/6/97

By Mokgadi Pela

NORTH West has taken the lead among the provinces as far as the number HIV-infected people are concerned, the latest national surveys have shown

A study of HIV prevalence estimates between 1991 and 1996 show that the North West has a 25 percent infection rate The results follow research by the department of health conducted among women attending antenatal clinics

According to the department, the trend in the annual HIV prevalence rates determined in the pregnant population is a good indicator of the progress of the epidemic in the general South African population

The department has expressed great concern at the status of the epidemic in North West

In his reaction, Aids expert Professor Ruben Sher said the spread could be attributable to migratory patterns

"A good transportation infrastructure is allowing people to visit their homes more frequently, thereby increasing the chances of transmitting the virus to their partners," Sher said

He said the increase showed that South Africa was facing a biological holocaust

"How we are going to manage the disease is cause for concern for all of us It's ironical that we have Business Against Crime, yet we don't have Business Against Aids, which is after all, killing more people than crime"

According to the survey, the level of HIV infection in other provinces is as follows

- Kwa-Zulu-Natal – 19,90 percent,
- Free State – 17,49 percent,
- Mpumalanga – 15,77 percent,
- Gauteng – 15,49 percent,
- Eastern Cape – 8,10 percent,
- Northern Province – 7,69 percent,
- Northern Cape – 6,47 percent, and
- Western Cape – 1,65 percent

The survey is based on a sample of 15 044 specimens screened nationally Researchers found that HIV has increased in all age groups, particularly in the 20 to 29-year-olds

It is estimated that 2,4 million South Africans are HIV-positive and over 500 acquire the virus daily

'Guinea pig' tests probed

Star 14/6/97 (92)

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 Sequinivir 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 1989.

Dr Mike Brown, medical director of Hoffman La Roche which makes Sequinvir, 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

TO PAGE 2

FROM PAGE 1

Star 14/6/97 (92)

Guinea pigs' probe

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 said 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 provision 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.

Welile Sbasha, 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 Strachan

BD 23/6/97

92

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 make sure 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 a patient for each day day 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 Prof Erik 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 of this has been that TB 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

(92) BD 23/6/97

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 which 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 was between 50% and 60% — not high enough to make an impact on the epidemic, Cameron said

CAPE TIMES
MONDAY, JUNE 23, 1997 ★

'HORRENDOUS' COMPUTER ERROR

Cape Aids figure twice as high as thought

(92)

CT 23/6/97

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 miscalculated — it is not 1,65% 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? Seven 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 8,3% (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 Winterveld 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"

Star 23/6/97 (92)

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 Frolich, 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

(92) Star 25/6/97

By Priscilla Singh
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 1995. (*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 Mbongeni Ngema's Committed Artists Theatre Company for R14,27-million Ngema 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 R14,2-million spent on the play was unauthorised expenditure.

Mozambique fights a new enemy – AIDS

985 000 adults infected with HIV

ARG 25/6/97

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 now 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 46,4 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.

Thus far, more than 985 000 Mozambican adults are estimated to have been infected with HIV

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 living with AIDS.

"The idea came up as a result of the requests made to the association 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

(92) Star 26/6/97

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 1996, 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 4 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

Star 30/6/97 (92)

Aids has changed the world for children and they now face a lifetime 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

Star 1/7/97

(92)

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 Medicine 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

Fawu bars expelled leader from presenting case

Reneé Grawitzky and Linda Ensor

CAPE TOWN — Food and Allied Workers' Union (Fawu) leaders this week ignored an arbitrator's declaratory order allowing expelled assistant general secretary Ernest Buthelezi to present his case to delegates at the union's national conference.

The five-day conference, which ends today, has been overshadowed by infighting relating to financial irregularities as well as conflict between supporters of general secretary Mandla Gxanyana and supporters of Buthelezi and former first vice-president Ernest Theron.

Despite allegations of undemocratic practice relating to the suspension and removal of three national office-bearers and other officials, Gxanyana and the majority of the current office bearers were re-elected yesterday

The Transvaal region tried to contest Gxanyana's re-election by nominating the region's regional secretary, Steve Moseke.

Buthelezi was dismissed earlier this year for allegedly abusing the union's accomodation policy An arbitrator ruled he had the right to state his case verbally or in writing to the conference before it decided whether to endorse the national executive committee's decision to dismiss him.

Buthelezi is understood to have been told by the union yesterday he was not allowed to present his case verbally or otherwise, as Fawu intended challenging the arbitrator's order in the Labour Court.

At the time of Buthelkezi's dismissal, the union's three national office bearers, including Theron, had been removed from office after they had unconstitutionally suspended Gxanyana.

Gxanyana said the issue of who was to be the union's general secretary had been decided by the union's structures. In terms of Fawu's constitution, disciplinary procedures were kept separate from the union's structures On this basis, Buthelezi had not been allowed to address the conference Gxanyana also said the union rejected the white paper on marine fisheries policy as it did not address aspirations.

BD 4/7/97

AIDS cure controversy researchers reprimanded

Kathryn Strachan

THE two University of Pretoria researchers who claimed they had discovered that the drug Virodene could be a cure for AIDS were yesterday found guilty of misconduct by a university disciplinary committee.

The researchers, cardiothoracic surgery department head Prof Dirk du Plessis and clinical assistant Dr Callie Landauer, were found guilty on the grounds that they proceeded with research on Virodene without the permission of the university's ethics committee. After giving its verdict, the disciplinary committee sternly reprimanded Du Plessis and Landauer.

They would both retain their positions at the university, said committee spokesman Mike Smuts.

The researchers had submitted further work into Virodene to the Medicines Control Council, council spokesman Prof Peter Folb said yesterday. The council was not able to give a preliminary finding.

(92) BD 4/7/97

Offer to Cobbett defended

BD 4/7/97

Linda Ensor

CAPE TOWN — The R400 000 a year salary package offered to former housing director-general Billy Cobbett to head up the Cape Town municipality's housing department was well in line with the salaries paid to municipal officials in similar positions, city manager Andrew Boraine said yesterday.

He noted that Cobbett had been employed on contract for five years, and that employees on contract normally earned more than those permanently employed.

when the city council borrowed money for housing

In this way he could save the city a lot of money

Boraine said that in any event, Cobbett's package was less than the R470 000 he was earning annually as director-general of housing

Cobbett added that the National Party (NP) had agreed to his employment and the salary he would get, so they should not be questioned by NP councillors. NP Councillor Deborah Mfiki had expressed disquiet over the package at a council meeting earlier

Telkom

Continued from Page 1

BD 4/7/97

review period, and the capex budget for the current year was R6bn.

The recent sale of a 30% stake of Telkom to US-based SBC and Telekom Malaysia would lead to a capital injection of R4,5bn in the current year — this was not incorporated into the 1996/97 results — so no major funding requirements were anticipated.

Tariff rebalancing, which has already seen sharp increases in local call costs and decreased international rates, would continue within Telkom's five-year exclusivity period

The utility would aim to connect a minimum of 256 000 lines in underserviced areas during the current year, bringing the total 1997/98 delivery target to 360 000. Moseneke said Telkom was on track to deliver a fully digital network by 2001/2002

Nor Hizam Hashim, the new chief financial officer appointed by Telekom Malaysia, said operating profit rose 46% to R4,4bn with an improvement in the operating margin to 27% from 23%.

The tax bill was almost three times higher at R1,17bn, from R421m previously Hashim said managing the tax bill would be a priority

Lower debt levels of R7,2bn (1996. R8,7bn) and the management of financing charges saw group financing charges decrease to R1,3bn The debt-equity ratio was reduced to 0,9 from 1,4, and Hashim said one of the biggest challenges would be to keep debt at an acceptable level in the face of the huge lines delivery programme.

Share earnings jumped to 50c from 31c and it was agreed with government at the time of the 30% equity stake sale that R400m in dividends would be retained by Telkom for the rollout programme

Telkom was still plagued by copper theft and network fraud which, once loss of income was taken into account, swallowed R775m

Moseneke said that new radio-based technologies were increasingly being deployed in the delivery of new lines to obviate copper theft, and in terms of the SBC/Telekom Malaysia bid documents more than 50% of new connections would be via radio-based technologies.

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Aids team 'glad air is cleared'

Star 4/7/97 (92)

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 reasons 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.

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Deadly leap into the sea

Cape Town

One-third of patients are HIV

(92) Sowetan 4/7/97

Stories by Mokgadi Pela

A GROWING number of patients at the Tambo Memorial Hospital in Boksburg (formerly Boksburg Benoni Hospital) are HIV-positive, *Sowetan* learnt in an interview this week.

Hospital superintendent Dr Peter Croucamp said about 30 percent of patients currently being cared for at the hospital were HIV-positive

"What is tragic is that the majority of people with the virus are in the most productive years of their lives between 20 and 40

"The situation here resembles the national picture where clinics and hospitals report growing figures of HIV-positive people," Croucamp said

Most of the patients, he said, developed serious complications such as tuberculosis, pneumonia and gastro-intestinal problems due to their compromised immune status

Croucamp said the hospital only treated people for the specific conditions that patents presented because it could not afford to offer people antiviral drugs known to reduce the onset of Aids

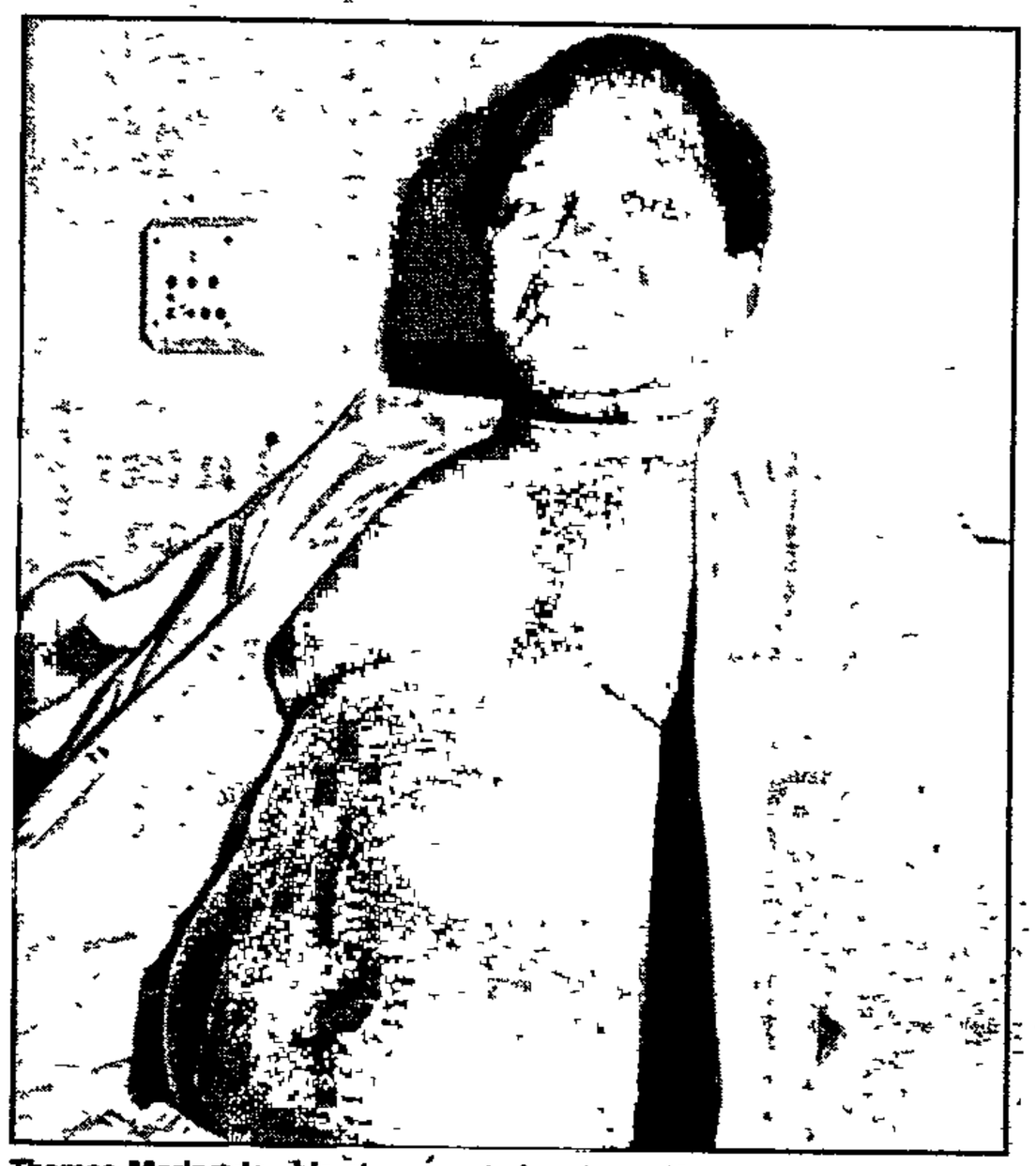
The latest Tambo Memorial Hospital figures come at a time when South Africa's HIV situation is getting out of control

According to the Ministry of Health, about 1 200 people acquire the HIV virus daily

Head of Aids Research at the Medical Research Council Professor Abdool Karim said "We have learnt that TB is one of the main ways in which HIV becomes apparent In the district of Hlabisa in rural KwaZulu-Natal, the TB rate has increased more than four-fold from 1991 to 1996

"Research conducted last year showed that 60 percent of TB patients in the area were HIV positive

"We are also seeing the effects of the Aids epidemic in the medical wards of many hospitals where patients are presenting Aids-related symptoms," Karim said



Thomas Maringula...his story created a storm. He was left untreated with his entrails exposed for over 10 hours at the Tambo Memorial Hospital.

Hospital apologises to neglected patient

TAMBO Memorial Hospital management has apologised to the patient who was left untreated for over 10 hours with his entrails exposed because there were no doctors

Hospital superintendent Dr Peter Croucamp said: "We wish to apologise to Mr Thomas Maringula and his family for the pain they endured

"I'm very concerned about incidents where patients suffer unnecessarily as a result of deficiency in the service."

Maringula's ordeal at the hospital came in the wake of allegations by the National Education, Health and Allied Workers Union that "patients visit Tambo Memorial Hospital after 4pm at their peril as doctors take leave" (including those supposedly on call)

His injuries followed a brutal attack three weeks ago by unknown people near East Rand Platinum Mine, where he is employed

Nehawu alleged that even those senior doctors on call either "refuse to attend to emergencies or, if contacted, rebuke whoever phones them"

Croucamp added that he was happy that Maringula had since been discharged from the hospital "We are, however, busy conducting an inquiry into how his case came about," he said

Meanwhile, chairman of the Gauteng Legislature health portfolio committee on the Maringula incident, Mr Mondli Gungubele, said in a statement released yesterday that investigations had been "successful and constructive"

Hospital crisis under spotlight

MEDICAL superintendent Peter Croucamp has held talks with health care unions to discuss the ongoing crisis threatening patients' lives at the Tambo Memorial Hospital

The meeting yesterday followed his complaints that the hospital services would suffer because of blatant absenteeism among workers, including nurses

He said the services would be affected by a lack of commitment and disciplinary bureaucracy that hampered the effective administration at the former Benoni-Boksburg Hospital on the East Rand.

The talks focused on absenteeism and on employees unofficially taking time off, particularly around month end when people disappeared to do shopping and settle their personal accounts

Valid reasons

Croucamp told *Sowetan* he had appealed to unions to play their part in ensuring that their members "respect their job contracts by not being absent without valid reasons We should at all times remember our duty towards patients in our care"

On the aspect of a disciplinary process, Croucamp said he was powerless to act against employees found guilty of theft or fraud by a criminal court.

"Instead, such convicted people are allowed to return to their positions while awaiting the department of health's verdict on the matters

Mothers who feed their babies in fear

HIV-positive women go to great lengths to keep secret of their disease from their families

(92)

Star 15/7/97

By Janine Simon
Medical Correspondent

When Aggie Dimakatso (31) took her baby home to Orange Farm, she used to blow out the candle and cover herself and the baby with a blanket to feed it

The reason? She was using a bottle, not her milk-laden breasts, and with a mother-in-law and husband urging her to "nyantsa ngwana" (breastfeed the baby) every time the infant gurgled, she had to be crafty

Aggie is HIV positive, but she hasn't told her family although she fears her husband might "tell the whole world" when he gets drunk.

She's part of a study group at the Chris Hani Baragwanath Hospital's HIV Perinatal Research Unit to cut down the chances of mothers transmitting the virus to their babies

Breast milk almost doubles the risk (from between 17 % to 25% to between 35% and 45%) of the virus passing from mother to child – even if the virus is contracted after the birth

Woman counselled on their HIV status are comfortable with choosing to bottlefeed, but health workers often humiliate them, says Dr Glenda Gray, co-director of the unit

Last week, rather than discussing the mother's choice in private, a hospital sister emptied a bottle of formula on the floor of the ward because "breast is best"

Families take pride in seeing an infant on the breast and mothers have to find a pretty good reason not to feed, says Glen Mabuza, who runs the Wola Nani support group for women with HIV.

Thandi Sibeko (23), to avoid breastfeeding, told her husband that one-month-old Siphiwe was "RH" positive.

Buyisile (31) from Emdini told her husband that doctors said she and the baby were not well, so she couldn't feed

Busi, a slightly built, gum-chewing 19-year-old told her husband's family the clinic had said her milk was too thin

They have circumvented the first problem, only to face another

Formula milk used to be available through the clinics at 20c a tin, but it has been withdrawn because of the highly politicised debate on whether companies create third-world dependency by encouraging bottle feeding in developing countries, Mabuza says

Mothers on the study now pay R5 for a week's supply of milk, and their loudest plea to the Aids Review team who visited the clinic last week was for subsidised milk.

These woman have come to terms with the fact that they are living with HIV, not dying of Aids. But if the truth leaks to their families, they risk being labelled "difebe" (sluts) and their children rejected.

DEBBIE YAZBEK

Bottle may be better ... the breast-is-best dictum may not be the most appropriate message at all times, but some health workers and families are not easily convinced.

Infant-feeding experts to thrash out policy

By Janine Simon

International health bodies and breast-feeding advocacy groups meet in Washington this week to thrash out a public health message on the issue of breast-feeding

It is arguable whether the health of those with HIV will be judged as important as those not infected, says Dr Glenda Gray of the HIV Perinatal Research Unit at Chris Hani Baragwanath Hospital

UNAids, the joint United Nations programme on HIV, says every women who is HIV-positive should be counselled about the risks and benefits of her choice on feeding her baby, Gray says

"But if you don't give her access to formula milk, it's like saying unsafe sex is a threat but we won't supply you with condoms The question is how to give women access to formula without jeopardising the breastfeeding population," she says

Few children are fed exclusively on the breast, according to Gray

At the moment there's a hardline "breast is best" policy, but authorities need to promote responsible breastfeeding, and the use of condoms while lactating, to prevent HIV infection from being transmitted, she said.

Bid to reduce HIV risk for newborns

(92)

Star 15/7/97

By Janine Simon

Visitors to the HIV Perinatal Research Unit at Chris Hani Baragwanath Hospital will find sufficient policy issues to keep them talking for a week, but the site was only one stop in last week's whistle-stop tour of Gauteng by the Department of Health Aids Review team

Bara looks over-resourced – it has doctors and nurses, lay volunteers and a support group, says unit co-director Dr Glenda Gray. But it is a piecemeal approach. Half of the women tested for HIV don't get post-test counselling

And the quality of care to patients with HIV is questionable because there are simply not proper guidelines for nurses and doctors to treat patients with confidence.

"Patients are treated like dirt," says Gray, recalling a mother who developed complications after delivery, and was ignored by doctors in the wards because she was HIV positive and "going to die anyway"

"What about the fact that she had a 10-day-old baby and would be mothering it for another two years?" Gray asks

The research unit is one of five African sites taking part in an international study on affordable ways to cut down on the risk of a mother transmitting the virus to her baby

The study gives AZT and 3TC for four weeks before delivery, during labour and a week after delivery

If this regime works, and interim results should be out by March 1998, it will be an affordable option for middle-income countries like South Africa, Gray says

The drugs, currently being sponsored, may then be made available to government tender, she adds

Lack of funds halts Aids plan

(92)

CAROL CAMPBELL
HEALTH WRITER

CT 21/7/97

AN AIDS and lifeskills 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 Nomkhita 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 Faried Abdullah, the province's chief director of health care, 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 Karin Webberz, 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

ET 23/7/97

Aids report warns of complacency

(92)

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 1,5 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 industrialised nations —Sapa-DPA

Red tape holds up Aids hospice

Star 24/7/97

Plan for centre to tend those afflicted with HIV gets bureaucratic runaround

(92)

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 looking for land to build new premises.

Sparrow Ministries also wants to get involved in an outreach programme for Aids sufferers and there was some friction Now the groups have agreed to go their separate ways and neither Sparrow Ministries nor 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 only this piece of land which is not being used

"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 geo-technical report shows that certain parts of the land cannot be used for building The property used to be a mine 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 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."

Aids plan to go ahead

CT 24/7/97 (92)

HEALTH WRITER

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 Robbie Francis, director of psychological services for the Western Cape Education Department, said yesterday the programme would continue as soon as the promised R1million 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.

NATIONAL AIDS REVIEW

FM 25/7/97 92

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

End of the line *Aids patients at Gauteng hospital, swamping resources as epidemic grows*

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

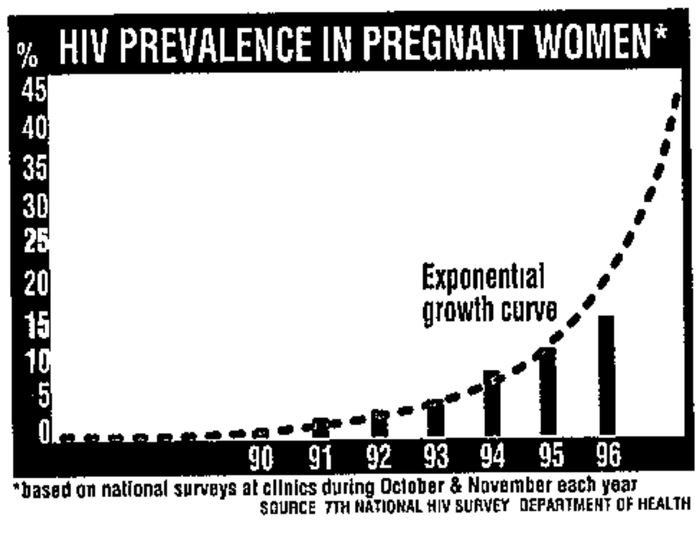
"There needs to be a strong commitment from government to develop its capacity so that it can expand into rural areas"

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 R3,5m 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



FM 25/7/97

study

(92)

Arnold Pronto

treatment and that few home care programmes exist

"Services will not cope in the future and people will have to be cared for in their homes, we have to start preparing for that," says Free State team leader Ntsiki Jolingana

This sentiment is echoed by Western Cape team member and USAid senior adviser Dr Alex Ross, who thinks an emergency funding package for Aids should be considered "Certain clinics are going to be overwhelmed Epidemics don't wait, if nothing is done, you will have a huge problem "

HIV infections are no longer doubling each year but are still increasing They rose 36% between 1995-1996, the Health Department's latest figures show (see graph)

The potentially devastating effect of HIV and Aids on TB control has prompted the Western Cape team to call for government to link the TB and Aids plans

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 Myslik says that by 2005 about 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 Myslik

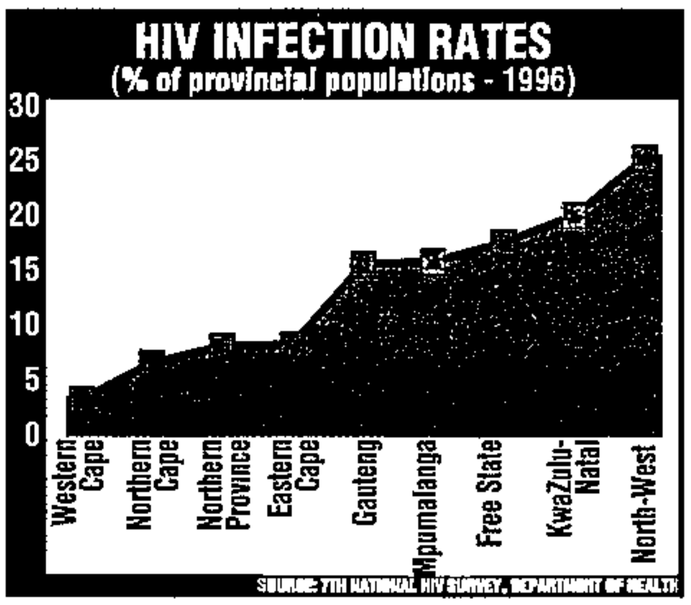
Various authors have estimated that Aids could reduce the annual economic growth rates of African countries by 0,5%-1,5%

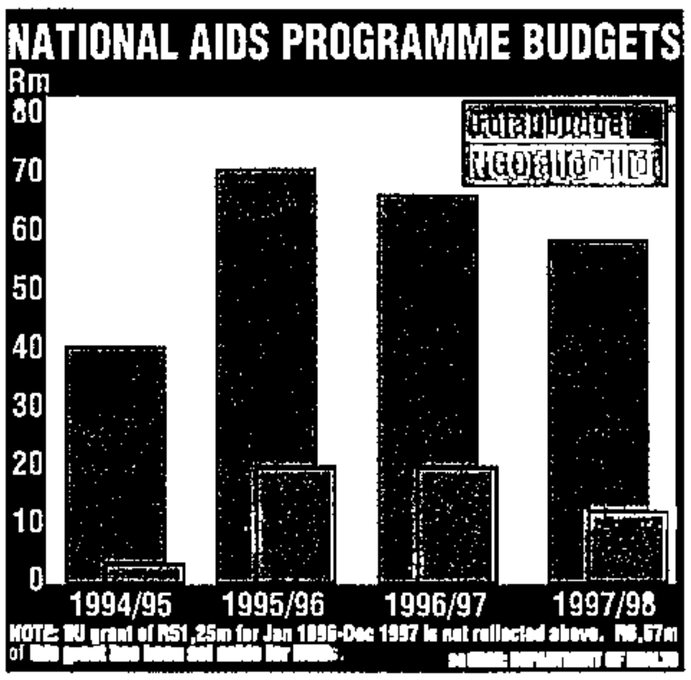
Myslik predicts SA companies will experience a loss of skilled labour and high labour turnover Aids could result in a 2% fall in productivity for many companies

"Depending on labour-intensity and benefits offered, companies could suffer Aids-related costs of up to 15% of profits "

Among the hardest hit are the mines Gold Fields CEO Alan Wright told the World Economic Forum earlier this year that health-care 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 softened 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 7 000 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 shunted 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 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 4m 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

Claire Bisseker

'Poverty and Aids go together'

Sowetan 29/9/97 (92)

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

(91) (92)

By Janine Simon
Medical Correspondent

The Aids epidemic has come out of hiding, bringing with it a major tuberculosis epidemic, says the Medical Research Council

Professor Abdool Karim, director of the MRC's centre for epidemiological research, says the Aids epidemic, for so long hidden because people were living with HIV, but were not ill, is now easily seen

In Hlabisa, a rural district in KwaZulu Natal three hours north of Durban, medical and paediatric admissions at the local hospital have skyrocketed as the clinical symptoms of HIV infection start appearing.

Surgical admissions have stayed static

At the same time the TB incidence in the district has increased 300%, from 312 in 1991 to 1 250 cases in 1996 – despite the fact that Hlabisa's TB control programme had a 90% cure rate, and the 205 000 people had extremely well-developed health systems

The number of adult TB patients who were also infected with HIV rose from 8,7% in 1991 to 70% in 1997, according to a briefing document the MRC prepared for the National STD-HIV Review team.

Karim said researchers could fingerprint each strain of TB and so trace the path of infection in the community They found most of the new cases in Hlabisa were unrelated to others circulating in the community

The executive summary of the findings of the national review was presented to Health Minister Dr Nkosazana Zuma

A two-day conference to discuss the findings is planned for August 7 and 8

Star 28/7/99

Francis Wilson, economics professor from the University of Cape Town, delivers his speech at Wits University yesterday on the role of a city university in Africa. He spoke ahead of the selection process for the Wits vice-chancellorship Picture CATHY PINNOCK

Wits 'needs to undergo triple transformation'

Vuyo Mvoko

BD 31/7/97

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 Kimberly and Johannesburg for the gold mining industry

Bid to test Virodene again

BD 31/7/97

PRETORIA — Three Pretoria researchers who claimed to have developed a new treatment for AIDS were considering resuming 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 P058, 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 Callie Landauer 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 secretly screen domestics for HIV

Medical and Dental Council to start taking action against medics who do not tell people what they are checking for, then give

BY JANINE SIMON
Medical Correspondent

Medical authorities are finally taking action against doctors who screen domestic workers for HIV/Aids without the patients' informed consent, or who breach confidentiality by releasing results to employers.

The South African Interim Medical and Dental Council said this week that two doctors are facing official inquiries for allegedly not following the council's directives on managing HIV/Aids patients.

Dates have not been set for the hearings and no names have been released, according to council spokesman Louise Emerton

This is the first time that doctors are to be held up to peer review for their behaviour concerning HIV and domestic workers, whose status makes them particularly vulnerable to discrimination.

The move comes after six months of lobbying by the Aids Law Project, which reported the two cases to the council in January, attorney Fatima Hassan said.

The ALP is currently handling 20 other cases involving domestic workers who were screened for HIV without their informed consent, or who had their test results revealed without their permission and have been refused employment, or dismissed as a result, she said.

In one of the cases, the employer was a medical practitioner

Hassan said employers and doctors involved in such cases may face civil claims for damages because, for example, taking a test without informed consent constituted assault.

Employers could also face charges under the Labour Relations Act, and doctors could face a disciplinary hearing.

"If the family doctor is to engage in this kind of illegal and unethical practice, how are we to educate the public?" she said

Emerton said that under no circumstances could they condone the actions of medical practitioners whereby informed consent of a patient for HIV screening was not obtained; pre- and post-test counselling was not properly conducted, and doctor-patient confidentiality was breached.

Doctors who did not adhere to directives were opening themselves to complaints about unethical conduct.

The council was also advising deans of medical faculties that these directives should be covered as part of the medical ethics curriculum, she said.

Emerton said the council had not dragged its feet on the matter and had acted as soon as the complaints had been received. "Procedures had to be followed"

Complaints normally took some time to process, and there was no delay.

The matter of a public statement had to be discussed at the executive committee of council, "and they don't meet all that frequently".

face censure (92) Star 31/7/97

the results to employers

HEALTH AND DISEASE — VENEREAL DISEASES

1997

AUG — DEC

Health warning in cigarette advertisements transgressions

*2 Mr W F MNISI asked the Minister for Safety and Security

Whether the South African Police Service is currently involved in investigations into several tobacco companies in connection with the transgression of regulations concerning the inclusion of health warnings in cigarette advertisements if not, what is the position in this regard, if so, (a) which companies are being investigated, (b) what are the details concerning the transgressions of the regulations and (c) what progress has so far been made with the investigations? C282E

The MINISTER OF SPORT AND RECREATION (for the Minister for Safety and Security)

No (a), (b) and (c) The South African Police Service has not yet received any complaints in this regard

Minister: visit to Russia and Ukraine

*3 Mr J SELFE asked the Minister of Defence

(1) Whether he visited Russia and the Ukraine in July 1995, if so,

(2) whether any specific benefits to South Africa were gained as a result of this visit if so, what specified benefits

(3) (a) what was the cost incurred in respect of this visit and (b) how was this cost made up? C283E

The DEPUTY MINISTER OF DEFENCE

(1) Yes, the Minister visited Russia and the Ukraine during the period 8 to 20 July 1995

(2) As he replied to a question from the hon member last year, the aim of his visit to Russia and the Ukraine was to investigate the potential co-operation in the field of defence and the arms industry between the three countries

It is therefore very difficult to quantify any specific benefits in terms of Rands and Cents

The real breakthrough has been on the diplomatic field where relations have been normalised after decades of non-co-operation because of the previous Government's policies

Breakthroughs on the diplomatic field include,

- a visit to South Africa in November 1995 of a planning delegation under Colonel General Soroko Michail to discuss force preparation requirements and to look at South African facilities,
- a visit to South Africa by the Deputy Prime Minister, Oleg Soskovets in November 1995, accompanied by some 50 members including the Deputy Minister of Defence and a group of ten Generals plus top executives from industry,
- the Russian Federation's participation in SAAF 75 which included the test flying of their aircraft by SAAF pilots,
- participation in Navy 75, and
- a planned visit by a delegation to discuss an aircraft training programme

(3) (a) The cost incurred in respect of the visit was R621 336

(b) The cost of the visit was made up as follows

(i) Direct flight costs – Boeing 707	R149 898
(ii) Airline ticket to Ukraine	R1 861
(iii) Subsistence allowances	
(aa) Ministry and SANDF hotel accommodation and meals in Moscow and St Petersburg for 25 people for 11 days days plus hire of cell – phones and official calls)	R336 886
(bb) Armscor (daily foreign allowance for 7 Armscor officials for 11 days)	R132 691
Total	R621 336

SA businessmen invited along paid for their own expenses overseas

I would like to add, for the hon member – of course, he would know this – that the subsistence is worked out according to Government Treasury regulations

Waters around Tristan da Cunha: illegal fishing operations

*4 Mr E K MOORCROFT asked the Minister of Defence

(1) Whether the South African Air Force has ever monitored or is regularly monitoring the waters around Tristan da Cunha for illegal fishing operations, if not, why not, if so, (a) how frequently does this monitoring take place and (b) what resources and equipment are available for such monitoring,

(2) whether the SAAF found any evidence of illegal fishing operations during the period 1 January 1996 to 15 February 1997, if so, what was the (a) nature and (b) extent of such illegal fishing operations,

(3) whether the SAAF has taken or intends taking any action in this regard, if not, what is the position in this regard, if so, what action? C284E

The DEPUTY MINISTER OF DEFENCE

(1) No The SA Air Force has never monitored the waters around Tristan da Cunha for illegal fishing operations because the area surrounding the island is under British control

(2) and (3) As a result of the SA Air Force not having conducted reconnaissance flights in the area, (2) and (3) fall away

I have a sneaking suspicion that the hon member may have been thinking of the Prince Edward Island group, which is in the Indian Ocean, and not Tristan da Cunha, which is in the Atlantic Ocean If that is the case, we would gladly respond to a question in that regard

Impact of Aids: studies (92)

*5 Mr W F MNISI asked the Minister of Health

(1) Whether her Department has conducted or commissioned any studies into the possible impact of Aids on the demand for social, health and welfare services over the next ten years, if so, (a) who conducted such studies and (b) what conclusions were arrived at during such studies,

(2) whether it has been found that the Republic has adequate capacity to meet such demand if not why not, if so, what are the relevant details? C285E

The DEPUTY MINISTER OF DEFENCE (for the Minister of Health)

Mr Chairperson, I am busy today I have to wear quite a few hats The Minister of Health asked me to appear here on her behalf, since she is in a Cabinet Committee meeting on science and technology, which she has to attend in terms of the agenda I therefore have the honour of replying to the hon member as follows

(1) No

The Department of Health has not conducted or commissioned such studies as yet

There was however a study conducted by Dr Leila Patel, now Director-General of Welfare, whilst she was at the Centre for Health Policy in the University of the Witwatersrand This is published as Paper No 40 from that institution and is entitled "The Social and economic impact of HIV/AIDS on individuals and families '

The key conclusion was that respondents drew on a wide range of social networks to address their needs They tended to turn initially to formal social networks (e g health services NGOs welfare services, social security programmes) for support rather than to informal support systems (e g friends and neighbours) This is unusual and is a function of the social stigma attached to HIV/AIDS

(2) No South Africa does not currently have adequate capacity to meet the demand for social health and welfare services

Blesbokspruit: pumping of dissolved metals/acids stopped

*6 Mr E K MOORCROFT asked the Minister of Water Affairs and Forestry

(1) Whether all pumping of dissolved metals and acids into the Blesbokspruit system has been stopped, if not, why not, if so,

(2) whether there are any indications that the water system is beginning to recover from the

Academic Health Services	(i) 1994/95 Budget R1 000	(ii) 1995/96 Budget R1 000	(iii) 1996/97 Budget R1 000
Groote Schuur	369,620	461 868	401,979
Tygerberg	353 578	423,331	378,455
Red Cross	82 401	107,248	92,132
Total	805,599	992,447	672,566

(c) Services have not been expanded Beds have had to be closed at Tygerberg and Groote Schuur Hospitals as expenditure projections exceed budget General in and outpatient services, as well as specialist services have been reduced as part of a structured reorganisation and redistribution exercise of the health services in the province, in an effort to contain the costs and implement the Primary Health Care policy Administrative services and engineering services have been reduced for the same reasons

Source Western Cape Provincial Health Department, February 1997

Student's fees charged/received

110 Mr M J ELLIS asked the Minister of Education

(1) What total amount was (a) charged in respect of students' fees, and (b) received in payment of these fees, by each specified university in the Republic in 1996,

(2) whether results were withheld from any students as a result of their failure to pay fees, if so, (a) in how many cases and (b) at which universities,

(3) whether the withholding of results resulted in the payment of fees in any cases, if so, (a) in how many cases, and (b) at which universities? N199E

The MINISTER OF EDUCATION

Students' Fees 1996

University	1A Rand	1B Rand	2 Students	3 Students
Cape Town	144,000 000	133 790 000	not available	not available
Durban Westville	58 861 606	47,572,589	4 370	2 900
Fort Hare	29 600 000	15,100 000	3 006	1 000
Medunsa	48 487,222	17 446,255	96	21
Natal	105 000 000	100 020 000	not available	not available
The North	149,218,270	126 138,236	not available	not available
Orange Free State	65 153,300	58,344,700	2 490	not available
Port Elizabeth	24,600,000	22,499 000	253	125
Potchefstroom	48,819 000	42,319,000	not available	not available
Pretoria	160 400,000	149,100,000	not available	not available
Rand Afrikaans	80 131,000	74,100 000	0	0
Rhodes	50,075,000	49 148 000	860	599
Unisa	210,722,531	208,952,945	1 911	920
Stellenbosch	84,791,127	78,421,792	4 096	2 093
Western Cape	77,111,307	48 [illegible] 3,617	7 862	1 608
Witwatersrand	114,484,463	102,651,133	3 074	1 690
Zululand	68,400 000	42,100,000	4 000	n/a
Vista	60 785 000	44,642 000	5 664	2 364
North West	24,773,994	23 935 166	3 094	2 300
Venda	28 824,292	21,217 690	3 394	2 619
Transkei	No information available due to closure			

Provincial hospitals' posts authorised/filled

111 Mr M J ELLIS asked the Minister of Health

(1) How many (a) doctors', (b) nursing (c) support staff and (d) administrative posts had been (i) authorised and (ii) filled at provincial hospitals in each of the provinces as at 31 December 1996,

(2) whether any posts have not been filled at any of these hospitals, if so, why in each case,

(3) whether the failure to fill such posts has resulted in the deterioration of health care services at these hospitals, if so, to what extent

(4) whether it is envisaged that the vacant posts will be filled in the near future, if not, what is the position in this regard, if so, when is it envisaged that such posts will be filled? N200E

The MINISTER OF HEALTH

In the interest of ensuring that she is supplied with the correct and complete information in this regard, the hon member is urged to table this question in the different Provincial Legislatures

AIDS budget

193 Ms M SMUTS asked the Minister of Health

(1) (a) What was the AIDS budget for the 1996-97 financial year and (b) what portion of this budget had been spent as at the latest specified date for which information is available,

(2) whether any delays and/or blockages occurred which held up the rate at which AIDS projects were implemented by her Department, if so, (a) what was the nature of the delays and/or blockages which occurred, (b) what impact did this have on the success of the AIDS prevention programme and (c) what steps have been taken to ensure that these delays or blockages do not recur? N334E

The MINISTER OF HEALTH

(1) (a) The budget for 1996/97 was R80 million (R40 million departmental funds and R40 million RDP funds) R52 715 578 was available from the European Union National HIV/ AIDS contract

(b) Expenditure as at 6/2/97 amounted to R61 470 051, which represents the total departmental allocation and half of the RDP allocation Approval to access the RDP allocation was only received in October 1996 and for this reason, expenditure will continue into the new financial year European Union funds spent amounted to R5 563 157 as at 6/2/97

(2) Yes,

(a) Staffing constraints at both the national and provincial level were the main constraining factor to implementation of the National AIDS Programme In addition, HIV/AIDS is still perceived by some sectors to be a health issue and therefore the responsibility of the Department of Health

(b) Some targets set in the operational plans were not met as these had assumed a stable and fairly large staff complement

Other objectives which relied on involvement by other sectors or departments were achieved only after protracted negotiations and consultation

(c) The staffing structure at national level has been finalised and permanent staff have been appointed, the last person will assume duty by May 1997 At the provincial level, most co-ordinators are now in permanent positions

Specialist work in key areas will be undertaken by consultants in terms of the RDP business plan It is anticipated that it will now be possible to meet the targets set for 1997/98

On the issue of involvement by other sectors, much inter-sectoral work is planned with accompanying advocacy to recruit support by the leadership and membership of other sectors This will generate an expanded response to the epidemic which involves a common vision of the Programme and joint ownership of its solution

Skilled artisans' access to formal education

222 Mr M F CASSIM asked the Minister of Labour

Whether the Government will consider taking any measures aimed at enabling skilled artisans lacking formal qualifications to obtain certificates or other forms of recognition on the basis of their performance in their work or their duration of service in order that such artisans will be able to gain access to formal education, if not, why not, if so, what measures? N363E

The MINISTER OF LABOUR

At present we are applying Section 28 of the Manpower Training Act of 1981 which allows us to test persons who have three to four years of trade experience and who apply for testing at COTT A large percentage of the applicants are from this category These candidates will either get a fail or a pass result We hope to be able in the near future to allow for the part certification of persons who have certain skills but not the complete competence, as will be negotiated with the main stakeholders

Presidential Pilot Programme

Province	*Reply*
Western Cape	(a) 10 Projects on Agricultural State Land initiated by the Provincial Department of Agriculture outside the Presidential Pilot Programme (b) Have already been implemented and with exception of two, construction work has already started Presidential pilot projects in this Province are under control of the Department of Land Affairs with participation by the Provincial Department of Agriculture
Northern Cape	(a) 11 Projects on Agricultural State Land initiated by the Provincial Department of Agriculture outside the Presidential Pilot Programme (b) Progress of each project is in different stages of development Presidential pilot projects are under control of the Department of Land Affairs with participation by the Provincial Department of Agriculture
North West Province	a) 3 (b) Presidential Pilot Projects are under control of the Department of Land Affairs with the participation by the Provincial Department of Agriculture
Free State	(a) 1 Botshabelo Presidential Pilot Project (b) Implemented by the Department of Land Affairs and farmers already been settled
Gauteng	(a) 2, Rust de Winter, Presidential Pilot Projects (b) Planned but not implemented due to water shortage
Northern Province	(a) 1 Gillemburg Presidential Project (b) Implemented by the Department of Land Affairs with participation by the Provincial Department of Agriculture is in an advanced stage
Mpumalanga	(a) None (b) Not applicable
Eastern Cape	No response from this province
KwaZulu-Natal	(a) 1 Estcourt Presidential Pilot Project (b) No farmers have been settled yet by the Department of Land Affairs

State hospitals: patients treated for AIDS/AIDS-related illnesses (92)

473 Mnr J W MAREE asked the Minister of Health

(1) (a)(i) How many patients are currently being treated in State hospitals for AIDS and AIDS-related illnesses, (ii) what percentage of all available State-owned hospital beds are currently taken up by these patients and (iii) what are the projected figures for the year 2006 in respect of the number of (aa) patients who will be treated for such illnesses and (bb) beds which will be taken up by such patients and (b) what is the current average daily cost of treating each AIDS patient,

(2) whether she or her Department is planning any alternative hospitalisation or care centres to cater for AIDS patients, if not, why not, if so, what alternative hospitalisation or care centres are being planned,

(3) whether her Department is currently subsidising private (a) clinics and/or (b) health centres caring for HIV infected patients, if so, what subsidies are being paid to such centres, if not,

(4) whether it is the intention to subsidise such centres, if not, why not, if so, what subsidies will be paid? N808E

The MINISTER OF HEALTH

The National Department of Health does not collect the statistics that will allow us to answer the question This question could be directed to individual Provinces

Pilots: fighter training

484 Mr J A MARAIS asked the Minister of Defence

(a) How many pilots are currently undergoing initial fighter training, (b) when will such pilots qualify as fighter pilots and (c) in respect of what date is this information furnished? N822E

The MINISTER OF DEFENCE

(a) Eight pilots are currently undergoing Impala Mk1 conversion at 8 Squadron, Bloemfontein, in preparation to start figher training Another eight pilots are busy with the Impala Operational Conversion Course at 85 Advanced Fighter School at Hoedspruit

(b) The eight pilots presently on the Impala Mk1 conversion will be operational by 1 January 1998 and should be operational on Cheetah or Mirage F1 aircraft by 1 June 2000 The eight pilots presently on the Impala Operation Training Course will be operational by 1 July 1997 and should be operational on Cheetah or Mirage F1 aircraft by 1 January 2000

(c) The information is correct as on 30 April 1997

Dept: advisers employed

490 Mr J H VAN DER MERWE asked the Minister of Trade and Industry

Whether, in respect of each adviser employed by his Department, he will furnish a schedule for the period 1 July 1994 to 1 March 1997, (a) indicating for each month, the number of business days on which such adviser was (i) present in and (ii) absent from the office in which he or she was based, (b) indicating for each business day whether or not such adviser was in the office in which he or she was based and (c) indicating for each business day on which such adviser was not in his or her office, (i) where he or she was, (ii) the reasons for his or her absence, (iii) whether such adviser was absent on official business or not, (iv) whether he or she had prior permission to be absent, (v) the cost of his or her absence and (vi) the steps that were taken in cases of unauthorised absence to (aa) discipline him or her and (bb) recover the appropriate amounts from his or her salary, if not, why not, if so, what are the relevant details in each case? N832E

The MINISTER OF TRADE AND INDUSTRY

(a) to (c) (iv) (bb) – The information is contained in the attached schedule

(aa) to (bb) – Not applicable because there was no cases of unauthorised absenteeism

I do not require that the detailed records you request be kept for such senior appointments Such appointments are not on a daily basis and they are not required to clock in and out This is a standard practice in the management of senior personnel

Both my Director-General and I have satisfied ourselves that the attendance and work record of my adviser is exemplary

Name Dr Z Z R Rustomjee

Month	Days Present	Days Absent	Absent and where about	Reasons	Official	Permission	Costs	Unauthorised Absents	Discipline	Amounts Recover	Details
July 94	21	0	0	–	–	–	–	–	–	–	–
August 94	23	0	0	–	–	–	–	–	–	–	–
September 94	22	0	0	–	–	–	–	–	–	–	–
October 94	20	0	0	–	–	–	–	–	–	–	–

(a) How many public works projects have been initiated by his Department since 27 April 1994 and (b) how many persons in total have been or are being employed in implementing these projects? N1071E

The MINISTER OF PUBLIC WORKS

(a) The current total number of projects stands at 1 106

(b) Various community dynamics make it impossible to capture total numbers of people employed in the program For example, as a general trend, communities tend to demand rotational employment in a project in order that a large number of the community members can benefit in terms of employment from one project Consequently if our monitoring captures total numbers of people employed in one project double counting is bound to occur giving unrealistic picture

To avoid double counting on the one hand and loss of valuable statistical variable on the other our monitoring captures the overall total of workers days which stands at 6,3 million at present

*52 Dr M S APPELGRYN – Foreign Affairs [Written Question No 695] [Question standing over]

*62 Mr K M ANDREW – Finance [Written Question No 794] [Question standing over]

New questions

Affirmative action instructions regarding implementation of policy

*1 Mr A J LEON asked the Minister of Justice

(1) Whether, in view of the ruling of Mr Justice J Swart in the Pretoria High Court on the affirmative action policy of his Department, he has issued any instructions regarding the implementation of that policy and the filling of the 30 senior posts referred to in the judgment if so, what are all the relevant details, if not, why not,

(2) whether he or his Department intends taking any action in this regard if not, why not if so, what action,

(3) (a) which of these 30 posts have already been filled and (b) what steps are being taken regarding the persons appointed to these posts,

(4) what was the total cost to date to his Department incurred in respect of this court case? N1759E

The MINISTER OF JUSTICE

(1) and (2) The ruling of the Pretoria High Court is presently on appeal to the Supreme Court of Appeal, Bloemfontein Instructions have been given that prescripts and law must be complied with in the filling of all posts, including the posts referred to in the judgment

In September 1996 already a new policy document on Affirmative Action was negotiated in the departmental Bargaining Chamber Based on the agreed policy, action plans are being developed It is hoped that agreement will be arrived at in the departmental chamber on the action plans

In the meanwhile posts have already been advertised and steps are being taken to fill the 30 posts referred to

(3) None of the 30 posts have as yet been filled, but they are expected to be filled shortly

(4) 350 000,00

Investigation into contract to distribute social pensions

*2 Mr A J LEON asked the Minister of Justice

Whether the investigation initiated in February 1996 by the Office for Serious Economic Offences into a certain person, whose name has been furnished to his Department for the purpose of his reply, in connection with the awarding of a contract to distribute social pensions, has been completed, if not, (a) what progress has so far been made and (b) when is it envisaged that the investigation will be completed, if so, what was the outcome? N1760E

The MINISTER OF JUSTICE

(a) and (b) The investigation has not been completed The Office for Serious Economic

Offences (OSEO) has indicated that its hope is that the investigation and report will be ready by the end of September 1997 The outcome cannot be anticipated or predicted

Sports teams: participation by previously disadvantaged groups

*3 Mr M J ELLIS asked the Minister of Sport and Recreation

(1) (a) What is his Department's policy in respect of the promotion of the participation by previously disadvantaged groups in sports teams and, (b) what is the status of this policy,

(2) whether he or his Department intends taking any action to regulate the selection of national teams, if not, what is the position in this regard, if so, (a) what action (b) when and (c) in respect of which sports teams? N1761E

The MINISTER OF SPORT AND RECREATION

(1) (a) Through its funding policy the Department prescribes that at least 60% of the annual grants allocated to National Federations be spent on development programmes that are aimed at redressing historical imbalances which will eventually lead to more representative national teams

(b) In line with this policy, the National Sports Council (NSC) recently announced affirmative action guidelines, in terms of which each National Federation is expected to develop its own policy on representativity with clearly defined time scales for implementation The response of the National Federations is awaited in due course

(2) No The Department takes the view that day to day matters are left to individual sports bodies within the agreed framework prescribed by the aforementioned guidelines

***Sarafina II*: anonymous donors**

*4 Mr M J ELLIS asked the Minister of Finance

Whether Chapter X of the Treasury Instructions has been amended to deal specifically with the question of anonymous donors in order to comply with recommendation 1 of the Public Protector's report on Sarafina II, if not, what is the position in this regard, if so, how has it been amended? N1762E

The MINISTER OF FINANCE

No

After consultation with the Auditor-General and the Public Protector Chapter X will be amended during September 1997 as follows

"X1 3 Identity of Donor

X1 3 1 "When a donor requests to stay anonymous, the accounting officer of the department concerned shall submit to the Treasury a certificate from both the Public Protector and the Auditor-General that the identity of the donor has been revealed to them, that they have no objection thereto and that they have taken note thereof (This provision shall in no way limit the Auditor-General or the Public Protector to supply this information to his/her staff and where in the public interest, he/she deems it necessary to report in relation to this,)"

X1 3 2 When a donor objects to the stipulations in X1 3 1 the donation shall be rejected "

Meetings between Ministers/Attorneys-General

*5 Mr D H M GIBSON asked the Minister of Justice

(1) Whether there is any formal arrangement prescribing meetings between himself and Attorneys-General in order to resolve matters of mutual interest if not on what basis do meetings take place,

(2) whether he intends introducing such an arrangement, if so what are the relevant details,

(3) how many such meetings took place during the period 1 July 1996 up to the latest specified date for which information is available? N1763E

closed and audited for these years and all correcting adjustments were made Table 2 provides the provisional figures for 1996/97 and 1997/98 for completeness Extra-ordinary capital receipts have been excluded from revenue figures, whereas expenditure is reported inclusive of extraordinary items[1]

Table 1 Deficit before borrowing, total actual expenditure and the deficit before borrowing as percentage of GDP for the financial years 1991/92 to 1995/96 (R million)

	1991/92	1992/93	1993/94	1994/95	1995/96
Deficit before borrowing	15 781 4	32 423 6	40 041,5	25 234,2	28 444 6
Total actual expenditure	93 781 0	115 393,3	136 902,2	137 623 9	154 525,5
Deficit before borrowing As a percentage of GDP	4,9%	9,3%	10,1%	5 7%	5,7%

Table 2 Deficit before borrowing, total budgeted expenditure and the deficit before borrowing as percentage of GDP for the financial years 1996/97 to 1997/98 (R million)

		1996/97	1997/98
Deficit before borrowing		30 261 8	24 770,8
Total actual expenditure		176 070 1	186 746,8
Deficit before borrowing As a percentage of GDP		5 4%	4 0%

Gini Coefficient applied to measure inequality

1154 Mr K M ANDREW asked the Executive Deputy President

Whether the Government applies the Gini Coefficient to measure inequality in South Africa, if not, why not, if so, (a) what is the Gini Coefficient (i) in respect of the South African population as a whole and (ii) within each racial group and (b) when were these figures calculated?

N1951E

The EXECUTIVE DEPUTY PRESIDENT

This question has come at a most appropriate time The requested Gini coefficients are presently in press, and they will be published in a CSS report called *Earning and spending in South Africa*, to be issued on 15 September, 1997

This report will give additional information, not only on average annual income of households by race and gender in each province, but also on income distribution and expenditure patterns in different income categories Comparisons between income and expenditure in 1990 and 1995, and also comparative Gini coefficients, are also drawn in the report

As part of the restructuring process of the CSS, a new Directorate of Analysis was established It has, for the first time, calculated Gini coefficients, not only for the country as a whole, but also for each population group These calculations and the report are based the income and expenditure survey (IES) of October 1995 During the course of the survey, a representative sample of 30 000 households was visited throughout the country In the past, information on income and expenditure was collected only from the 12 main urban areas of the country

If funding is available, this IES survey will be repeated nationwide every five years

QUESTIONS

†Indicates translated version

For written reply

326 Mr J W MAREE asked the Minister of Health

(1) (a)(i) How many patients are currently being treated in state hospitals for AIDS and Aids-related illnesses, (ii) what percentage of all available state-owned hospital beds are currently taken up by these patients and (iii) what are the projected figures for the year 2006 in respect of the number of (aa) patients who will be treated for such illnesses and (bb) beds which will be taken up by such patients and (b) what is the current average daily cost of treating each AIDS patient,

(2) whether she or her Department is planning any alternative hospitalisation or care centres to cater for AIDS patients, if not, why not, if so, what alternative hospitalisation or care centres are being planned,

(3) whether her Department is currently subsidising private (a) clinics and/or (b) health centres caring for HIV infected patients, if so what subsidies are being paid to such centres, if not,

(4) whether it is the intention to subsidise such centres, if not, why not, if so, what subsidies will be paid? N532E

The MINISTER OF HEALTH

The hon member is urged to direct this question to the Provincial MECs

Doctors with foreign qualifications in state hospitals

1030 Mr M J ELLIS asked the Minister of Health

(a) How many doctors with foreign qualifications are currently working in state hospitals in (i) urban and (ii) rural areas in South Africa, (b) what are the countries of origin of these doctors, (c) what proportion of the total number of doctors employed by the State does the number of foreign doctors constitute and (d) in respect of what date is this information furnished? N1741E

The MINISTER OF HEALTH

This question can be best answered by the Provincial Health Authorities I would therefore urge the hon member to table it in the different Provincial Legislatures

Ministry: expenditure iro public transport

1105 Dr B L GELDENHUYS asked the Minister of Foreign Affairs †

(1) (a) What did his Ministry's expenditure in respect of public transport amount to during the period 1 January to 31 July 1997 and (b)(i) for what purpose and (ii) by whom was the expenditure incurred in each case,

(2) whether he will make a statement on the matter? N1901E

The MINISTER OF FOREIGN AFFAIRS

(1)(a) Minister s office - R 351 736,00
Deputy Minister s office - R 161 348 00
Total expenditure R 513 084,00

(b)(i) Contained in the attached list
(ii) Contained in the attached list

(2) No

Ministry Public Transport

Period	*Official*	*Destination*	*Amount R*	*Purpose*
	Min Nzo	Cape Town	5 956	Parliamentary Duty
Jan	CP Farham	Cape Town	559	Parliamentary Duty
Feb	Min Nzo	CT/Kimb	2 020	Parliamentary Duty
	Min Nzo	NY	11 246	Accompany Pres Mandela
	XN Ngwevela	NY	11 246	Accompany Pres Mandela
	J Nieman	NY	11 246	Accompany Pres Mandela
	A Seisho	Cape Town	1 679	Parliamentary Duty
	XN Ngwevela	Cape Town	1 679	Parliamentary Duty
	Min Nzo	Cape Town	2 088	Parliamentary Duty

rity and Investigation Services Division and the Internal Communication Division in order to alert employees to crime and the activities of thieves and syndicates and to extract their co-operation in fighting crime within the South African Post Office

- The Security and Investigation Services Division is cultivating a series of partnerships with relevant role-players such as the South African Police Services, the banks, the international postal fraternity etc in order to reduce crime in the Post Office
- A searching policy is to be negotiated with the organized labour force of the South African Post Office with a view to instituting bodily and bag searches at the South African Post Office premises

Money/other assets smuggled out of former Zaire

*31 Mr C W EGLIN asked the Minister of Foreign Affairs

Whether the Government is undertaking an investigation to determine whether any money or other assets were smuggled out of the former Zaire prior to the take-over by forces of Laurent Kabila and the establishment of the Democratic Republic of Congo if not, why not if so, (a) who is conducting such investigation (b) what progress has been made to date in this regard and (c) when is it anticipated that the investigation will be completed? N2071E

The MINISTER OF FOREIGN AFFAIRS

Following a series of articles in the *Sunday Independent* alleging intelligence involvement in unauthorised or illegal actions with regard to former Zairean high military officials, an Investigative Task Team was been appointed by the Deputy Minister for Intelligence Services to fully investigate the issue

The Task Team will, among other issues, investigate whether any generals of the former Zairean defence force (FAZ) are currently in South Africa and if so, the particular circumstances surrounding their admission and subsequent stay in the country

It is therefore suggested that the report of the Investigative task team be awaited before this matter is discussed any further

Credit card format for driver's licences/retesting of drivers

*32 Mr K M ANDREW asked the Minister of Transport

(1) Whether his Department intends implementing a credit card format for driver's licences and/or the regular retesting of drivers, if so, (a) when, (b) what extra burden will be placed on testing facilities, (c) what is the estimated cost of implementing the new system and (d) what will be the cost to licence applicants,

(2) whether any plans have been drawn up with a view to preventing logjams when the new system is implemented, if so, what plans? N2073

The MINISTER OF TRANSPORT

(1) Yes Subsequent to the promulgation of the compulsory carrying of the driving licence, the Department of Transport has continually received requests for a more convenient format of driving licence instead of the identity document Furthermore, the different formats of driving licences and the large number of codes of licences issued in the RSA and former TBVC states and self-governing territories has made the issuing of a new format driving licence and rationalisation of licence codes a matter of urgency

Although the driving licences held by a person are valid for the lifetime of the holder (if not suspended or cancelled in terms of the Road Traffic Act, Act 29 of 1989 or withdrawn because the holder's medical condition has deteriorated beyond the minimum requirements for safely driving a motor vehicle), the document reflecting the licences has to be replaced a number of times during a lifetime The current intention is not to introduce a medical examination at the point of re-issue but to rely on a declaration of fitness by the applicant The introduction of an eye-sight test may be considered later, but the priority at present is not to overburden the licence-conversion process with new requirements

However, in order to ensure that the new credit card licence document does not deteriorate beyond an acceptable level and to ensure that

the photograph on the document continues to resemble the holder all ordinary drivers licences will have a validity period of 5 years and the holder will have to apply for re-issue of the licence card every 5 years In terms of the Road Traffic Act, 1989, a Professional Driving Permit (PrDP) will be valid for a period of 2 years and be re-issued to applicants who meet certain minimum requirements These requirements are currently being investigated by a working group of the Technical Committee on Road Traffic and Safety Legislation, in consultation with a wide range of industry stakeholders

(a) The production of driving licence cards will commence on 1 March 1998 and will be phased in over a period of 5 years in order to replace all existing South African driving licences More than 11 million cards will have to be produced in this period The PrDP will also be issued in this format

(b) The replacement of all existing driving licences and the re-issue of driving licence cards every 5 years, will of course require additional resources However, since these are administrative actions not requiring a test, they need not be carried out at a driving licence test centre Applications for replacement or re-issue may be processed at additional venues convenient to the public, such as vehicle registration and licensing authorities

Furthermore, all existing driving licence data will be transferred from the Population Register to the National Traffic Information System (NaTIS) NaTIS will automatically convert the old codes to the new codes Once all driving licence data are held on NaTIS it will be possible to speedily process all applications for driving licence cards on the NaTIS equipment installed at registering authorities

(c) Following an extensive tender adjudication process the State Tender Board has awarded the contract for the bureau service to supply and personalise the driving licence cards to FACE Technologies (Pty) Ltd The estimated contract value amounts to R264 million over a production period of 5 years However the total cost of the contract will be covered by the issuing fee for a driving licence card This will be paid by the motorist, in line with the user-pays principle

(d) Taking into account all the relevant scale of production factors, it is envisaged that the cost of issuing a driving licence to a member of the public will be R75,00 This fee includes the administrative costs of driving licence testing centres

(2) All persons with driving licences contained in identity documents will be required to apply for conversion to the new format within a year period starting from 1 March 1998

The obvious problems which could arise are as follows a certain percentage of drivers will apply immediately for the driving licence card as a result of its novelty value, while a larger percentage will delay application until the latest allowed time, resulting in a bottleneck of applications both at the beginning and just before the end of the 5 year period

What is clearly required, then, is a sequencing mechanism which ensures that demand for the new licence is evenly distributed over the full 5-year period This will be achieved through the promulgation of new regulations requiring drivers to apply for the conversion of their licences within a prescribed period, based on the first character (or first two characters) of their surname

Legislation aimed at making AIDS a notifiable disease (92)

*33 Dr R RABINOWITZ asked the Minister of Health

Whether she intends introducing legislation aimed at making AIDS a notifiable disease, if not, how does she intend giving effect to her expressed desire to make this disease a notifiable disease so as to foster openness in regard to HIV/AIDS, if so, when? N2074E

The MINISTER OF HEALTH

No there is no need to enact a new law as the existing one allows the Minister of Health to make a disease notifiable Section 45 of the current Health Act (Act No 63 of 1977) enables the Minister of Health to make a health condition that poses a public health concern, notifiable

To make the disease notifiable, the Minister will publish a notice in the government gazette requiring that AIDS disease and AIDS death be notifiable Guidelines for reporting AIDS disease and death will have to be prepared to ensure uniformity in reporting Staff will have to be trained in health care facilities on the procedure for reporting AIDS disease and death The notice will be published by end of this year

It is important to state that HIV status will not be made notifiable but AIDS disease and death will be We encourage partner notification of the HIV status

The purpose of making AIDS notifiable is to collect information on how many people have AIDS disease or died from AIDS, how does AIDS manifest itself, how is it distributed in the population and what are the risk factors to AIDS The information collected will be used for surveillance of the disease, identification of risk factors planning of prevention, treatment, supply of medicines as well as monitoring the epidemic

Patient s confidentiality will not be breached as the name or address of the patient or deceased will not be reported However factors such as age gender presenting conditions and complications geographic location, health institution are among the important variables which need to be collected as these are critical to the effective management of HIV/AIDS

South Africa will not be unique in making AIDS notifiable For example in Angola, Egypt Kenya Malaysia, Mexico and certain states in Australia AIDS is already notifiable

*34 Dr R RABINOWITZ – Health [Withdrawn]

Fund for deployment of SA troops in peace-keeping operations

*35 Col N G RAMAREMISA asked the Minister of Defence

(1) Whether the Government is planning to establish a special fund for the deployment of South African troops in peace-keeping operations endorsed by the United Nations, if so, (a) what are the costs involved and (b) what are the further relevant details,

(2) whether he will make a statement on the matter? N2076E

The MINISTER OF DEFENCE

(1) The Departments of Defence and of Foreign Affairs are currently deliberating the question as to whether Government should be approached regarding the establishment of a special fund for South Africa's participation in United Nations endorsed peacekeeping operations Neither department budgets directly for such involvement at present

Although the United Nations does reimburse participating countries, such countries have to bear the initial costs of deployment in the interim

(a) and (b) Such operations are by their very nature, expensive however, expected costs are difficult to predict until the scale of effort required, location and duration of such operations are known

(2) The Department of Defence has been working closely with the Department of Foreign Affairs in the formulation and development of an inter-departmental policy on Peace Support Operations This inter-departmental policy will, in time, be fleshed out into a national policy which will seek to guide government on South Africa s participation in such operations

Nedlac' role in solving differences between labour/business sectors

*36 Mr A WATSON asked the Minister of Labour †

(1) Whether Nedlac is still playing any role, in solving differences between the labour and business sectors, if so, what role if not why not,

(2) whether any steps are to be taken with the view to improving the situation, if not, why not, if so, what steps,

(3) whether he will make a statement on the matter? N2077E

The MINISTER OF LABOUR

(1) Nedlac is fulfilling its responsibilities in terms of the Act

The Nedlac Act, 35 of 1994 requires the Council to

- Seek to reach consensus and conclude agreements on matters pertaining to social and economic policy
- Consider all proposed labour legislation relating to Labour Market Policy before it is introduced in Parliament
- Consider all significant changes to social and economic policy before it is implemented in Parliament

In terms of the Founding document of Nedlac, adopted at the first Nedlac Summit on 18 February 1995 the Council shall be a representative and a consensus seeking body where the parties to the Council will seek to reach agreement through negotiation and discussion based on proper mandates If agreement cannot be reached each party shall retain its freedom of action within its own sphere of responsibilities

Nedlac still has to develop codes of conduct to regulate the conduct of members and representatives in addition to developing conventions, rules and protocols in respect of relationships in regard to a number of matters

This matter has been raised by government representatives to Nedlac for urgent consideration Work is being done to address these shortcomings

Former homelands. value of forestry industries in possession of State

*37 Mr Z D MNGUNI asked the Minister of Water Affairs and Forestry†

(a) What was the calculated value of forestry industries in possession of the State in the former homelands, as at the latest specified date for which information is available and (b) what is the area of land on which such activities took place? N2078E

The MINISTER OF WATER AFFAIRS AND FORESTRY

(a) The Department of Water Affairs and Forestry is managing the commercial forestry assets of the State, which were previously under the control of the former homelands These assets have an estimated value of R6 000 million These assets include trees, buildings and vehicles, but exclude the value of the land on which they are situated

(b) 140 000 hectares

*38 Mr J A RABIE – Housing [Question standing over]

Investigation into alleged corruption at Beit Bridge

*39 Dr T G ALANT asked the Minister of Finance †

(1) What were the findings of the investigating team of the Department of Customs and Excise with regard to alleged corruption at Beit Bridge and (b) what amount is involved in such alleged corruption,

(2) whether any steps and/or measures have been taken in this regard if not, why not if so, what steps and/or measures,

(3) whether any steps have been taken against any individuals, if not, why not, if so, what steps? N2081E

The MINISTER OF FINANCE

(1) (a) Investigations have revealed *prima facie* evidence of corruption and criminal proceedings have been instituted against 9 officers The case is scheduled for hearing in the magistrate's court at Pietersburg on 6 until 10 October 1997 The Officers were suspended

(b) The amount involved is R99 642 070,46

(2) Schedules were drawn up for the outstanding duties and served on the firms/agencies involved Liens were placed on goods in terms of section 114 of the Customs and Excise Act No 91 of 1964 of the firms/agencies involved Additional acquittal control measures regarding removal in transit have been introduced and have proved to be effective

(3) Apart from the steps referred to above, a claim

Eastern Cape's population has approximately 700 000 fewer If the final census results confirm these figures, we may possibly have to deduce that the percentage poll in some provinces – not all of them, but in some provinces – was more than 100% in 1994 This will confirm the NP's point of view that shocking election fraud took place in 1994

The hon the Minister has just taken over this portfolio In this debate we have indicated certain anomalies between sets of official figures, and we want to ask the hon the Minister of Finance to take the initiative to ensure, although he is only responsible for the Central Statistical Service, that the differing sets of figures of the different departments, including amongst others, the Departments of Education and of the Public Service and Administration, are reconciled with one another, because we cannot proceed with planning on the grounds of conflicting data

The MINISTER OF FINANCE Madam Speaker, in Census 1996 some 35 million people were counted One has to compare this to the position in 1991 when a mere 20 million were counted in door-to-door estimates The rest were estimated from aerial photographs, and as I said earlier, adjusted to meet the line of extrapolation of Prof Sadie's model

The adjustments made in the 1991 census in a number of areas were enormous There was a 75% increase in KaNgwane, a 25% increase in KwaZulu-Natal, and a 50% increase in the age group 0 to 4 years The remaining amount up to the total predicted by the model, was merely assigned to the TBVC states This is indicative of a very, very messy methodology, and I think the results speak for themselves

When Dr King raises the questions that she does, one has to take account of this in relation to where there is an overcount or undercount in respect of the school population Among those aged 10 to 14 years, when comparing the census estimates with school attendance administration data, school attendance nationally, as that member has pointed out, is 104% of the corresponding census population estimate But in Gauteng, the Western Cape, the Free State and the North West, school attendance is less than 100%

It is also conspicuous that the provinces with the largest discrepancy between the preliminary estimates and school records are those which contain big components of the former TBVC territories These are the Eastern Cape, the Northern Province, Mpumalanga and KwaZulu-Natal For example, it was recently reported that there are 73 000 teachers, not 83 000, who could be teaching a third of a million fewer children than was previously thought Clearly, in respect of education statistics, there will have to be a lot of detailed analysis as we go forward

In respect of labour statistics, I share Dr King's concern We have asked the CSS to revise the way in which data is collected At this stage the old trends are being followed This means that a junior clerk somewhere in a firm will be asked to fill out a form once a month or once a quarter, which form will then be returned So one is not aware of the dynamic trends in employment statistics We hope to deal with this issue finally in the not-too-distant future [Time expired]

Debate concluded

Individuals not telling sexual partners they are HIV positive or have Aids: sanction

2 Dr R RABINOWITZ asked the Minister of Health (92)

(1) Whether any statutory and/or other provisions make provision for a sanction against individuals who do not inform their sexual partners that they are HIV positive or infected with AIDS, if so, what provisions, if not,

(2) whether it is the intention to make provision for such a sanction, if not, why not, if so, what are the relevant details?

N2131E INT

The MINISTER OF HEALTH Madam Speaker, hon members, there is no specific provision for a sanction against individuals who do not inform their sexual partners, but there are guidelines from the South African Medical and Dental Council about informing spouses The guideline is that the doctor is allowed to notify the identifiable partner of a patient who is HIV positive, if the doctor has

counselled the patient and is convinced that the patient is not going to tell the partner The doctor must also notify the patient that he or she is going to inform the partner

I think it is important for every individual to act in a responsible way One should inform one's partner However it is also important for partners to realise that they also have a responsibility to protect themselves If one engages in sex, one exposes oneself to some risks, particularly if it is unprotected sex, because one can get sexually transmitted diseases, including HIV One can also get unwanted pregnancies So it is important that people protect themselves

Recently there was the case of a Durban businessman who was HIV positive, and had had unprotected sex with a number of partners One of the partners sued Mr Nel, and he did not defend his case The partner was awarded damages, though she never got any benefit, because he could not pay her and he died Nevertheless there is a precedent One can sue one's partner if he or she deliberately did not inform one of his or her status

In addition, the Law Commission has been investigating this issue and I am waiting for their recommendations At the moment I would leave it at that – there are no specific laws, but there are different guidelines that can be used I propagate that partners should be informed

The SPEAKER Order! Before calling the interpellant, I wish to recognise the presence amongst us of the parliamentary delegation from Australia, led by Senator Reeve You are all welcome to this Parliament and we look forward to a greater exchange between our parliaments [Applause]

Dr R RABINOWITZ Madam Speaker, one hears what the hon the Minister says about people being responsible for themselves and the possibility of suing, but this comes too late and is difficult to do When we look back at the 20th century, one of the major phenomena will be the emergence of the HIV/Aids epidemic Living as we do in a global village, and at a time when respect for individual rights has become a worldwide ideal, attitudes in some countries have had a ripple effect around the world Our own approach has in many respects been defined by the West As lawmakers our handling of the epidemic will affect populations who face the challenge of the 21st century

We need to take into account the rights both of the sufferer and of a healthy populace We have an obligation to protect the uninfected Unique aspects of Aids make this immensely difficult Unlike other contagious diseases, the spread of Aids is, for the most part, though not only, through sexual intercourse Contracting it is invariably a death sentence Therefore, it carries a social stigma But individuals may exercise control, therefore it should be more containable than other contagious diseases

However, the epidemic is growing at an alarming rate, suggesting that measures to educate people to treat everyone as though they have Aids and to protect themselves through preventive measures, have largely failed To date, our main concern has been for the rights of sufferers, respecting their right to dignity and to privacy But that makes it increasingly difficult to contain the disease and to protect healthy individuals and communities Sufferers are protected with anonymity and even allowed to choose not to know whether they or their children have HIV/Aids

There is the strange situation in which blood samples are taken for research, and those found to have contracted Aids are not notified of the fact Are we not condoning the spread by hiding from them the fact that they are infected? Surely at some point we must take responsibility for protecting the healthy as well as the sick, and the least that can be done is to create a clear sanction against individuals who knowingly and willingly transmit Aids to a sexual partner

Yes, there are ramifications The ostrich option exists, in which people say "If I do not know, I cannot be blamed for transmitting the virus to my partner" There may be a degree of sexual ostracism, but if discrimination is not allowed, society will find a way of coping In the case of married partners, surely a partner is entitled to know, and in the case of unmarried partners, Aids sufferers would tend to cohabit rather than draw more people into their pool But at least we would know that if there is a clear sanction, people who harbour a perverse desire to bring others down

too will be discouraged Most important, there will be a clear message to those with HIV not to hide it from a sexual partner, so that that partner can take special precautions to protect himself or herself

Rev K R MESHOE Madam Speaker, severe penalties are necessary when persons do not inform their sexual partners that they are HIV positive or infected with Aids The reason for doing this is simple The opposite is equal to giving the other person a death sentence Knowingly passing the disease to another person without disclosure is equal to attempted murder or even murder itself

Of greater concern, however, is that very many individuals are not even aware of their potentially deadly medical status The present system used to monitor the spread of the Aids virus in South Africa involves random, anonymous testing of pregnant women using public antenatal clinics This surveillance method is widely used in Africa, and hence it is the norm yet it falls far short of the means required to check the growth of the epidemic

Opponents who state that notification requirements will drive the disease underground are missing the point There are potential killers out there who are knowingly spreading the disease Urgent steps need to be taken to make HIV/Aids a notifiable disease with a view to gauging accurately how fast the Aids virus is spreading in South Africa The system of voluntary testing is not having the success it should That we could even think of letting the situation continue unchecked would amount to sticking our heads in the sand ostrich-style

According to recent reports, the present method of random, anonymous testing of pregnant women using public antenatal clinics excludes 20% of the population who go to private doctors, and, quite literally, the male population Further complications arise, however, as the blood which is taken from clinic-attenders is tested as a group without names being attached to the samples [Time expired]

The MINISTER OF HEALTH Madam Speaker, firstly I must make it clear that I agree with partner notification, but I think we must look at this in perspective People who know that they are HIV positive in this country are very few, compared to those who do not know they are HIV positive The reason for this is that if one wanted to keep tabs on who was HIV positive in the population, one would have to test people almost every three months I am sure that if I went around this House and asked members if they had tested for HIV in the past three months I would find very few who had been [Interjections]

Therefore it means that if one is HIV positive and does not know this, and the sanction is only on those who are known to have the virus one can still spread the disease without being sanctioned, because one does not know that one is infected This gives the country a false sense of security that those who are known to be HIV positive will be sanctioned if they spread the disease What about the thousands who do not know? I agree totally that partner notification is important However, I do not think that we can pin the Aids prevention strategy on partner notification alone unless there is compulsory testing every three months, which is impossible

The second point I would like to make is that for us to be able to deal with the Aids epidemic, there needs to be co-operation between those who are infected those who deal with them and the population at large The most important point is that one will not get that co-operation by saying that if one is HIV positive one loses one s job and one's insurance, one gets kicked out of one's house, one is discriminated against and one is not given any opportunities in life The best thing to do is to destigmatise HIV That would be the most important contribution to preventing the spread of Aids [Time expired]

Mrs J N VILAKAZI Madam Speaker, the Minister herself has agreed that Aids should be taken out of the closet Not until we deal more openly with the epidemic will we control it How can we look after sufferers if we do not know what they are suffering from? How can we protect thousands more from a similar fate?

Certainly, there should be no discrimination against Aids patients But to achieve social acceptance, we must treat Aids as we do any other

disease, and not cultivate the notion that Aids is something that should be hidden The fact that Aids is not yet discussed as openly as it should be, and that the public perception of Aids is negative and ignorant, shows that we are still failing to educate people about the reality of Aids, about how to prevent it and how to deal with it as a social problem

It is for these reasons that I continue to point out that the HIV/Aids problem in South Africa remains in the closet

Dr R RABINOWITZ Madam Speaker, all individual rights can be limited for the public good, and we must take a careful look at how to balance various rights The basis of our argument too is that there should be no discrimination We believe that there is a way to strike a balance if we do the following

We need to find a balance between including HIV/Aids sufferers openly in communities without ostracism, protecting their right to privacy and protecting communities from contracting Aids in the following ways Firstly, no discrimination should be allowed on the basis of HIV/Aids, except for clearly defined categories which will have to be carefully discussed Secondly, complete openness should be fostered and HIV/Aids should be treated like any other illness, introducing the possibility of open testing while enforcing strict confidentiality amongst health workers Thirdly, the limits of harmful behaviour of Aids sufferers should be defined The illness should be notifiable, perhaps anonymously Sufferers should not be isolated as with other notifiable diseases, but they should be punished if they deliberately expose others to their disease [Time expired]

The MINISTER OF HEALTH Madam Speaker, as I said, I agree totally that partners should be notified

I think the hon Vilakazi came to the crux of the matter Aids/HIV must be brought out into the open It must be destigmatised, it must be demystified and it must be treated like any other disease so that people who are HIV positive have nothing to hide

This cannot be done by the Department of Health or the Minister only I do not know when the hon member Dr Rabinowitz joined the IFP If she joined a long time ago she will remember that as early as 1992 – Shenge will attest to this – I went to Ulundi when it was not fashionable to go to Ulundi [Laughter] I addressed the IFP caucus in 1992 about HIV Some members of that said party were there and some were not there yet [Interjections]

The MINISTER OF HOME AFFAIRS *isiZulu* Uqunisile udadewethu Nkosazana [Uhleko] *Translation of original Zulu* [My sister Nkosazana, is telling the truth (Laughter)]

The MINISTER OF HEALTH As early as 1992 – not because I was a Minister, but because I knew about HIV and about the problems – I took it upon myself to talk about it, to sensitise policy-makers and influential people in this country [Interjections] Yes, like the hon Shenge and others I did this because no number of laws – I am not saying that we should have laws – is going to deal with this problem until we just feel comfortable talking about it amongst ourselves, for a start, in our families and amongst our colleagues, and until we feel comfortable sitting next to a person who we know is HIV positive, working with that person and staying with that person at home or in the office without discriminating That is important [Time expired] [Applause]

Debate concluded

Concerned Transnet Workers Forum: grievances

3 Rev K R MESHOE asked the Minister for Public Enterprises

Whether she or her Department has been informed of the existence of the Concerned Transnet Workers Forum and its grievances in regard to unfair dismissals if so, what are the relevant details? N2132E INT

The MINISTER FOR PUBLIC ENTERPRISES Madam Speaker and hon members, yes, both I and my office are aware of the Concerned Transnet Workers Forum and their grievances Several meetings have already taken place between the Office for Public Enterprises, Transnet management, representatives of labour and the

The DEPUTY MINISTER Madam Speaker, I do know that we discussed the defeat of somebody's army in Cuito Cuanavale with the Cubans I want to inform Dr Geldenhuys that I do not know whether the people who went to Cuba discussed specific matters with regard to political prisoners If that question needs to be asked, then I suggest that that specific question be asked so that a specific answer can be given

I only wish to emphasise again, as has been done many times, I think, in this House already by the Minister of Health, the Deputy Minister of Foreign Affairs and by the Deputy President, that this Government will continue to deepen and strengthen its relations with Cuba Cuba's relations with us go back a very long way, and we are not going to retreat from this position

Secondly, I wish to inform the hon Dr Geldenhuys that there are very powerful private-sector companies in South Africa, including Gencor, which are very keen that we should improve relations with Cuba and which are themselves very keen to find ways and means in which they can invest in Cuba so that they can profit from the investment and Cuba can then also profit from the investment So I think that we speak for a very broad spectrum of public opinion in South Africa on this question

Dr B L GELDENHUYS Madam Speaker, further arising out of hon the Deputy Minister's reply he clearly indicated that it was the objective of the Government to strengthen its ties with Cuba in future and that the Government was not going to deviate from that position [Interjections]

Is the hon the Deputy Minister aware of the fact that the Government's discussion document on foreign affairs clearly states that foreign policy should not be determined by party politics, but rather by the best interests of South Africa? Is this not exactly what is happening Is the present Government not planning its foreign policy based purely on party-political affinities?

The DEPUTY MINISTER Madam Speaker, I suppose at some point Dr Geldenhuys will learn to differentiate between his party-political position and the national interest [Interjections] It was never in the interest of the NP to have any relations with countries such as Cuba When we act in this way, we are acting in the national interest because we think it is in the interests of South Africa, not only of the ANC, that we have good relations with Cuba [Interjections]

Secondly, we have to deal with the hangover of apartheid too

We have to deal with all these foreign policy issues because they left us with a lot of problems We now have to undo all the damage

Prof B TUROK Madam Speaker, arising out of the reply of the hon the Deputy Minister, does he or the department have any knowledge of the kind of relations the previous regime had with right-wing fascist countries around the world? Does he have any information on that and on what the ideological basis was of the relations of the previous regime under Mr De Klerk with those right-wing fascist governments? [Interjections]

The SPEAKER Order! I do not think that that question arises out of the answer, but if the Deputy Minister wishes to answer it, he may do so

Mr J W MAREE Madam Speaker, if he does not answer, may I put a question too?

The SPEAKER No, we have already had five supplementary questions [Interjections] This is the sixth one

Mr J W MAREE Madam Speaker, I thought there were only three [Interjections]

The SPEAKER Order! Does the Deputy Minister wish to respond?

The DEPUTY MINISTER Madam Speaker, I thought that Prof Turok put it very well My only hope is that the new Nats actually listen to what Prof Turok said [Interjections] If there are no new Nats, then the old ones should recall that at a point in time when the Pinochet regime in Chile was an outcast in this world, when the regime in Paraguay was an outcast in the world, the only people who wanted to have relations and had relations with them were the NP government of South Africa [Interjections] [Applause]

New questions

*1 Mr M C J VAN SCHALWYK – Executive Deputy President † [Withdrawn]

Supply of arms to Rwanda

*2 Mr C W EGLIN asked the Executive Deputy President

(1) Whether his statement that the South African Government would authorise the supply of arms to the government of Rwanda was made on the basis of a decision made by the National Conventional Arms Control Committee, if so, (a) when was this decision made and (b) what are the further relevant details,

(2) whether any conditions were attached to the supply of such arms, if so, what conditions, if not,

(3) whether he intends referring the matter to the Committee for consideration, if not, what is the position in this regard, if so, what are the relevant details? N1977E

The DEPUTY MINISTER IN THE OFFICE OF THE EXECUTIVE DEPUTY PRESIDENT

The hon member is referred to the reply to Question No 2 on 3 September 1997 provided by the Minister of Water Affairs and Forestry and Chairperson of the National Conventional Arms Control Committee on behalf of the Executive Deputy President The details requested regarding the sale of arms to Rwanda were provided in that reply and there is nothing further to add

Ministers

Questions standing over from Wednesday, 20 August 1997

Spread of Aids: facts furnished to Minister/public

*13 Dr K RAJOO asked the Minister of Health

(1) Whether her Department has furnished her with all the facts regarding the spread of the Aids virus, if not, why not, if so, what are the relevant details,

(2) whether the public has been fully informed about the spread of the Aids virus so that they can take adequate preventative measures against the disease, if not, why not, if so, what are the relevant details? N1573E

The MINISTER OF HEALTH Madam Speaker, the department does furnish me with facts regarding the spread of HIV and Aids, but Aids is a relatively new disease Research will continue to yield new information for many years to come and therefore nobody can say, at any one stage, that they have the last word about the disease We have to keep updating our knowledge about this disease as new research and new facts surface

The second question is whether the public is fully informed We try to inform the public, and I will now do a little of that as well

It is important that South Africa recognises the seriousness of this disease, that the demography of this country may change dramatically in a few years' time and that it may undermine all that we are trying to achieve, whether through Gear or the RDP

I would like to plead with the hon members in this House to take the lead in the campaign against Aids and the campaign against discrimination We must begin to see people who are HIV positive in our own image People who are HIV positive are like us They have done nothing that we do not do and enjoy [Laughter] unless one has taken a vow of celibacy [Laughter] [Interjections] He has? [Interjections] Well, I do not know [Interjections] Is that so?

What is important is that we should all acquaint ourselves with the facts so that we can take the facts to the public, because part of the discrimination emanates from fear, fear of the unknown People think that by fearing the unknown they will avoid it

This is by far the most difficult disease to control because it involves, generally, two people It involves a subject that most people prefer to practice but not speak about [Laughter] When they do speak about it they blush [Interjections] It is also very difficult because it involves men and women Although the Constitution says they are equal, they are not yet equal We are still in a partriarchal society where men, on the whole, determine the where's and when's of sex [Interjections]

This is a very difficult disease to deal with because, whereas women tend to be the ones that

are conscious about health matters, at the end of the day it tends to be the men who decide whether they can have safe sex or not It is also difficult because in this country men who run around are glamorised [Interjections] On the whole, yes [Interjections] And yet, when they do so, they are not obliged to use condoms so that when they come back home they do not bring HIV with them [Interjections]

I would plead with men to understand that they will still be men even if they use condoms They will still be powerful even if they use condoms [Laughter] But what will happen is that they will prevent the transmission of sexually transmitted diseases and they will still enjoy it They will also prevent unwanted pregnancies [Interjections]

The SPEAKER Order! Please proceed

The MINISTER The question is Is the public well informed? I am still answering that part of the question [Laughter] I would like to enthuse this House so that when they go out during the recess, they can begin to campaign and make sure that the public is fully informed about the disease

The SPEAKER Order! Would you allow a point of order?

The MINISTER Yes

Mr A WATSON Madam Speaker, on a point of order Is it parliamentary and dignified for a Minister, when referring to the medical aspects of a certain disease, to refer to the sexual pleasures involved in it? [Interjections]

The SPEAKER Order! I think the Minister's speech was perfectly parliamentary in terms of educating the public [Applause]

The MINISTER Madam Speaker, I would like members of this House to begin talking about Aids to their constituencies during recess when they do constituency work If this House was as enthusiastic

Mr P I BIKITSHA Madam Speaker, may I ask the Minister a question? [Interjections]

The SPEAKER Order! Is the hon the Minister prepared to reply to a question?

The MINISTER Yes, Madam Speaker

The SPEAKER Order! The Minister has agreed to take a question

Mr P I BIKITSHA Madam Speaker, without meaning any insult to the Minister, from the way she is explicitly explaining this, is she speaking from experience? [Interjections]

The SPEAKER Order! Hon member, will you please take your seat?

Mr P I BIKITSHA Madam Speaker, I withdraw that question

The MINISTER Madam Speaker, that is precisely the problem Influential members do not want to talk about this problem [Applause] And they do not want to listen when we talk about it That is part of the problem

If we in this House could be as enthusiastic about the Aids campaign as we were about the Olympic bid we would at least be sure that a lot of young people would actually have the opportunity to participate in the Olympics in the year 2004 Sadly, a lot of young people will have died before the 2004 Olympics

Lastly, I would urge political parties to see this problem not as a party-political matter, as the hon member has said, nor as a health matter, but as a matter that every single individual in this country should be seized with, especially parliamentarians [Applause]

Dr K RAJOO Madam Speaker I would like to thank the Minister for giving us a heartfelt and emotional reply considered though it was, on this very serious matter Arising out of the Minister's reply, we know, as is contained in information that I supplied to the Minister, that Aids is spread very easily today and in many different ways The Aids virus is far more robust than we ever knew before Even condoms are not safe as far as Aids is concerned because the natural hole in a condom is 5 microns in diameter and the Aids particle is only one tenth in diameter Preventing the Aids particle going through a condom is like throwing rice through a tennis net [Interjections]

I want to know from the Minister if this type of information is going to schoolchildren and university students so that we can prevent Aids in this country The information I gave the Minister

also shows that Dr Brarthwarte, speaking to the American College of Surgeons in Switzerland in 1988, proved conclusively that HIV particles can penetrate the skin that is intact Is that information going to the public? We are not given that kind of information Is the Minister's department giving correct information to our people, that Aids can be spread even through coughing and sneezing, sweat, saliva and passionate kissing? Is this information being given to the people of the country? [Interjections] That is what I would like to know

The MINISTER Madam Speaker, a lot of research is done Some of it is proven and some of it is not It is totally incorrect to say that one spreads Aids through sneezing, coughing

HON MEMBERS Kissing

The MINISTER One might spread it through kissing, under certain conditions [Interjections] It is therefore not correct to spread the kind of information that the member is talking about, because he is virtually saying that nobody can prevent the spread of Aids, since it is spread by sneezing and coughing [Interjections] What is important is for the hon member to make sure of his facts

I agree with him that we have to do work in the schools We have an agreement with the Department of Education and work has already started in the schools The agreement is that life-skills education should become part of the curriculum Some schools have already started with this Teachers are being trained, because research shows that if one reaches the kids before they start being sexually active, if one gives them the right information, they will delay their sexual activity This is a good thing

Secondly, when they do start being sexually active they will be responsible and take preventative measures So, indeed, this information is beginning to go to the schools, and eventually its dissemination is going to be compulsory in every school But we need the co-operation of parents, the religious sector, and general members of the public

I would also be happy if the hon member were to say that he has informed certain groups of people about this disease and not only the hon the Minister of Health However, I know that he is doing his bit and every member should do likewise It is, however, important that we do not spread information that gives the impression that this is a hopeless situation that cannot be contained It can be contained with the right information and modification of behaviour [Applause]

Dr K RAJOO Madam Speaker, further arising out of the hon the Minister's reply, we thank her She is sincere What we would also like to do with our research is to show the same sincerity in protecting our people in this country It is important Yet there are people asking where I got the information I will give them an answer It is well-documented research

The SPEAKER Order! Hon member will you ask a question and not make a speech

Dr K RAJOO Madam Speaker, the question is this The Minister has been given a document in which it clearly states that there are different aspects to the disease Since she has read this, one wishes to ask her of the possibility of this disease being spread by all these other factors This must be made known to our schoolchildren, and they must be allowed to make the decision We should allow the universities and other colleges to give them that information Let us not be the judges of what they do That is all that we ask

The MINISTER Madam Speaker, information that is authentic and true must be given to schoolchildren If one says to them that if someone is HIV-positive and he sneezes, he gives one Aids, what are we saying? Are we telling them to bury themselves in the sea, because the air will be full of Aids wherever they go?

Are we telling them that they will get Aids if somebody sneezes in the bus in which they are? I do not think that that will be helpful

What is helpful is to give information that is true and that is going to be helpful, not alarmist information that will be counterproductive in the end [Interjections] If I am told that I stand a chance of getting Aids whatever I do, as long as there is someone who may be HIV-positive who

coughs and sneezes around me, I will say that there is nothing that I can do about the matter

That is not what we want We should give correct information which is useful and is going to help to control this epidemic

Research shows that it is safer to use a condom One gets more protection using a condom than not using one This is important information The Aids message is very simple There are really only three things Firstly, one abstains from having sexual intercourse which most people do not do Secondly, one is faithful to one uninfected partner Thirdly, if one cannot be sure of that, one uses a condom There is no other way [Applause]

The SPEAKER Order! Hon members we have overextended question time I would also want to draw your attention to the following Because of the importance of this issue, the importance of public information and the importance of what one called prominent public profile people being seen to be discussing and addressing this issue I permitted a great deal of leeway in the response of the Minister I would urge Ministers not to take any example from that Long answers on other subjects will not receive the same tolerance from me

Business interrupted in terms of Rule 199(3) of the Standing Rules of the National Assembly

Parliamentary villages: unpaid rentals

*41 Mr J A JORDAAN asked the Minister of Public Works

(1) Whether any persons residing in the villages Acacia Park, Pelican Park or Laboria Park owed any amounts in unpaid rentals to his Department as at 31 July 1997, if so, in each case, (a) what is the (i) name and (ii) position of the person concerned, (b) what amount was owed and (c) over what period did such amount accumulate,

(2) whether any action is being taken to recover the outstanding amounts, if not, what is the position in this regard, if so, what action? N1625E

The MINISTER OF PUBLIC WORKS

(1) Yes, attached is a list of outstanding rentals indicating the name, Department, amount, outstanding and period for such amounts (*List bound in Annexures of House – see M 414/97*)

I should indicate that in most cases non-payment is the result of technical delays in processing payments rather than a conscious desire not to pay The individuals who have cleared their arrears already are indicated with a• on the attached list

(2) The Director-General of this Department addressed a personal letter to his colleagues requesting them to give immediate instructions to their officials who were still in arrears with the rentals Twenty Departments have indicated that their officials have signed stop orders against their salaries for the payment of rentals

Letters have been forwarded to the Heads of Departments which have not made arrangements to address the question of arrear rentals indicating that if officials are still in arrears by 20 September 1997, they will be evicted from the accommodation that they currently occupy Any future applications for accommodation shall also only be considered upon complete settlement of arrear rentals

Questions standing over from Wednesday, 20 August 1997 (transferred for oral reply in accordance with Rule 202)

Privatisation of buildings investigated

*3 Mr L D CHUENYANE asked the Minister of Public Works [Written Question No 64]

(1) Whether his Department is currently investigating the privatisation of buildings under the control of his Department, if so, (a) why and (b) when a decision will be taken in this regard,

(2) whether he will make a statement on the matter? N120E

The MINISTER OF PUBLIC WORKS

(a) The department is currently engaged in the compilation of a national register of all state assets, including vacant land,

property and buildings Provincial administrations are assisting and cooperating in the exercise Part of the exercise is geared towards identifying mechanisms to regulate the disposal of redundant state property, including buildings In these cases, redundancy is determined after consultation with government user departments, provincial administrations and local authorities Re-use or outright sale of redundant properties will take place within the overall reconstruction and development priorities of the government

The major reasons for consideration of disposal include the high cost factor to the state of an unrationalised property portfolio as well as the large maintenance backlog which government has inherited from previous years

(b) The asset register will be completed during the course of 1998 In the meantime, I can announce that Cabinet has approved certain proposals from the Public Works MinMec regarding the disposal of residences no longer required for use as official quarters, mainly in former homeland areas

1 In terms of the cabinet's decision, the following policy guidelines will operate

* state-owned residences occupied by public servants who are required to reside in state housing should not be sold,

* public servants, who, by the nature of their responsibilities and duties, are required to reside in official housing, should not be given an option to purchase the residences they occupy, as accommodation for their successors will still be required,

* public servants who currently occupy state-owned residences, although they are not eligible for state housing, should be given an option to purchase such residences at market value Public servants who do not wish to exercise this option should be given a reasonable notice period [maximum 6 months] to vacate the residence, after which it will be sold,

* The National and Provincial Departments of Public Works should continually consider one another s accommodation needs in order to prevent the injudicious disposal of residences where such accommodation is urgently required for the purposes of national or provincial governments,

* all redundant state-owned residences should be disposed of by the National Department of Public Works,

* The disposal or redundant residences should proceed in a manner which [a] prevents prospecting, [b] promotes the participation by those sections of South African society who have previously been disadvantaged, both in the selling and the purchasing of redundant residences, and [c] fosters the integration of South African society by enabling access to individuals who were previously excluded from residing in "group areas",

* the national department of public works shall develop the criteria which will be used in the adjudication process when disposing of redundant state owned residences

The Minister of Public Works will consult with the Minister of Health and for Welfare and Population Development on the possible utilisation of state-owned accommodation for, *inter alia*, certain categories of health workers and victims of child and/or sexual abuse respectively The Department will also extend its current investigation to ensure that the existence of state-owned farms, guest houses, flats and residences also receive attention At all times sensitivity will be shown when dealing with residences located on land which is in dispute Discussions are taking place with the Department of Finance to ensure that the funds received by the central exchequer from these sales is channelled to the most appropriate areas of state funding

Cabinet has approved the disposal as a first step and subject to the above considerations and guidelines, of 834 redundant residences out of a total of 63 738 state owned residences of which 44 985 were national and 17 000 provincial The distribution of residences, per province, is as follows

Virodene team may go abroad (97)

Several countries have invited them to continue their anti-Aids research

Star 1/8/97

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

Researcher Olga Visser and cardio-thoracic surgeons Professor Dirk du Plessis and Dr Callie 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 drugs

'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 PO58 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 calls 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 (92) BD 1/8/97

THE European Union (EU) had raised concerns with the SA 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

PEOPLE of the PLAGUE

(92)

The AIDS epidemic is taking its gruesome toll on families and companies in Kwazulu Natal, where one in five workers is infected with the deadly virus, reports CAROL PATON

ST 3/7/97

HEAVY BURDEN: Dorothy Mashiane, who has tested HIV positive, outside Hlabisa Hospital in northern Kwazulu Natal

Picture: BRETT ELOFF

SINCE AIDS was first diagnosed in South Africa in the late 80s, northern Kwazulu Natal has led the country with an exceptionally high rate of HIV infection

Now, as the epidemic matures and parts of the province pass the 25 percent infected mark — almost twice the national average of 14 percent — people are dying

Worst affected are those in their 20s, people who are not only more sexually active but who are economically active — the consequence being that the epidemic has begun to hit the workforce square on

In any work place in Kwazulu Natal, employers can assume that one in five employees is HIV positive In the north, where infection rates are highest, the ratio could be one in four

Employers in Richards Bay, for instance, are beginning to see the official statistics, which are gathered from annual tests on women attending antenatal clinics, reflected in their workforce

Christine Viljoen, the occupational health nurse who runs the Mondi company clinic, says "In general, even in our small companies we see the statistics mirrored exactly"

However, the true extent of HIV infection remains masked by the stigma attached to the virus, on the one hand, and the fact that, on the other, employees off sick or who die from AIDS-related illnesses are reflected as suffering from various opportunistic diseases such as diarrhoea, flu or tuberculosis

At Richards Bay Minerals, where pre-employment testing was done on all prospective employees until a year ago, an infection rate of 45 percent was recorded

Barry Clements, the company's public affairs manager, also confirms that deaths due to natural causes among employees increased threefold over the past three years

The escalation of the epidemic is also reflected in new trends, says Abdia Naidoo, Portnet's AIDS co-ordinator

"We're now getting Indians and whites whereas a couple of years ago that was almost unheard-of Where before it was just one person who had the disease, we are now looking at whole families," she says

But the tentacles of the AIDS problem in Kwazulu Natal spread far beyond the industries and communities of places like Richards Bay

In Hlabisa, a sprawling village of some 200 000 people hidden away in the hills further north, extensive research is being done by social scientist Mark Lurie and a small Medical Research Council team on the link between migration and the spread of HIV

Hlabisa is an interesting example, not because it is different to any other rural Zululand community but because it is so similar

But the presence of the research council unit, started up by a tenacious doctor, David Wilkinson, who was once the superintendent of the local hospital, as well as the presence of a large contingent of British doctors, means that a beam of light is being shed on Hlabisa while the rest of the map remains in darkness

Lurie's research aims to show how the extremely high HIV rate in Hlabisa — 26 percent according to surveys of pregnant women — is linked to migration, which in Hlabisa occurs in about 60 percent of households One third of male migrants from Hlabisa work in Gauteng and the rest work in Richards Bay, Empangeni, Nongoma and Durban

'I was the first person in my area to be positive. Now there are so many. They are growing day by day. Mostly they come to me for advice, to ask how come I am still living and looking so nice.' JABU MDLETSHE, HIV educator, Mfekayi

"I often explain the problem to people by saying If you wanted to create an HIV epidemic you would take thousands of young men away from their homes, house them in single-sex hostels, give them free access to alcohol and commercial sex workers and then, just to make it really sinister, you would send them home once in a while," says Lurie

Since research began in Hlabisa, an alarming increase has been detected in TB infection, the disease most commonly linked to AIDS in the developing world From 1991 to 1996, TB infection rose by an astounding 481 percent in the village Researchers estimate that about 44 percent of the incidence is attributable to HIV infection

But Shaun Drysdale, the new superintendent of Hlabisa Hospital, cautions "Once you start looking for things you find them TB admissions have increased but it could be because we are looking for it"

Nevertheless, the increase in TB and HIV has had an undeniable effect on the hospital which, usually equipped with only 300 beds, has crammed in an extra 150 beds, all of which are usually occupied these days

Drysdale is concerned that one of the biggest barriers to fighting AIDS is denial from the community that it is a problem

However, the fact that people are starting to die has begun to change attitudes

Hlalaphi Hlabisa is one of a group of HIV-positive people who have dedicated themselves to spreading the word about AIDS, how to prevent it or how to live with it

Hlabisa, a young mother of two and the wife of a migrant worker, discovered quite by chance that she had the deadly virus during a visit to the hospital

"I knew I was honest and had only one husband So I told the researchers they could test me because I knew I could not be positive

"I was shocked when I got the result I went two months without telling my husband because I was so angry with him Eventually I planned a trip to the hospital where I asked the nurse to tell him Then he said that he had known for a long time that he was positive but had been too scared to tell me," she says

Hlabisa, a young man, Guitar Mthembu, and Jabu Mdletshe, who also contracted the disease from her migrant husband, formed an AIDS education group

"I couldn't stand to see young people being thrown out of their family homes or husbands walking out because their wives were positive It was heartbreaking to me So I decided to take the initiative and tell people," says Hlabisa

'People are seeing their neighbours, young people, getting sick and dying. It's getting to the point where they can no longer say: 'Oh, he had TB' or 'Something funny happened'. Increasingly you hear people saying that this person died of AIDS.' MARK LURIE, AIDS researcher, Hlabisa

Their group now comprises 10 people who are paid a small amount every month by the hospital Those who had jobs have long since lost them

Mdletshe's husband, Jacona, says "I was a security guard in St Lucia One day my boss collected all my stuff and took it to my house and said that one day he would come and fetch me I was getting ill now and then and I think he recognised my illness"

While this is the fate of many workers who contract HIV, big companies in Richards Bay are trying to respond constructively to the AIDS epidemic

Aluminium producer Alusaf has spearheaded one of the biggest initiatives, with plans to establish the first corporate care centre for workers with full-blown AIDS

"Patients end up going from hospital to hospital because families cannot cope But all the poor man wants is a warm, clean bed and someone to keep his pain under control," says Viljoen, whose employer, Mondi, also supports the project

The corporate sector also plans to establish a home-care system where families will be given education and support on caring for their ill Richards Bay Minerals has started a system of onompilos, or community health workers, to support and counsel workers and families struggling with terminal diseases

While researchers like Lurie argue that it is unlikely that South Africa will ever run out of labour as a result of AIDS, the younger and more skilled the workforce, the greater the risk and expense for companies

Companies like Alusaf are also restructuring their benefits to allow employees to buy in to benefits or to opt out in return for more cash in hand, to minimise the financial burden on the company of caring for sick or prematurely retired workers

But while employers in Richards Bay have started to feel the impact of the AIDS epidemic, their counterparts in other parts of the country will only begin to experience it later

"It's like a river being fed by streams Sooner or later it is going to overflow its banks," says Clements

Aids groups seek policy change on mothers' milk

Star 4/8/97 (92)

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 believed 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 ensured 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 BD 7/8/97 (92)

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 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

Star 8/8/97 (92)

Infection rate is soaring, and options to reduce mother-to-child transference are not widely used

By Janine Simon
Medical Correspondent

South Africa's National Aids Plan was an overly ambitious wish-list that needed new focus and direction, Rose Smart, director of the National Aids Programme, said yesterday

Speaking at the national consultation on HIV/Aids in Johannesburg, Smart said the plan made no provision for implementation, and South Africa now had to define exactly how to reduce infection rates and the impact of the disease, and mobilise resources against it.

The HIV infection rate among pregnant women attending state ante-natal clinics has risen 14-fold since 1990, and now stands at 14,07%, according to Cathy Mathews of the Medical Research Council.

The consultation forum, the culmination of the National Aids Review, will be seeking resolutions to some of the most contentious issues in the field, including patient confidentiality, notifiability of the disease, providing condoms to the youth, and notifying sexual partners of an HIV-positive test.

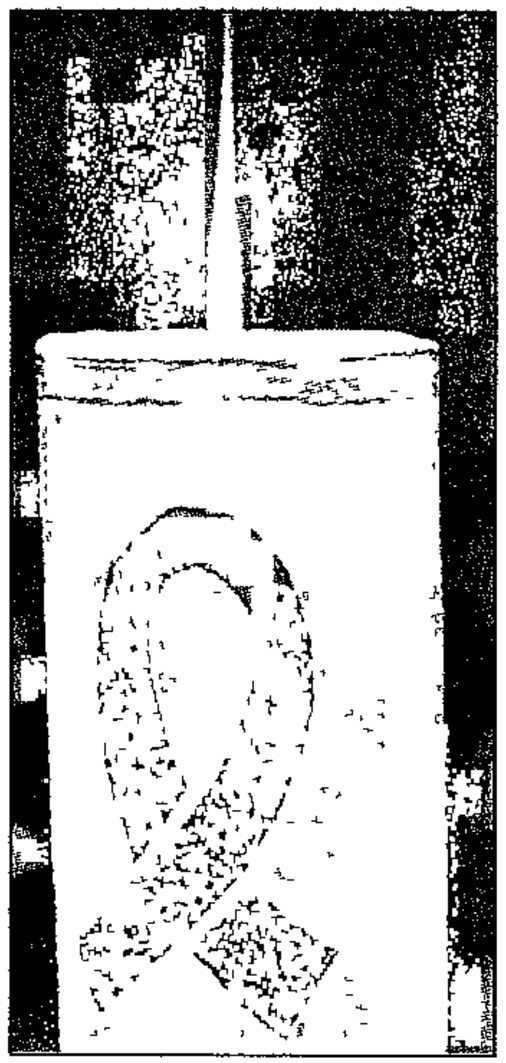
Smart said the review had identified numerous holes in current attempts to tackle the epidemic

Condoms, for example, were available in clinics, but not in hotels, spazas, shebeens or bars, and the country had yet to record success in changing unsafe behaviour.

Sexually transmitted diseases were treated appropriately in the public sector but not in the private.

Although intravenous drug use was not common, drug use itself was, and led to risk-taking behaviour.

Options to reduce mother-to-child transmissions were not widely used, and although women's vulnerability to the virus was slowly being recognised, little was being done to act on the realisation.



New light ... the national consultation on HIV/Aids seeks to expand South Africa's response to the HIV/Aids epidemic.

South Africa's blood supplies were among the safest in the world, but because HIV testing facilities were limited, the public often used transfusion services to find out their status The time lag between screening the blood and informing the donor of the result meant blood supplies could be jeopardised, Smart said

Health care to reduce the impact of the epidemic was available, but seldom comprehensive, and counselling was neither universal nor of standard quality

In Gauteng, health services were severely strained by the number of people seeking information, counselling and care, and hamstrung by staff and resources shortages, according to the province's review team report.

Patients presenting themselves to clinics with primary care problems were inappropriately referred to hospitals, which in turn shunt them to a few overloaded academic hospitals with specialised HIV clinics, the team said

Services provided, struggling with multiple and growing priorities, lacked positive reinforcement from their direct leadership.

According to Smart, discrimination is widespread, and although some organisations are grappling with the impact of the epidemic, few have programmes to militate against it

There was no inter-sectoral approach, and devolution of responsibility from centre to the districts was slow and painful, she said

European Union ambassador Erwan Fouere said the EU's R50-million Aids programme with the Department of Health would continue, and further measures, focusing on partnership between NGOs and the Government, would be announced soon.

The EU also looked forward to providing increased funding for projects such as the health drama *Soul City*, he said

Virodene researchers make third submission

Star 8/8/97 (92)

The Virodene HIV/Aids research team will be submitting a third research protocol to the Medicines Control Council today

Spokesman Larry Heidebrecht 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 Folb 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

AIDS group walks out of health conference (92)

BD 11/8/97

Bonile Ngqiyaza

ORGANISATIONS campaigning for the rights of HIV/AIDS-infected people walked out of a consultative conference in Johannesburg at the weekend, in protest against behaviour they said undermined their efforts in the compilation of a response to the pandemic.

The walkout was staged at the end of the government-organised, European Union (EU)-funded conference, in the middle of the keynote speech by Health Minister Nkosazana Zuma.

Zuma tried unsuccessfully to trace the reasons for the walkout from a National Association of People with AIDS representative She apologised if a remark calling for street demonstrations in support of reduced medical costs had been misconstrued

At the conference, HIV-positive people said they hoped the public, employers and government institutions would help reduce the added suffering of carriers caused by stigmatisation and the consequent rejection

A number of people at the conference said confidentiality should be guarded to counter the negative attitudes of society They called for urgent steps to be taken to reduce the prohibitive costs of medicine

"It's absolutely critical in this country that we do not discriminate against people who are HIV positive. But a matter of equal importance is whether it is proper that our partners are not informed that we have acquired the HIV virus," one said

In her address, Zuma stressed that a commitment — both politically and with regard to public awareness work — to the AIDS problem had to come from government, the private sector and the public, and not only from the health department

Zuma emphasised that HIV/AIDS and its treatment should not be separated from other diseases.

She advocated that AIDS — or at least AIDS-related deaths — should be notifiable, so government could gauge the extent of the disease and plan its responses to it

She stressed that these proposals excluded HIV-positive people

A government official said told media representatives that contrary to initial belief that no link existed between breastfeeding and HIV infection, there was conclusive evidence that one in three children born to HIV-positive mothers would be infected If a child was breastfed the risk increased by 14%, she said

Meanwhile, health officials said at the weekend that money donated by the EU to the health department to combat the spread of AIDS would be used mainly to support programmes to train health workers.

HIV/AIDS director Rose Smart said training was needed as many health workers had been using inappropriate methods to treat sexually transmitted diseases (STDs).

The training programme would include a project in life skills for 10 000 secondary school teachers and would include traditional healers, who were important members of the communities in which AIDS was found

The EU's Erwan Fouere said the union would shortly announce additional support for the health sector, with emphasis on the partnerships between government agencies and the nongovernmental community.

The EU said last week it had raised concerns with the SA government over the slow disbursement of funds donated for the national AIDS prevention programme

Smart said that as part of the Reconstruction and Development Programme, R8m had been allocated to government departments to initiate AIDS awareness programmes in the workplace.

She said an inaugural interdepartmental meeting, at which it was hoped to attain the commitment of government departments not already involved in AIDS programmes, would be held on August 29

Health Minister Nkosazana Zuma conforts an AIDS sufferer — one of a group at top right — at last week's national consultative conference on AIDS held in Johannesburg.

Pictures TYRONE ARTHUR

Mobilisation seen as crucial

(92)

MEDICAL CORRESPONDENT

One of the hottest items at the National Consultation on HIV/Aids last week was Noerine Kaleeba's business card. The two boxes she brought from Uganda ran out long before the demand for them.

Her book *We Miss You All* is a detailed and frank account of how she – a community health nurse who at first encounter shunned a patient with Aids – became a person who chose to fight it.

Kaleeba, who works with the Joint United Nations Programme on Aids in Geneva, speaks as a mother, wife and daughter-in-law who has nursed and lost a husband, seven other family members and 300 friends and acquaintances to Aids in a country that exemplified a worst-case scenario of the epidemic.

Uganda has since managed to reverse its transmission rate. South Africans – some of whom now see their fight against the epidemic as being dominated by "doctor experts" and an overly technical national Aids plan – want the recipe.

The missing ingredient,

Know-how ... Noerine Kaleeba.

Star 12/8/97

says Kaleeba, is community mobilisation – "development-speak" for the light that gets switched on when people realise exactly how they, and those around them, are vulnerable to contracting HIV.

Once that happens, she says, you allow people to define for themselves who their "communities" are and the pace at which they will organise to protect and support those affected by Aids.

"Fall into the trap of becoming the support and you've destroyed the community before it has even been defined," says Kaleeba.

Lobbyists slam Zuma's proposal

Star 12/8/97

(92)

BY JANINE SIMON
Medical Correspondent

Aids lobby groups and Health Minister Nkosazana Zuma are at loggerheads over the minister's handling of the National Aids Review, the process which was supposed to define a new and co-ordinated response to the epidemic.

Zuma caused a stir when she told the National Consultation on HIV/Aids that the Department of Health needed to be told about all full-blown Aids cases in South Africa so that it could monitor associated diseases.

A delegation of people living with Aids walked out because they believed this was a demand to make Aids a notifiable disease.

Mandatory notification entrenched stigma because, for example, insurance companies refused to pay out, and funeral parlours refused to bury people who had died of Aids, said national review team member Peter Busse.

But Rose Smart, head of the National Aids Directorate, said yesterday Zuma's comment had been misinterpreted. "The minister explained that we need a confidential way to collect data for planning. As with reporting of termination of pregnancies, there should be no linkages to names and addresses."

Smart said the proposal matched the consultation's recommendation that cases of HIV/Aids should not be notifiable, except for anonymous, unlinked reporting for epidemiological studies.

Outcry over attempt to monitor Aids cases

However, leading Aids lobby groups say they were also shocked that Zuma had abandoned her prepared speech and given personal opinions on thorny issues, such as partner notification, without regard to review findings.

This made them question ministerial commitment to the recommendations, said Pooven Moodley, lobbyist for the National Convention on Aids.

"It seemed like she hadn't gone through the recommendation, and wasn't involved at all in the review process," he said

Review steering-committee member Morna Cornell said Zuma had undone 80% of the good that had come out of the review

Janet Frolich, national co-ordinator of the review, said it was disturbing that the actual recommendations were neither acknowledged nor disputed.

Zuma's spokesman Vincent Hlongwane said the complaints were not valid, as the minister had arrived from the United States that morning and had not studied the review report. Her commitment to fighting HIV/Aids was well known, he said.

Smart said she had not yet briefed the minister on the review report and it would be premature to condemn Zuma

The directorate was committed to putting the review's recommendations into practice, and would be raising issues such as the call for a South African business forum on Aids

"It is not the end but the beginning," Smart said.

TV show puts soul into fighting diseases

CT 12/8/97 (92)

ELISSA GOOTMAN

THE series *Soul City* is television's *Sarafina 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

Sarafina 2 was a controversial Aids play that cost taxpayers R1 million It was supposed to tour the country (via a R1 million bus) promoting Aids education, but the curtain was drawn amid allegations of waste and "imaginative auditing" after a run of several weeks

While experts and novices agreed that *Sarafina 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 have 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 R14,7-m budget of *Sarafina 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 read it, you had to be able to read

Then he hit upon the idea he calls "edu-tainment" — 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

BD 12/8/97 (360)

BD 12/8/97 (92)

Business Day Reporter

ONE of SA's most successful anti-AIDS campaigns — which used taxis to publicise warnings against the disease and to distribute condoms — has ground to a halt because of red tape.

This has resulted from government's decision to allocate health funding through the provinces instead of directly from Pretoria.

"Instead of working through eight or nine people at the health department, I now have to work through eight or nine people in each province," said Brendan Taylor, executive director of Comutanet (formerly Taxinet)

Funding for the campaign, initiated in 1992, ran out in May. So far, Taylor's efforts to have it renewed have not succeeded

"It is very frustrating. There seems to be more money available to each region than before, but I cannot get people to make a decision," he said

There was no doubt the campaign using taxis had been a success, said Taylor. Just under 14-million people used taxis as their main form of transport, in rural and urban areas.

"We started from scratch and eventually had 50 taxis in each province — 450 vehicles — carrying the anti-AIDS message

"Research showed 92% of taxi commuters remembered the advertising. The campaign produced even higher awareness than television or radio."

As a result of the initial campaign, a second phase was launched two years ago with the message, "Prevent AIDS — free condoms available in this taxi" There was also an educational campaign on the correct use of condoms, launched through Taxinet information centres at 30 of the biggest taxi ranks nationwide

Taylor said commuters had helped significantly in breaking down suspicions in the community about anti-AIDS campaigns, and resistance to the use of condoms It would be a tragedy to "throw away" all the good work that had been done.

Apart from the invaluable impact of the AIDS campaign, 40% of the media revenue from the campaign went directly to taxi drivers.

Taylor said last year R4m was paid out to individual tax drivers "Not only was this a significant amount .. it was one of the few ways media revenue could filter through to the informal sector."

□ Comutanet, 60% of which is owned by Primedia, is a media firm which specialises in advertising in taxis and buses It has recently won a contract to handle Metrorail's advertising and has also acquired Bus Marketing Services giving it access to bus marketing nationally Taylor said these developments gave Comutanet access to 96% of the black and coloured commuter community, or 18,3-million people.

Aids and trucking in spotlight

Star 13/8/97 (9)

By Gasant Abarder

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

Truckstops and tollgates have been judged to be the most suitable areas to educate drivers on Aids and to distribute condoms

house Once there, she was threatened her back," said Nkwanyana

Aids show deals with prejudices

(92)

Sowetan 13/8/97

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 discriminated against by society

In seeking attention and help, he holds a health worker hostage

"My name is not important What's important is that I could be your brother, your father, your friend or even your lover," he says in a moving sequence

A coordinator for *Soul City*, Ms Antoinette Ntuli, says South Africa still had to create an environment which was accepting, understanding and supportive of those living with HIV

The report on Aids revealed that it was crucial to understand that Aids had become a classless and a heterosexual disease

Because of its extent and impact and the fact that there is no cure at present, people react to it with dread and panic, and infected persons are blamed, rejected and stigmatised

People need to deal with the ignorance and misinformation which continued to contribute to that prejudice

ana

a (Hurisa)
in Ghana

Campaign will target truck drivers

Study shows long-distance drivers are vulnerable to contracting Aids virus

Sowetan 13/8/97 (92)

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

"That is why the High Transmission Areas Campaign needs to get on the road if it is to be successful Once we are literally 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

BD 13/8/97

Robyn Chalmers

MORE than 93 000 residential consumers have signed agreements with Eskom to begin repaying their overdue electricity accounts, Eskom customer service senior GM Thulani Gcabashe 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.

Gcabashe said the pledge by individual consumers represented a total payment of R61m out of the residential outstanding debt of R140m

Consumers would be allowed to repay their debt 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 services boycotts

Gcabashe 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," Gcabashe 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 nonpayment 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

BD 13/8/97

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 high-risk category 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 truck drivers 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

BD 13/8/97

THE number of state teaching posts had remained static during the process of rationalisation 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 360 000 to 389 000, a factor which hampered government's ability to fund salary increases, department negotiator Duncan Hindle said this was not so.

He said the number of posts had "remained static" at 360 000, but the state was paying 10% to 20% more teachers than that figure at any given time because of the number of substitute teachers employed to stand in for teachers on study leave and other forms of absence.

"A distinction need to be made between posts and people. We're paying about 360 000 teachers — it could be a little bit more — but it does not necessarily mean there are that many posts."

Hindle said that it was also untrue that teachers' salary increases were to have been funded from savings achieved through the rationalisation process "as well as retrenchment downsizing".

Separate reports from Pretoria that President Nelson Mandela yesterday undertook to take up teachers' salary grievances at national level, saying that their conditions of service left much to be desired.

'Aids will quadruple disability claims'

ET (BR) 14/8/97 (9a)

STAFF REPORTER

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 encephomyletis (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

BAD TIDINGS *Janina Slawski, an actuary at Southern Life*

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'

HIV, Aids should be notifiable — Zuma

(92) CT 14/8/97

WE NEED TO know more about the epidemic ... how else are we to plan for the future?" says Health Minister Zuma, "But we don't need names and addresses." Health Writer **CAROL CAMPBELL** reports.

TO GAUGE accurately how fast the Aids virus is spreading in South Africa, Health Minister Dr Nkosazana Zuma is pushing to make HIV and Aids a notifiable disease.

In a speech to health policymakers in Cape Town this week, Zuma said she did not want to know sufferers' names and addresses, but details about their age, gender and the location of the clinic where they were tested.

Aids activists have warned her the epidemic will be pushed underground if HIV-positive people are identified, and she has assured them she does not need that kind of detail" to monitor the epidemic "Some people confuse notification with publication — this is not what I mean," she said

She said the health department should also be told when a patient died of an Aids-related illness "Every weekend we are burying people in every province who have died of Aids Lots of people pretend they don't know why they are dying, maybe because the reality of it is too scary to face.

"But we need to know more about the epidemic because how else are we going to plan for the future?" she said.

In Kenya it has been predicted that by the year 2010 there will be twice as many Aids patients as hospital beds. Already half the hospital beds in that country are filled with people dying from Aids-related illnesses.

The present system used to monitor the spread of the virus in South Africa involves random, anonymous testing of pregnant women using public, antenatal clinics

Although this surveillance system has been widely used through Africa, in this country it excludes the 20% of the population who go to private doctors. There are also problems with the way

NEEDS TO KNOW: Nkosazana Zuma

the survey is conducted.

Dr George Tembo, a United Nations Aids worker based in Nairobi, said effective surveillance systems did not depend on making the virus notifiable

The system successfully used in Uganda and Thailand, known as the Sentinel Surveillance for HIV infection, is basically the same as the testing system used in South Africa.

"It involves taking blood from antenatal clinic attenders who have blood taken for other reasons and then testing the blood for HIV.

"The blood is tested as a group and no names are attached to the samples

"The hospital staff do not know who has tested positive and the clients themselves are not told their status.

"Even if the staff wanted to tell them their status they would not be able to because they would not know who was positive or negative."

The big advantage of the system is that people don't know they are being tested for the virus and so don't avoid the clinic doing the testing

People are also not given results that they may not want.

"The decrease in HIV trends in Uganda and Thailand were observed using this system "

Mr Kevin Osborne, spokesman for the National Association of People Living with Aids, said HIV-positive people realised the importance of tracking the epidemic so it could be controlled but the protection of an individual's privacy was paramount.

"Dr Zuma was right when she said all people had rights and responsibilities. If a person is going to have sex with someone whose history they don't know they should automatically treat the person as HIV-positive and take precautions to protect themselves "

Forcing people to "come out of the closet" would lead to discrimination and fear, he said.

Ms Nikki Shaay, spokesman for the National Aids Convention of South Africa, said the Australian system of surveillance appeared to be a reliable way to track the epidemic.

"A person who tests HIV-positive is coded by the doctor and the code and basic information are sent to the health authorities. When they get sick or die the doctor adds this information to the patient's anonymous computer file so that the health authorities know where they stand.

"The only person who needs to know the identity of the patient is the doctor," said Shaay

Link between TB, HIV spelled out

(92) BD 14/8/97

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 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 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

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 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.

Truckers and prostitutes speed up the AIDS spread

(92) EP17/8/97

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 "trucking and prostitution" were closely interwoven

In most Northern Province towns situated along the N1 "informal brothels" are located near the drivers' hostels and prostitutes admitthat their clients 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'

(92)

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.

ST 18/8/97

Hawkers' trading forum proposed to stop clashes

BD 18/8/97

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 register 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 Eloff 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 weeks' 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 Phillip Nkosi said he was attacked by a mob on Wednesday who took 18 hats from his stand and robbed him of R50.

His neighbour, Cynthia Shezi from Transkei, said she had been trading on the pavements since1991 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 Jessie 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

92

Louise Cook

BD 18/8/97

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 Virodene research 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 play, 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

"People should heed President Mandela's call to be patriotic and to serve their country without expecting additional rewards," Zuma said.

'Corrective action' needed — Asmal

Louise Cook

BD 18/8/97

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"

There was still a need for central government intervention in provincial and local government affairs in SA until genuine empowerment had been established, he said

In answer to a question from commissioner Lot Ndlovu, Asmal said "affirmative action" referred only to jobs in the US and was not sufficiently comprehensive to properly address imbalances of the past in the country

"We need to create our own solutions; the term corrective action has a larger dimension than affirmative action and does more to bring about peace in SA," Asmal said.

Aids workers in battle against discrimination

Star 19/8/97 (92)

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/HIV/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 Aids 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 Mnguni

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 Cotlands 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

M+G 22-28/8/97 p.8 (02)

Gaye Davis

Negotiations between the Department of Health and a major pharmaceutical company are under way to provide thousands of HIV-positive women with access to cheap AZT which would reduce the risk of their passing the virus to their children.

Glaxo Wellcome's offer forms part of a bouquet of assistance to Southern African countries battling the Aids epidemic. It has been taken up with enthusiasm in Botswana and Zimbabwe, where it is being handled at ministerial level

AZT is the most significant medical advance in reducing the risk of pregnant women with HIV passing the virus to their children. In clinical trials, the rate of transmission dropped by one-third About 57 000 babies were born with HIV in South Africa last year. Apart from the human suffering involved, their hospital care causes a significant drain on the country's resources.

Dr Peter Moore, Glaxo's representative on medical-related issues, said the company had supplied the Aids advisory group — an independent body of scientists set up by Minister of Health Nkosazana Zuma to advise the government — with detailed figures about the number of individuals who could be covered.

"We have come up with a broad figure on which we would be prepared to negotiate a substantial discount," Moore said.

While Glaxo would sell the drug to the government at its usual price to avoid it being re-exported, the difference in cost between the actual and the discounted price would be ploughed back to fund training for Aids counsellors and building private consulting rooms at clinics, among other options

Moore said the chief of the Department of Health's Aids directorate, Rose Smart, was working with the figures.

Zuma recently admitted in Parliament that her department was not coping with the Aids problem and said there was a need for a co-ordinated government strategy.

Zuma's spokesman, Vincent Hlongwane, said the minister was waiting for Glaxo to state at what price it could make the drug available and for how long. "Until then her hands are tied," he said.

But Glaxo cannot come up with a price until clinical trials with the drug — designed to determine how much needs to be administered and over what period — are completed.

Aids researchers are champing at the bit, however. "Every effort should be made to get AZT into the country for as cheap a price as possible and the necessary guidelines for its use should be put in place," an Aids researcher said.

"There is ongoing research to show how short a time one would have to administer the drug to pregnant women (which we already have the protocols (guidelines) to put it into operation now.

At present there is a policy vacuum concerning pregnant women with HIV. No decisions have yet been taken on whether to offer HIV tests at ante-natal clinics, for example, although Smart has set the wheels in motion.

Smart said this week that, in principle, the department welcomed anything that would help the fight against Aids.

"But it would be irresponsible simply to make the drug available without doing the necessary research first. We need to cost out our options and look at medical, legal and ethical issues."

Some health professionals have grown so frustrated about the time being taken for the necessary guidelines to emerge from the Department of Health that they are taking matters into their own hands In the Western Cape, state-employed doctors and obstetricians have obtained supplies of AZT and are preparing to start administering it to pregnant women with HIV.

About 57 000 babies were born with HIV in South Africa in 1996

ARG 28/8/97

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

92

Survey highlights Malawi's worsening Aids problem

Star 29/8/97

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 Maluzi'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. – Sapa-AP

'No rush' for HIV legislation

(92)

Jacob Dlamini

BD 29/8/97

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 three bills removed in June amid opposition The bills include provisions on community service for doctors and opening ownership of pharmacies to laymen.

WORLD

AIDS may kill half of Malawi's professionals

BS 29/8/97 (92) (~~Times~~) (~~218~~)

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 Bakili Maluzi's government, in the country of 8- million, sandwiched between Tanzania and Mozambique.

AIDS programme manager Lester Chitsulo 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 Chenjezi

Chitsulo 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 since AIDS was first reported in 1985, 44 775 cases had been officially recorded, a fraction of the estimated total —Sapa-AP

No rush for legislation against Aids spreaders

Star 29/8/97 (92)

By Jovial Rantao
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 Zuma said yesterday, the Government would encourage South African communities to embark on a campaign to destigmatise 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 loose 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"

FROM'S
PARLIAMENT

CLIVE SAWYER

Sarafina leads to change at the Treasury

92

The Sarafina saga has had a sequel with a change to Treasury instructions, which takes effect today ARG 11/9/97

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

BD 31/9/97 (92)

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

(92) CT(BR) 3/9/97

MARC HASENFUSS
CAPE EDITOR

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 recruiting (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

AIDS & BUSINESS

Deadly virus has begun to infect the workplace

(92) FM 5/9/97

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 almost 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 2005, 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 actuary Deane Moore "But its cost has largely been ignored by companies"

Southern Life Aids consultant Wayne Myslik predicts that Aids could cut productivity by 2% in many companies while Aids-related costs could slice 15% off annual profits

Experience elsewhere in Africa, he says, shows that high staff turnover, even among unskilled workers, can hammer productivity Yet surveys of SA businesses reveal that most have no Aids policy Government, the largest employer in the economy, is particularly apathetic

Most at risk are companies vulnerable to intermittent absenteeism, such as car manufacturers who rely on integrated production processes, and those who provide employee health care, such as the mines

Moore says Aids-induced demographic changes will have major implications, especially for producers of niche goods such as fashionable clothing and sports equipment aimed at the 20-40 year age group, which will be hardest hit

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 Myslik

"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 that 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

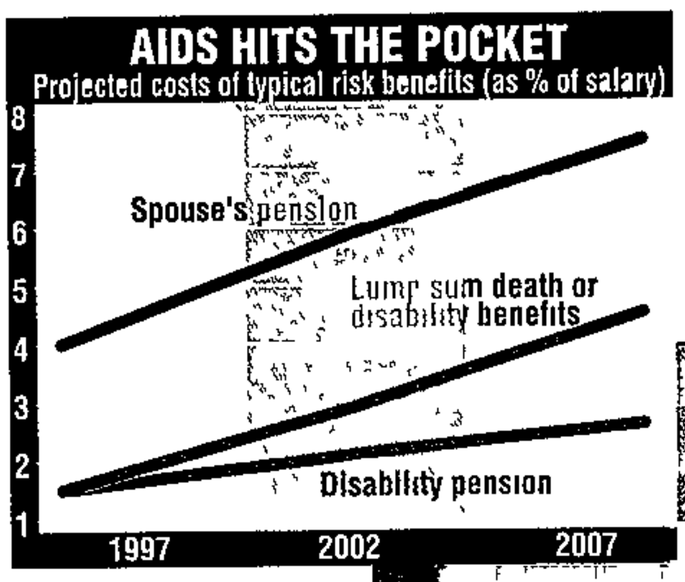
The Labour Ministry's draft Prohibition of Pre-employment Testing Bill prevents an employer from rejecting job applicants on the grounds of their HIV status unless the Labour Court agrees that this is fair and justifiable

Discrimination in the payment of employee benefits is considered unfair employer conduct under the new Labour Relations Act

Aids also raises a host of managerial issues Myslik says managers will have to ensure employees' HIV status remains confidential, cope with 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

Claire Bisseker



Malcolm Steinberg *businesses must plan against Aids*

Robert Tshabalala

HIV expected to peak in eight years

Josey Ballenger (92)

THE HIV/AIDS epidemic would greatly increase SA's orphans, street children and single-parent children, and stretch government welfare structures, Southern Life AIDS unit head Janina Slawski said.

The HIV 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

BD 16/9/93

CAPE ARGUS, **THURSDAY**, SEPTEMBER 18, 1997

Government 'guilty of AIDS genocide'

ARG 18/9/97

Blind eye turned, says activist

(92)

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 fight "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

JACK LESTRADE

Disposable: Gary Lamont says the Government has priced each South African at 48c

Help sought for mums with HIV

(92)

JENNY VIALL
Health Reporter
ARG 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 immunodefiency virus last year, up from 1 900 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 90 000 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

'Moral imperialism': South African doctors are warned their trials 'will lead to hundreds of preventable HIV infections in infants'

(92) MtG 26/9-2/10/97

Mungo Soggot

An 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 placebos — 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 would not receive [the] treatment anyway, so investigators are simply 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 It's 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 ACTG076 — 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 (UNAid), says he is preparing a reply to the journal and hopes to secure the backing of the Ministry of Health

He says UNAid 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 Salim 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 extensive 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 signed a pledge offering themselves as volunteers in tests of the attenuated viral vaccine, a genetically weakened version of the vaccine

Other Aids charities immediately urged caution But the Chicago group insisted its proposal was not a publicity stunt

"We cannot sit around after 16 years and continue to debate how quickly we can do trials," said Dr Gordon Nary, the association's executive director and one of the volunteers "There are 8 000 new cases of Aids a day, and 1 000 children a day are born with the disease A vaccine is the only significant type of scientific intervention that is going to have any impact."

Nary said the group had been swamped with offers to join the programme. Aids organisations were compiling lists. "It has touched a nerve among the public," he said.

Aids vaccine development is a slow process because of the safety measures and rigorous animal testing which are observed before humans are injected with a trial vaccine Research in the past decade has tended to focus on vaccines which do not involve a live strain of the HIV virus, because of fears that even a weakened strain might cause Aids or other complications

Advocates of the human guinea pig programme say Dr Ronald Desrosiers, of the Harvard Medical School, has developed a vaccine that seems to protect monkeys from the primate equivalent of HIV The group wants to use that vaccine in its experiment

The researchers will have to obtain permission from the federal Food and Drug Administration before going ahead with the plan on a nationwide basis. It may, however, be legal to proceed within the state of Illinois — whose laws govern Chicago — more quickly. Another option is to conduct the research outside the US.

'New drugs beginning to fail'

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 need new options"

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 regained normal lives 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 records of 136 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 on tests. But since then the virus has returned to detectable levels in 53% of cases

Although this is ominous, 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

Ho 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

RESEARCH TO SPEED UP TRIAL RUNS

(92) CT 30/9/97

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

In 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 Peri-Natal 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 conditions, on which solid 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-type E (common 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 been slow because HIV has up to 10 sub-types worldwide, say researchers.

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 breastmilk. 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 six tablets a day off their complicated pill regimen

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 HI 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 anaemia

Studies have shown that the more pills someone takes, especially when they must be swallowed at different times of the day, the less likely the patient is to take all the doses Improper use of Aids medications allows the HI virus to mutate so that many drugs no longer work. — Sapa-AP

World Aids research sites for SA

Star 30/9/97 (92)

By Janine 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 breastmilk. 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'

(92) BD 1/10/97

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 136 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 idealised research patient typically found in a clinical trial, but the average patients seen by physicians in a public health hospital " Deeks's study looked at the impact of protease inhibitors retrospectively 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 in Toronto at the 37th Interscience 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 Shiloov 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 ShiloovTube device is undergoing clinical tests in the US — Reuter, Sapa-AFP

World wars have nothing on Aids invasion

HIV fighter warns that South Africa must get on a war footing as the epidemic leaves a trail of abandoned and orphaned children across southern Africa

Star 2/10/97 (92)

By Janine Simon
Medical Correspondent

Seen from the wards of Kalafong Hospital near Pretoria, the waves of children with Aids is as much of a threat to South Africa as World War 2 was to the British in 1939

But says Father Barry Hughes-Gibb – who was a boy in Manchester during the war – as Aids unravels families and leaves an epidemic of children abandoned or orphaned, few in South Africa are getting on to a war footing to prepare for the impact

This is despite the fact that the epidemic has the potential to wipe out all the gains made in improving the health of children through the policy of free health care.

There were 34 children with HIV when Hughes-Gibbs started Kerux, a care group for terminally-ill children at Kalafong, in 1994

Today the hospital's immunology clinic has 1 500 patients with HIV and at least 20% of both children in paediatric outpatients and babies born in the maternity section are HIV-positive At any time there are also about 30 abandoned children in the hospital, left there for Aids related reasons

Many of the children come from the informal settlements around Mamelodi and Attridgeville, and their health is already compromised by the poverty and poor living conditions When HIV strikes, it collapses them like a row of dominos, he says

Some patients travel up to 300km one way to get medical care at Kalafong, often without a meal all day, says Hughes-Gibb. All the money spent on Aids awareness does nothing to help the 20 000 children who are expected to become ill with Aids this year

Kerux's specific role is to improve the holistic care offered at Kalafong and it has made a visible impact Less than 100km away, the Soweto Aids Project is picking up a very similar impact of the HIV epidemic on children

When a family is disrupted by HIV, and has no income or food or health care, the innocent child suffers the most, says the project's Dr Mark Ottenweiller

Many children are malnourished and have multiple medical problems but live in families unable to look after them adequately

Mothers, many of whom only found out that they were HIV-positive when they lost one child or infant to HIV, travel back to the rural areas to try and get relatives to help care for the child, and then have to travel again to try and access medical care

They don't understand why the child is so sick and why he keeps getting sick, says Ottenweiller

The guilt that many feel for giving HIV to their children compounds the problems of poverty and ill health, and is often overwhelming

Kerux is on the brink of opening the Mahau Aids Sanctuary and hospice in the Kalafong grounds The building was donated by the Gauteng health department, and R500 000 has been donated by the Japanese embassy Mahau is to be a sanctuary and hospice for mothers and their babies who have been abandoned because they are HIV-positive, for abandoned children who are HIV-positive, and for terminally ill children

It is a facility which Hughes-Gibb plans to replicate in various communities

But, says Ottenweiller, the extended family, neighbours and other community members can also help care for those children with the proper training

If these tales from "the front" are not enough, South Africans have only to look at other southern African countries, to see direct the devastating effect the HIV/Aids epidemic has had on babies and young children

In Zimbabwe last year Aids pushed the infant mortality rate (IMR) 40% higher than expected to 72,8 per 1 000 says Dr Geoff Foster, of Zimbabwe's Family Aids Caring Trust.

In Zambia the IMR is 30% higher than expected, and in Kenya and Uganda 20%, he says

Most Aids deaths among children occur in those aged between one and four

Last year in Zimbabwe, Aids pushed the child mortality rate (CMR) 85% higher than expected, to 128,3 per 1 000, which means one in eight children born will die before five, Foster says.

CMR in Botswana and Zambia was 75 % higher than expected without Aids, and in Kenya 40%. Aids also has a profound impact on the health of a child who is not infected, but whose parents die

The epidemic is expected to increase the number of children whose mothers have died from around 3% to 10% within 25 years; many will also be fatherless

The fact that more than a third of children are being looked after by someone other than their mothers, the primary health-care givers, has huge implications for child health, Foster says

Aunts and uncles were the traditional mechanism for the extended family to cope with orphans But, as the numbers of orphans increase, the very old and very young are being recruited as care givers.

In one recent Zimbabwean study of 43 households headed by children (the youngest of whom was 11), 86% had lost both parents

Elderly and very young caregivers may not know about good nutrition, treating diarrhoea or spotting a case of malaria, says Foster.

"Add to this the twin epidemics of TB and poverty which follow in the wake of HIV and orphanhood and we see the scale of the disaster being faced by future generations of children in badly affected countries."

The Star paves the way to boost vital fund

You can help improve the quality of life of children with Aids by supporting Kerux through The Star Fund, a special fund set up in memory of Princess Diana

Kerux is a volunteer non-governmental organisation that works as part of the medical team providing holistic health services to patients with HIV at Kalafong hospital.

Its work is non-medical, which means everything which improves patients' quality of life, like money, food and clothing

The organisation has painted wards, set up tea kitchens, hands out high-protein food and makes sure mothers with babies in observation overnight have food once the hospital closes at 5pm.

It pays transport costs for patients who travel up to 300km to the hospital and also picks up the infamous R13 cost for patients who are not pregnant or under six and need to retrieve their files and get precious medical attention

A pilot scheme for 10 people with HIV/Aids to be trained as counsellors and be paid to circulate in the outpatient department has already been approved, although the R137 000 to fund it has not yet arrived from provincial government, says a project spokesman.

Kerux's aim now is to complete the Mahau Aids Sanctuary and Hospice for abandoned mothers, babies and terminally ill children at Kalafong. Send donations to The Star Fund, Box 1014, Johannesburg 2000. – Medical Correspondent

A care umbrella ... the pediatric outpatient ward at Kalafong Hospital used to be a dark cave, until Kerux had it painted with murals, set up a tea bar, and made sure mothers waiting there overnight had access to fo d. This is one way to help improve life for children with HIV, who make up about 20% of patients in the ward

Company medical schemes slow to face up to AIDS

ARG 2/10/97 (92) (2)

BUSINESS REPORTER

Only a quarter of companies have restructured their medical schemes and benefits to allow for HIV and AIDS-related diseases, says the latest Old Mutual Survey.

Ant Lester, managing director of Old Mutual Actuaries and Consultants, said although 86% of the surveyed companies were aware of the impact AIDS could have on the health benefits industry, it was seldom seen as the main strategic issue facing medical aid schemes

But, according to the survey, control of spiralling health-care costs remained the key issue for employers (as in previous surveys), and pre-pension funding of medical benefits ran a close second

Mr Lester said it was heartening to see a significant increase in AIDS awareness in the workplace, and in the education campaigns initiated

Since 1994 the percentage of companies conducting such campaigns had risen from only 40% to 83%

The survey also noted that 21% of companies surveyed restricted benefits to Aids-related conditions, and 5% ruled against HIV-positive employees joining their schemes.

'It was heartening to see a significant increase in AIDS awareness in the workplace'

"These measures may contravene the prohibition of unfair discrimination in the Labour Relations Act, and could be specifically prevented in terms of proposals from the Department of Health, making it essential for these companies to rethink their current policies," Mr Lester said.

In the survey, managed care emerged as the leading means cited for curbing medical benefit costs, but other strategies, including cost-sharing and employee health education, were frequently mentioned

"The drive to cap contributions is not surprising, given that the cost of medical benefits has increased from 3% of a company's payroll in the 1970s to between 8% and 11% today," Mr Lester said

He said he was surprised to find that 45% of respondents surveyed were already setting aside advance funding for future pensioner medical benefit liabilities

"But perhaps more telling is the fact that only 14% of respondents believed that they had set aside enough to cover the full liability."

Informed consent: The volunteers know exactly what they are getting into. PHOTOGRAPH: DANNY HOFFMAN

Mothers give support to placebo trials

Swapna Prabhakaran

MtG 3-9/10/97

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 (92)

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, those volunteers receive placebos

But the local volunteers insist they know exactly what they are getting into and fear 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 spaza-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 spaza-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 . It is helping us We signed the forms so we know about it."

She says the chance to participate in the study — even if it is by taking a placebo — is what is most important for her. "I am doing this for the coming generations, not for myself."

Similar trials are being run at the King Edward Hospital in Durban

The *Mail & Guardian* reported last week that *The New England Journal of Medicine* accused the study of unethical practices because placebo-control testing would be unacceptable in the US as AZT is easily available there But local doctors say there is no similar situation in developing countries like South Africa.

Lucy Blamey of the Aids Law Project rejected the journal's claims as "highly spurious".

"AZT is not available to women in South Africa's public health system because of cost and lack of infrastructure needed to administer the drug.

"The trials conducted at Chris Hani Baragwanath and King Edward hospitals — which comply with international ethical standards — represent the first attempt to make AZT available to pregnant women in this country," Blamey said

Head of the research unit at Baragwanath, Dr James McIntyre, said. "It [AZT-control testing] is not viable financially or logistically in South Africa "

The researchers are trying to determine whether a short-course treatment of AZT— which is usually administered for long periods during pregnancy — can reduce mother-to-child transmission of the virus

The study uses four "arms" three out of every four of the women receive different levels of the active drug and one of every four is given a placebo

The placebo, which looks exactly like the real drug, acts as a control against which the other results are measured Neither the doctors nor the patients know which of the volunteers are receiving the placebo

Needle injury while tending to Aids-infected baby led to deadly infection – a situation made worse by lack of support from peers

One jab ... and doctor was condemned

(92) (93) Star 4/10/97

By ADELE BALETA

Cape Town – A young medical doctor who is HIV positive has spoken out for the first time about her harrowing ordeal after being pricked by an HIV-contaminated needle while working at George Hospital in the Cape.

Dr Louise Brink (27), who now lives in the United Kingdom, told the *Saturday Star* that living with the "secret of HIV" merely perpetuated the stigma of the virus and it was time to be open and honest.

"I do not want to live in fear and shame of what others think of me," she said.

Her nightmare began one Friday evening in September 1995.

"I was called to draw blood from a three-month-old baby The procedure was not entirely successful. I turned around to get a second needle for another attempt and as I did that the baby snapped its arms out of the nurse's grip and in doing so punched my hand right on to the (first) needle."

The hollow needle with the infected blood penetrated Brink's little finger on her left hand so deeply, it reached the bone. The prick is still visible.

She said. "I did not know the child was HIV positive but a blood sample was immediately sent to the lab An hour or so later I was told the test result was HIV positive. Two weeks later a more specialised test confirmed the result, and the child died of Aids a short time thereafter."

Her story is peppered with accounts of how the Health Department allegedly failed to support her through the trauma. She claimed that shortly after she was exposed to the virus while a junior doctor, she was given poor advice by her superiors that led her not to take the available drug AZT, which helps to slow the progress of the disease She was also never offered counselling.

She said she has approached a human rights lawyer.

Brink has gone public because she does not want other healthcare workers to go through the same trauma and hopes her devastating story will encourage them to demand their fundamental right to protection and treatment in the event of exposure to the virus.

She believes the Health Department should take more responsibility for its workers

The risk of contracting HIV as a result of a needle-prick injury is low (0,3% for every exposure), but Brink was desperately unlucky to have slipped through the net after the recommended guidelines and universal precautions weren't followed.

Her treatment has highlighted the need for increased education and awareness about current guidelines in hospitals Health sector commentators are hoping there will be clearer and more appropriate policy on compensation. There are fears that, with the increased prevalence of HIV, the risk of exposure could increase.

> *'Just remember, there are only six interns here, so who is going to do your job if you get ill?'*

Two weeks ago Brink and her Scottish husband Mark Maynard were married in Stellenbosch in the presence of a gathering of close family and friends The couple spoke to the *Saturday Star* at her mother's home in Somerset West.

When Brink graduated from the University of Cape Town in 1994, she chose to work at George Hospital, believing she would get the best possible practical experience and support from the consultants (specialists) As one of the six junior doctors on the staff, she worked at least 90 hours a week. The hospital was always understaffed and very busy.

"Luckily, with some support from my boyfriend at the time (after the needle injury), I realised the gravity of the situation and therefore immediately reported the injury to the superintendent at the hospital.

"He told me that in the previous year there was a junior doctor who got the same injury and he was put on the drug treatment AZT according to recommendations He soon felt ill on the AZT and he was very nauseous and tired.

"The superintendent looked at me and said. 'Just remember there are only six interns in this hospital. Who is going to do your job if you get ill?'

"So that was his angle, which, I think, is negligent from a professional point of view because he was not taking into account the welfare of his junior doctors.

"Because of the advice I received from him, I decided not to take the AZT I became ill three-and-a-half weeks later with non-specific symptoms like muscle pain, headaches and fever."

Although the taking of AZT is recommended, it is not enforceable. Brink's seroconversion (moving from HIV negative to HIV positive) was a textbook case. "I informed my GP and another test was done It came back negative. I was then admitted to a private hospital where a physician took over my case. Further tests were negative.

"I then noticed that the lymph nodes in my neck were very swollen, and I decided to go back to the pathology lab for yet another test."

Ironically, on December 1 – International Aids Day – the pathologist gave Brink the devastating news that she was HIV positive.

She said his only comment was "Good luck!"

"I was in total shock. Where would I go from here, I wondered. I am the kind of person who wants to fix things but you cannot really fix this, can you?"

She claims she received no emotional support from the hospital's senior staff whatsoever.

"I thought that at the very least a female administrative superintendent at the hospital, who was at least 10 years older than me, would show some compassion. I never even received a telephone call."

Resolved to keep her life on track, she completed her internship at the hospital three weeks later and left for the United Kingdom, where she hopes to qualify as a psychiatrist.

LOVE MATCH. Dr Louise Brink and Scottish engineer Mark Maynard who were married in Stellenbosch two weeks ago They plan to treat each day as it comes PHOTOGRAPH CAPE ARGUS

Before she left she sent all her forms to the Department of Labour Her case was assessed and she was given a claim number However, according to a letter in the possession of the *Saturday Star*, she has been denied compensation for anti-Aids drug therapy "at this stage"

A clause stipulates that medical benefits will be payable only once the HIV-positive sufferer becomes "ill"

A pension is payable when the HIV-positive patient becomes disabled. In terms of the act, Brink would receive 75% of the salary she earned at the time of her injury As a junior doctor she was earning a basic R2 400 a month. "By the time I get ill in seven or eight years' time, can you imagine what that will be worth," she said.

George Hospital's clinical medical superintendent at the time of the incident, Dr Martin Viljoen, told the *Saturday Star* that neither he nor anyone on the staff were allowed to comment.

In love with life, couple refuse to bow to disease

By ADELE BALETA

The worst moment the HIV-positive doctor faced was deciding whether she should tell her partner about the disease and risk losing him. But Dr Louise Brink's fears turned out to be unfounded when the man in her life, Scottish engineer Mark Maynard, asked her to marry him.

The couple were married two weeks ago at the Dutch Reformed Church in Stellenbosch surrounded by family and friends. Looking radiant in a long, cream wedding gown, Brink (27) married her dashing groom, who was dressed in a kilt.

Brink tested HIV positive after she was pricked by a hollow needle carrying the HIV-infected blood of a three-month-old baby she was treating at George Hospital two years ago

After her HIV status was confirmed following a series of tests, she decided to carry on with her life as planned.

In a candid interview with the *Saturday Star*, the couple spoke about their love for each other in spite of their burden.

Tomorrow night she and her husband are interviewed on M-Net's *Carte Blanche* actuality programme at 7pm.

Brink went with her previous boyfriend to the United Kingdom, where she joined a teaching rotation in psychiatry. But it was difficult adapting to a new country as well as having to accept that she was HIV positive. When her relationship with the boyfriend ended, she entered a "whole new ball game"

"I was afraid of the stigma related to HIV and Aids. I did not know how new friends would respond to my virus. Reactions could have included ignorance, fear of transmission, rejection and anger. I decided to take each situation and improvise as I went along," she said.

The few people she went out with did not respond negatively to her, and to her amazement were more concerned about her wellbeing. She remains close to all of them.

But nothing could have prepared her for her meeting with Maynard. "We have not been apart since we met," she said.

Telling Maynard about being HIV positive was the most difficult decision she has made "in her HIV career"

"He did not know I had the HI virus when we met. The time came for me to tell him. I considered turning my back on him and walking out on the best thing that has ever happened to me."

Faced with this option, she decided to bite the bullet and told him.

Without hesitation, Maynard looked softly and lovingly at his new bride during the interview and took up their story

"It's a very strange experience, in that you meet someone and you realise she is very special and then you are told she has a killer disease."

He was taken aback but never for one moment thought there was no future for them. "We talked about what we could do about it and decided we would enjoy life to the full, treating each day as it came.

"Every time we tell the story I know it hurts Louise. The reality is that she has the HI virus and if she gets Aids I could lose her. We accept this, but every day there are advances in medical research and each and every day gives us new hope.

"While we are fit and healthy, we will enjoy life and carry on loving each other as much as we do."

Brink said it was sad that many people, including those whose sole mission is to campaign for the rights of people with HIV and Aids, allowed the disease to engulf them.

"They cannot see the wood for the trees. There is enough scientific evidence available to indicate that the disease will become chronic and not terminal," she said.

The couple flew home to Britain last night.

AIDS 'will halve' life expectancy in Africa

(92) ARG 8/10/97

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 33, 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 65 but fell as a result of AIDS to 56, while Uganda's dropped from 53 to 40. In 2010 it will be 44 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 3-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 (Safaids), 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 20% by the year 2010

Safaids 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. – Sapa-AFP

Aids is slashing projected life expectancy in Africa by half

(92) (E)

Shock figures show Malawians in 2010 will, on average, die before the age of 30

Star 9/10/97

AFP
Harare

Life expectancy in eastern and southern African countries with severe Aids epidemics will decline by 2010 to an astounding 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 otherwise.

In 1996 life expectancy in Malawi stood at 36. Without the ravages caused by the acquired immune deficiency syndrome it would have been around 50.

In Zambia, life expectancy is estimated to fall to 30 years by 2010 while in Botswana it will go down to 33 years, both 50% of that originally expected.

In the absence of Aids, life expectancy in Zambia would have been 57,5 years in 1996 but has been reduced to about 36, while Botswana, projected at 60 years was down to 46

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.

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, a Zimbabwean doctor and head of the Mutare Family Aids Caring Trust. "Many years of life will be lost due to the epidemic."

Foster, who is a paediatrician, said lowered life expectancy due to Aids necessarily implies dramatic increases in the numbers of orphans.

Experts say at least 30 million children are likely to be orphaned in the next few years since they currently live 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.

Although populations will generally continue to grow in most African countries due to high fertility rates, Aids will selectively affect the economically active groups.

"The impact on labour will not be uniform, depending on whether skilled or unskilled workers are affected.

"The Aids pandemic is like a carcinoma, no section of the economy will remain untouched," Marvellous Mhloyi, a respected Zimbabwean demographer, said of the impact of Aids on the subcontinent.

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 Mhloyi.

"It becomes a silent conspiracy of complacency. Life gets trivialised," she said at a recent regional economic summit.

Sex disease shock: syphilis kills SA babies

Infections third biggest killer in womb, Tygerberg shows

ARG 14/10/94 (82)

CAROL CAMPBELL
STAFF REPORTER

Infections, mostly caused by the sexually transmitted disease syphilis, have become the third biggest killer of unborn babies in South Africa, shock results of research at Tygerberg Hospital show.

These deaths are overtaking the number of "unexplained intra-uterine" deaths Haemorrhaging in the womb, especially of the placenta, and premature birth, are the biggest killers, accounting for 45% of prenatal deaths

The Medical Research Council was due to meet the Department of Health today to discuss ways to use the research to slow the rate of death of unborn babies from causes including infection from syphilis

Hein Odendaal, head of the council's Perinatal Mortality Research Unit, which has been investigating the problem for several years, said the sudden increase in deaths was cause for grave concern. "Patients with positive tests for syphilis are contacted as soon as possible so treatment can begin with minimum delay," he said

In spite of the sudden surge of problems caused by the sexually transmitted disease, the unit found that from 1986 to 1994 the number of deaths after 28 weeks of pregnancy until the first week after birth dropped by nearly a third

Between 1986 and 1994 at Tygerberg, the death rate dropped from 22,6 per 1 000 viable births to 15,4 Last year the rate was 10,8 Professor Odendaal said he hoped this figure would have dropped to 10 deaths per 1 000 viable pregnancies by 2000

Greer van Zyl, spokesman for the Medical Research Council, said the rate of death in unborn babies was an indicator of a country's health status "It shows the standard of health and care during pregnancy and during and after delivery "

Professor Odendaal said the rate was excellent for a low socio-economic community in a developing country. "It was brought about with a minimum of expensive modern technology but with great emphasis on training personnel and quality control."

At the meeting today the council planned to put a practical plan on the table for the Health Department to consider. The plan includes ways to improve ante-natal care

Aids cocktail seems to do the job, but very few can afford it

Star 15/10/97

The cost is R4 700 a month, perhaps for life, and if you're poor it's just hard luck

NY TIMES
Miami

The doctor's chicken scratch is barely legible, but to Luis Figueroa the scribbles on the little white slips of paper are precious They are prescriptions for three powerful new Aids medications that once miraculously revived Figueroa, who was so close to death last year that his parents brought in a priest in case he needed last rites.

But there is a problem with the prescriptions. Figueroa cannot afford to submit them to a pharmacist, and the government cannot afford to provide them for him

The three-drug cocktail costs nearly $12 000 (about R56 000) a year – a sum far beyond the reach of Figueroa (33), an unemployed printer who recently moved here from Washington, leaving his health insurance behind Recently he went looking for help at a social service agency for people infected with HIV, but he found little solace.

There, a counsellor told him that the federal-state partnership that pays for Aids drugs for the indigent was broke in Florida, as it is in 25 other states It can pay for two of his anti-viral medications, but not for the protease inhibitor, easily the most powerful drug in his combination.

"It's a matter of waiting and hoping," said the social worker, Gilberto Robledo who told Figueroa that his name would be placed on a waiting list He did not tell him that the Florida list had 600 names

Thus did the luckless Figueroa fall through the cracks of the Aids drug revolution, and he is hardly alone. It has been fully 18 months since the protease inhibitors came into widespread use in this country, helping to transform Aids from a almost certain death sentence to a chronic, but treatable, disease for many patients

But the new drugs are expensive, and experts say tens of thousands of people who could benefit from this state-of-the-art Aids therapy do not receive it

> **"I call it the therapeutic haves and have-nots ..."**

The reasons are varied Some people with HIV do not seek treatment. Others have yet to learn of combination therapy. And because the protease-inhibitor regimen is complex – up to 30 pills a day, some with food, some without – some doctors are withholding the drugs from unstable patients, fearing they will miss their doses and make the treatment pointless.

But as HIV continues to spread among the poor, experts say, the main obstacle is money.

"I call it the therapeutic haves and the therapeutic have-nots," said Dr Arthur Ammann, president of the American Foundation for Aids Research. "Anybody who walks into a pharmacy in a poor neighbourhood and looks at the line of people who are trying to negotiate which drugs they can or cannot get, understands this"

The problem is simultaneously generating a host of complex public policy issues

As word of the benefits of the new medications spreads, clinics are jammed with patients

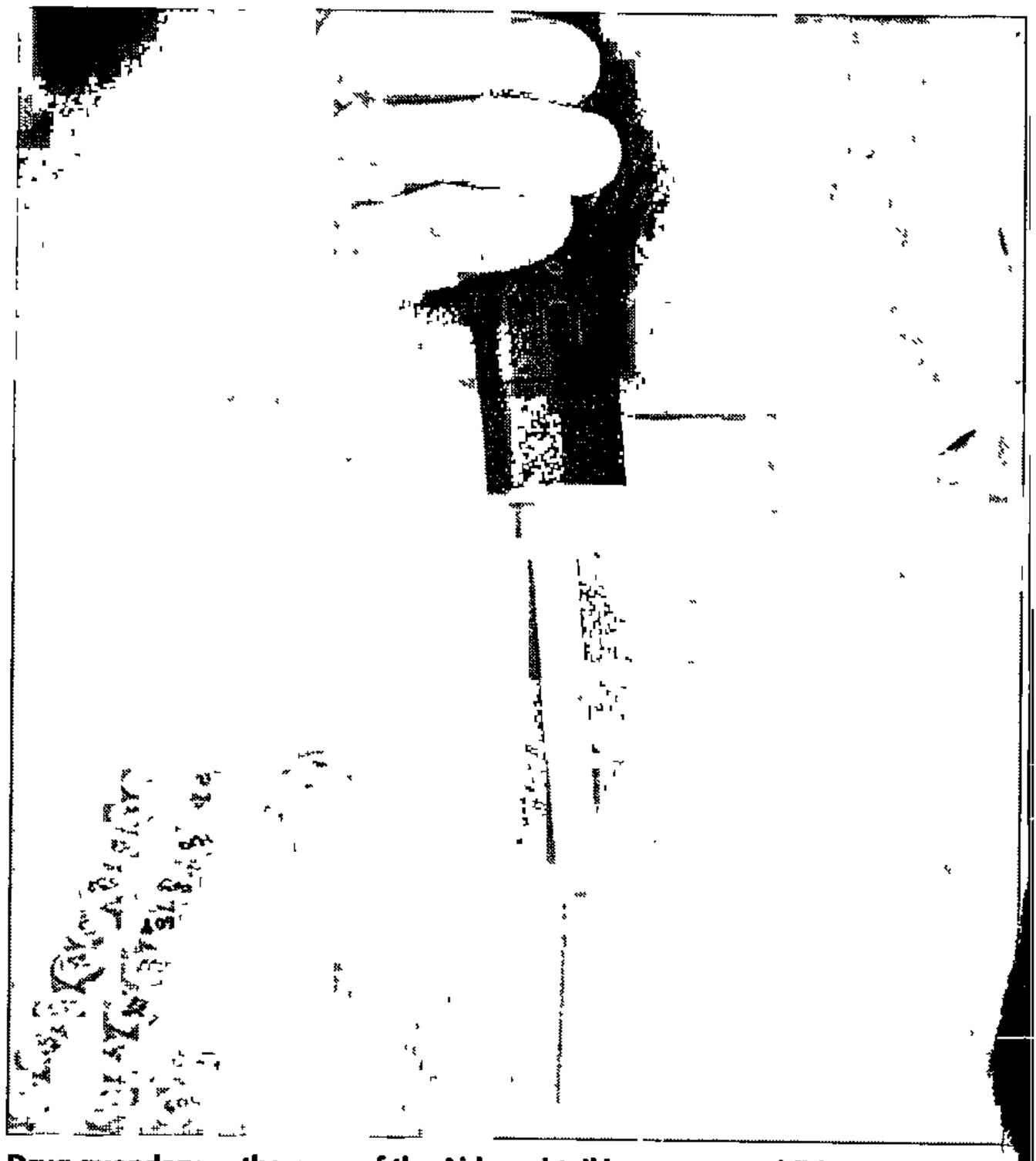
At the same time, the fact that the protease inhibitors have helped keep so many people alive is depriving others of benefits

Enrolment in the Aids Drug Assistance Programme, the federal-state partnership that provides the drugs to the needy, has simply exploded with the arrival of protease inhibitors The rosters in some states have climbed an astounding 2 000%

And as patients live longer, there is barely any turnover in the programme. In many parts of the country, precious slots are full, and state officials, short of cash, are faced with a wrenching problem: whether to cover all the drugs for some patients or some drugs for all.

"People are not dying as rapidly, so they are not opening up spaces," said Dr Patricia Hawkins of the Whitman-Walker Clinic in Washington, which treats and counsels people with Aids "There is so much hope in these medications, and then you have to tell people they can't get on to it yet It's very frustrating"

According to the Federal Centres for Disease Control and Prevention, 750 000 Americans are now infected with HIV, and fewer than 20% have private health insurance Roughly half are insured by Medicaid or other government programmes, but 29% have no insurance at all.



Drug quandary ... the price of the Aids cocktail is proving prohibitive.

Scientists identify new treatment strategy for HIV and Aids patients

(92) Star 15/10/97

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 recognise 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 recognised 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

No shortcuts in Aids battle

We have a duty to protect all the tens of thousands who are affected, writes Mark Heywood

(92) Star 16/10/97

In her Opinion article (Aids battle: it's rights v reason, The Star, October 2) Dr Ruth Rabinowitz advocates HIV prevention via mandatory testing, compulsory partner notification, and a criminal law to punish people who negligently or wilfully infect others with HIV.

To answer Rabinowitz it is necessary to sketch in the most relevant facts about our Aids epidemic

By 1997 an estimated 2,4 million people were infected with HIV. Unlike "traditional" epidemics, however, HIV is not spread by casual contact Some 90% of transmission is via consensual heterosexual intercourse. Hence, traditional responses to epidemics are not relevant

The vast majority of people with HIV do not know it Just like the majority of HIV negative people This is because HIV infection has a long period of "wellness" and because most people living with HIV are poor and have limited access to health care facilities

South Africa's apparently uncontrollable increase in HIV infection, a 34,8% rise between 1995 and 1996, is alarming. It is also too simple to argue Aids education has failed. If anything, it is because we have ignored the social conditions that greatly add to the risk of HIV.

The homelessness, violence against women, illiteracy, migrancy and generalised poverty are a microcosm of the HIV risk-pool that engulfs most South Africans Social conditions mean that even where there is "Aids awareness" it is difficult for people to change the behaviour that puts them at risk.

Added to this is our society's collective lack of commitment to tackle the problem Those in power (politicians, trade unions and business leaders especially) have failed to address the most urgent health issue of the century There is a tendency to want to resort to shortcuts and panaceas and to ignore what has been learnt by medicine and social science in the 16 years since the emergence of the epidemic.

■ Dr Rabinowitz offers us a consummate case of this: She writes:

"Our approach (to Aids) has been defined by the West" and lays blame at the door of the "gay lobby" for "seeking special protection for HIV victims"

Not true. Anti-gay prejudice and blame was directed against the first people with HIV by politicians, the media and the church This prejudice exists to this day and laid the foundation for other human-rights abuses.

■ Rabinowitz again "We need to take into account the competing rights of the sufferer (sic) and those of the healthy population "

According to the constitution we now all have equal rights This should do away with the past need for those who suffered legalised discrimination (black people, Jewish people, women) to have to struggle for fundamental rights

Indeed, there is a particular public health rationale linked to protecting the fundamental rights of people with HIV and Aids. If "specific categories" of unfair discrimination are permitted then people who think they may have HIV or who want to have an HIV test will opt for the motto "what you don't know can't hurt you" Those who know they have HIV will seek privacy and dignity underground – away from HIV counsellors and health services

■ Rabinowitz writes "Sufferers are allowed to choose not to know that they or their children have HIV/Aids "

This is an outright distortion of the intention of anonymous surveys of pregnant women – a practice that is accepted as a legitimate and ethical way to gather epidemiological information

■ Rabinowitz glibly recommends "partner notification"

But how many African women, in rural or urban areas, feel empowered enough to ask their husbands to wear a condom? How many would risk home and personal health by informing their husband of an HIV diagnosis?

■ Finally, after initially criticising "Western" approaches Rabinowitz finds solace in the United States Congress where she reports that proposals made by Republican representative (and anti-Semite) Tom Coburn "might give South Africans the courage to defy the politically correct lobby".

In fact, the draconian measures he proposed are controversial and opposed by many health organisations, including the American Nurses' Association.

Unfortunately, Dr Rabinowitz's dangerous recommendations might appear to be "common sense" to many people. In reality though, they will make the Aids epidemic more unmanageable

The most effective approach to Aids prevention must create both individual awareness and find ways to reduce social vulnerability It must recognise the stigma that has developed around AIDS and the hindrance this creates for HIV prevention It must promote non-discrimination and human rights as essential to creating a climate for "openness"

■ *Mark Heywood is head of the Aids Law Project and co-editor of the HIV/AIDS and Law Resource Manual.*

Sex workers join the fight against Aids

MfG 17-23/10/94 (92)

The complexity of sexual behaviour is forcing medicine to be unconventional in fighting Aids, writes **Julia Grey**

Sex education: Outreach co-ordinator Zodwa Mzaidume (left) talks to sex workers about Aids and gives out free condoms. PHOTOGRAPH: KIM DE WEES

"Stadiums" — places where "the game" is played — take many different forms around the mines in Carletonville, southwest of Johannesburg A stadium may be the parking lot in front of a beer hall, a stretch of veld near hulking 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, beerhalls and other "stadiums" where mine worker meets sex worker 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, Mocambique and Uganda The strategy that has been successful in these projects is training sex workers as "peer educators"

Says project worker Soli 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 their 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 "serviced" 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 prostitue 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 skins, jars of roots and piles of herbs was set up outside Joker's 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 of 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 seems to have been caused by diseases such as TB

This Carletonville project, which will be running for three years, is still in its fledgling days But if the progress being made in the Free State project is anything to go by there is reason to be optimistic Dr Tony de Coito, who co ordinates the Free State project, says that the way to evaluate the success of the intervention is to measure the STD rate among prostitutes and miners In the year the project has been running the cases of STDs have dropped by 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 it seriously The three miners who refused to have condomless-sex with Flora are one example, and even more encouraging, a group of local high school children have formed their own group of peer educators

Miners have long been recognised as a high-risk group This is not only because they are young males, but also the nature of their work — after a 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 the mining houses have pursued to contain the Aids epidemic by raising awareness levels among miners has largely failed where it matters most changing people's behaviour Miners 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

CT 20/10/97

SA drug 'helps against Aids'

(92)

TROYE LUND

A POSSIBLE key to extending the lives 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 Montagnier, who discovered the virus, this breakthrough could be the cure if used with anti-viral cocktails

Montagnier 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 Bouic discovered that the same fats exist in all plants

HIV infected patients whom Bouic 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 Bouic

Fast recovery is also guaranteed for patients suffering from other diseases that are characterised by dysfunctional immune systems, like tuberculosis, rheumatoid arthritis, systematic lupus erythematosus, psoriasis as well as certain cancers

Bouic 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 Bouic 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

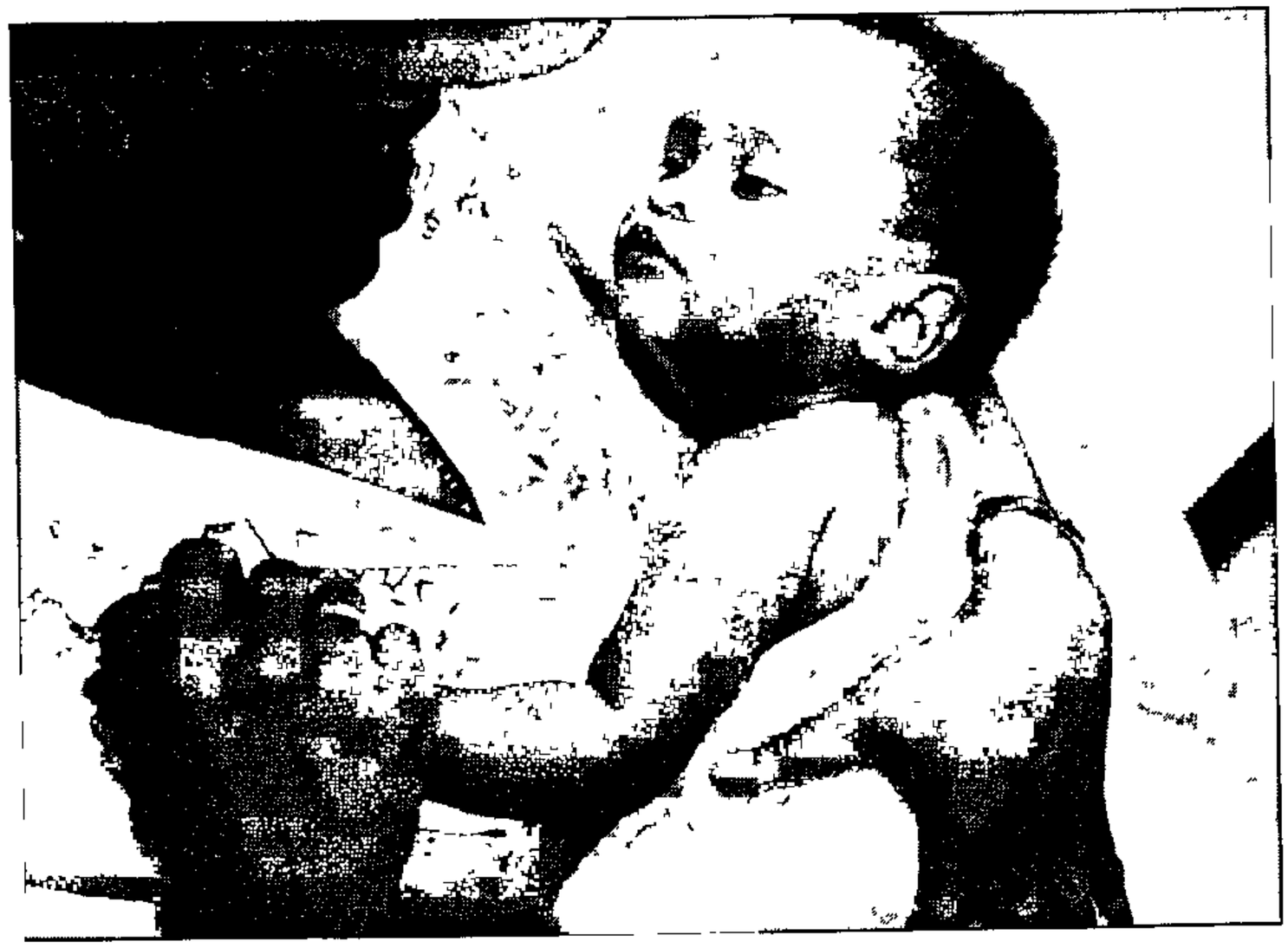
"I have given 10 years of my life to this The beauty of it, aside from the price, is that it is totally non-toxic

"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 Bouic, 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



Suffer little children: Fierce debate rages about local Aids trials. PHOTO: DANNY HOFFMAN

Scientists quit over Aids row

(92) MtG 24-30/10/97

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 give 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 Wilfert, 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

BD 30/10/97 (929)

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," paediatrics 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 Malins and hospital officials disputed a report in The Star yesterday, saying she never made it to the hospital.

Malins 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 Frankish 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."

Malins said legal action would not be taken.

Ill-prepared companies pay dearly

(92)

'Corporate Aids strategies now essential'

CT (BR) 30/10/97

RICHARD STOVIN-BRADFORD

Johannesburg — Many South African companies were paying dearly for Aids-related costs because they had 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 drug Virodene to be referred to Zuma

ET 30/10/97 (92)

JOVIAL RANTAO
PARLIAMENTARY BUREAU

VIRODENE PO58, the Aids drug rejected by the Medical Control Council (MCC) is to be referred instead to Health Minister Dr Nkosazana Zuma, after a foreign toxicologist stated its toxic levels are acceptable

Pretoria researchers Professor Dirk du Plessis, Dr Callie Landauer and Dr Olga Visser, who produced Virodene after unauthorised trials on humans, have subsequently had two protocol submissions rejected by the MCC amid strong criticism This follows the MCC's ban on the drug in February

Landauer would not comment on the report from the toxicologist until a formal presentation has been made to Zuma soon

The MCC would be contacted once the necessary information was ready, Landauer added

An appeal to the minister is one of three routes open to anyone unhappy with MCC decisions Others are the courts and the MCC itself

UP TO THE MCC: Health Minister Nkosazana Zuma

The trio has requested a R3,7 million grant from the cabinet, rejected thus far

In an interview with a team from the Independent Parliamentary Bureau, Zuma said "The people that work with Virodene are very adamant that they have something that they think can work But until that is tested it will be very difficult to know.

"Recently they have been abroad and they now have a report from one international toxicologist recommended to them by the MCC, who has disputed the toxicity of the drug The toxicologist said, everything being equal, they could go ahead but monitor this and the other, which is normal

"That process in still on but it hinges really on the MCC to give them approval for the research"

● See Page 5

AIDS cost 'will cripple health care by 2007'

(92)

CAROL CAMPBELL
STAFF REPORTER ARG 3/11/97

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 Janina Slawski has warned.

Ms Slawski 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 690 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 Slawski 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'

(92)

From page 1 ARG 3/11/97

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 Dasoo, spokesman for the Representative Association on Medical Schemes (Rams), said schemes had to completely reassess the way they operated to survive

Cape employers face looming AIDS crisis

(92) ARG 3/11/97

CAROL CAMPBELL

The Jeffes 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 Slawski said that in 10 years the family would pay about R3 300 for far 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 900, 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 3,09%, 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 heath 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 56 000 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.

Governments can contain AIDS — new study

BD 4/11/97 (92)

GENEVA — Nearly half of the world's population lived in areas where HIV was rare and by investing now in education and subsidising condoms, governments could contain it at relatively low cost, a new study said yesterday

But the joint report by the World Bank and UN programme on HIV/AIDS said the epidemic continued to propagate quickly in many developing countries, while new infection rates appear to have stabilised in North America and Western Europe

The spread was most rapid in Asia, which some experts thought may have already surpassed Africa in the number of new infections a year, the report said It gave no figures

Last week, a 65-nation AIDS congress in Manila ended with warnings of a more virulent epidemic in Asia but no solution to the problem of how millions of poor people in the region could afford expensive drugs developed in the west.

The congress issued a manifesto calling for increased government funding of the campaign to combat the epidemic and inclusion of the problem in all health planning.

Aimed at influencing decision-makers, the 353-page report argued that governments had a mandate to endorse and subsidise risk-reducing preventative measures.

These included lowering the price of condoms and teaching drug users how to sterilise injecting equipment

Two decades after HIV (human immunodeficiency virus), was identified, an estimated 23-million people have contracted it. About 6-million are known to have later died of AIDS.

About 90% of all adult HIV infections occur in developing countries, where the disease has already reduced life expectancy "Even in countries where the virus has already spread widely, effective prevention now can save the lives of many people who would otherwise have become infected," the report said. —Reuter.

Treatment for AIDS-related illness on trial

(92)

Josey Ballenger

BD 10/11/97

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 LCG 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 180, 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

Cost of group death benefits could double

DD 11/11/97 (92)

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

(92) Sowetan 12/11/97

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 Zithabiseni Holiday Resort over two days

Floyd will talk about departmental progress and review recommendations while Mrs Enea 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

CAPE ARGUS, THURSDAY, NOVEMBER 13, 1997

Fears as TB on rise in HIV cases

Preventative plan launched

JENNY VIALL
HEALTH REPORTER

ARCT 13/11/97

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.

Dispensing doctors braced for costly fight

(93)

SHARKEY ISAACS
STAFF REPORTER

ARG 20/11/97

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 Zuma's bill by President Nelson Mandela and its subsequent promulgation

Elaine Clarke, chairman of the Dispensing Family Doctors' Association, said legal opinion 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 medicine, 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 Dispensing 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

(92) Sowetan 20/11/97

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 lifeskills 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 ante-natal clinics in Gauteng showed a 20 percent HIV-positive rate She said women booking into ante-natal 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 Welcome Mbonıso 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. ARG 20/11/97

A survey by the US Agency for International Development (USAID) and the Census Bureau predicted the AIDS epidemic would create a lost generation of children at risk of exploitation and disease

"More than 40 million children in 23 developing nations will likely have lost 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 (92)

In countries across Africa, Asia and Latin America, HIV/AIDS is unraveling years of progress in economic and social development," he said

"Life expectancy – which has been steadily on the rise for the past three decades – will drop to 40 years or less in nine sub-Saharan countries by the year 2010 "

Mr Atwood said serious work to help stop infants from dying in developing countries was being negated

"In all 23 countries included in this study, AIDS-related mortality will eliminate the gains made in child survival over the past 20 years In Zambia and Zimbabwe, infant mortality rates will likely nearly double, and child mortality rates will triple," he said

Children who lose one or both 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 Daulaire, a senior adviser to Atwood, said the orphans could strike back at the society that neglected them "A deeply troubling consequence may also be the growth of the phenomenon we have seen in recent years ... ragtag armies of child combatants, unfettered by social concepts of what is considered acceptable behaviour in war, wreaking death, destruction and crimes against humanity across a ravaged landscape," he told a news conference

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 ran a particular risk of contracting HIV and Aids, Norman Miller, director of the International Civil-Military Alliance said yesterday.

Speaking at [illegible]enturion outside [illegible]unch of the SA [illegible]Military Alliance to Combat [illegible] Miller said 50% of Angolan and Zimbabwean troops were estimated to be infected with HIV, compared to about 10% of civilians in those countries.

Soldiers were two-and-a-half times more likely than civilians to contract the virus which causes AIDS. Infection rates increased even more during war time.

[illegible] mission is greatly enhanced in the presence of an untreated sexually transmitted disease," Miller said.

Military personnel also fell into the age group at the greatest risk, and were induced to take greater risks. "Because they were often away from home for extended periods, soldiers are consistently exposed to the presence of sex workers and drugs.

"Off-duty troops have cash — [illegible]doms — in their [illegible]nd.

The new SA civil-military alliance was formed to prevent HIV/AIDS among "the military, paramilitary, 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 courses and publish a quarterly newsletter.

Miller said the effect of HIV infection among military personnel included higher medical costs.

It also compromised military security while complicating foreign deployments as a result of concerns about blood safety, field first aid and contact with the local population. — Sapa

BD 20/11/97

HIV posing the severest threat to SA

B/D. 20/11/97 (93)

DURBAN — AIDS-related deaths could orphan up to 200 000 children in KwaZulu-Natal by 2000, provincial health MEC Zweli 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 (92)

FM 21/11/97

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

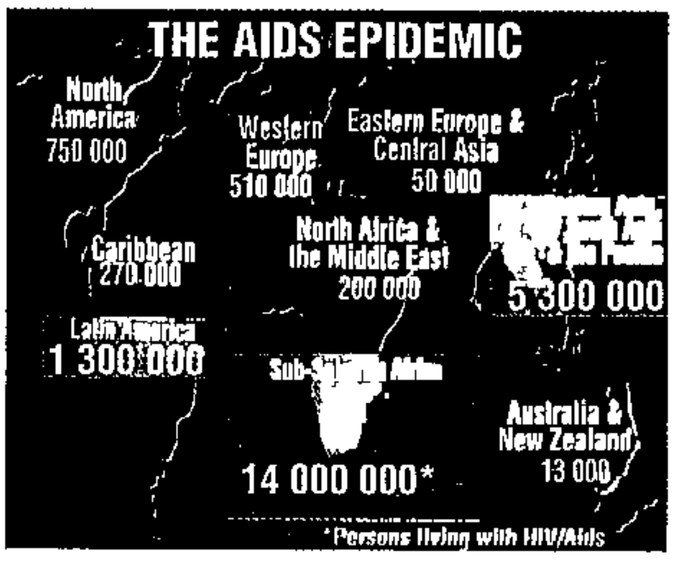
In its report, *Confronting Aids*, thé Bank records that most cases of HIV — 14m of them — are in sub-Saharan Africa But the virus may be on the verge of exploding in other places such as China, India and Central and Eastern Europe

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 "

Ethel Hazelhurst



MEC lauds move against Aids

By Mokgadi Pela

GAUTENG MEC for Health Amos Masondo has lauded the launch on Wednesday night of the South African Civil Military Alliance to combat Aids as "a step in the right direction".

In his opening address at a top Centurion hotel, Masondo said South Africa needed to target its interventions at those who were most vulnerable to the HIV virus like the military, the youth, hostel inmates and business executives who often spent days or weeks away from home.

Masondo said with antenatal clinics already reporting infection rates in excess of 20 percent in several provinces, it was possible that "the situation for soldiers could be worse".

Negative impact

He said HIV in the military would have a negative impact on productivity and work attendance.

He said the solution lay in

- Broad involvement of society,
- Specific projects for different groups,
- Awareness programmes,
- Lifeskills programmes,
- Condom supply,
- Political commitment, and
- Constantly assessing the situation to see whether the battle is won or lost.

The launch was a sequel to the Third African Regional Workshop on HIV and Aids Prevention in military populations held in Windhoek from March 2 to 7 at which it was agreed to establish a civil military network to combat the disease in Eastern and Southern Africa.

The regional office for this network is to be established in Zambia.

Parties urged to fight Aids scourge

92

Sowetan 24/11/97

By Mokgadi Pela

THE National Aids Convention of South Africa has called for political and public commitment to Aids prevention.

In a document released this week after a recent workshop, Nacosa urged high-level politicians and senior civil servants to publicly identify themselves with the struggle against Aids.

The document calls on each ministry, department, political party and portfolio committee to:

- Define clear objectives and roles for that political formation;
- Mobilise staff and individuals in that political formation;
- Ensure that sound Aids policies are developed and used by that formation;
- Develop a plan to address Aids within that structure;
- Monitor the implementation of the plan and ensure that each sector is fully mobilised;
- Ensure adequate resources (human, technical, financial and systems) are committed to the political formation's Aids plan; and
- Ensure high-level collaboration between and across ministries and departments so that the response is coordinated and effective.

Nacosa campaign co-ordinator Mr Lebogang Themba said to date, the Gauteng response to the epidemic had been based on "the mistaken belief that Aids is a solely health problem".

"In reality, Aids is a development and human rights issue. The factors that contribute to its spread are social, economic, medical and psychological."

In the same document, Nacosa calls on religious leaders, people living with HIV, human rights groups, gender coalitions, labour and business, academics and health to join forces in dealing a blow to the virus before it is too late.

Drug body to deliver Virodene affidavit

Josey Ballenger

(92)
BD 24/11/97

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

Sowetan 25/11/97 (92)

HIV-positive children in spotlight

By Mokgadi Pela

THE scourge of HIV among children will be put in the spotlight in Pretoria on December 1 when the United Nations celebrates World Aids Day with those infected with the dreaded virus

The event starts with a tour of the zoo and ends with an information session for the UN staff, their families and other roleplayers involved with Aids-infected children in South Africa

The presentation by the UN will investigate the situation of children living with HIV and Aids and how South Africa is coping with the increasing number of children who will be orphaned by the disease

Joining the UN staff will be children from Bethesda House, a home in Soweto which cares for abandoned children or Aids orphans The UN recently adopted Bethesda House as one of its social responsibility projects

Gauteng director of communicable diseases Dr Liz Floyd and Mr J Parsons, chairman of the UN Theme Group on HIV and Aids, are expected to address the gathering

Predictions are that by the end of this year the number of children living with HIV will reach one million around the world

In 1996 an estimated 400 000 children under the age of 15 were infected with HIV According to UNAids, of the 1,5 million people who died of Aids last year 350 000 were under 15

The most common symptoms seen in industrialised countries are a severe form of pneumonia, oral thrush and meningitis

In sub-Saharan Africa, however, HIV-positive children commonly experience delayed development and are often killed by typical childhood diseases like diarrhoea, measles, tuberculosis and other respiratory infections

R7-m Aids awareness campaign

Star 26/11/97

Aim of consortium is to support existing resources and develop new ones

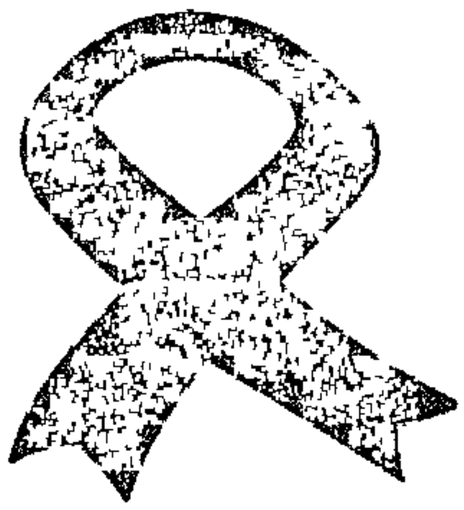
(92)

By Priscilla Singh
Health Reporter

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 a four-month process 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

Rose Smart, national director of the Aids/HIV/STDs directorate, is confident the message will spread across the country through the consortium's efforts

'It's going to be a very long process ...'

"In South Africa, there is a fairly high level of understanding of Aids/HIV, but very little evidence that people are personalising the information

"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 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 realise that their chances of getting HIV are higher if they already have a sexually transmitted disease"

HIV-Aids hits 41-m kids

(92)

Soweran 26/11/97

Developing nations the major victims

By Rich Mkhondo

WASHINGTON – An estimated 41,6 million children in 23 developing nations, most of them in sub-Saharan Africa, will have lost one or both parents by 2010 as a result of the HIV-Aids pandemic, a United States agency says in a study

In a study to be released on December 1 the US Agency for International Development (USAID) says Aids-related mortality will wipe out the gains made in child survival during the last 20 years in sub-Saharan-Africa, Asia and Latin America, and may propel some nations to "significant unrest and destabilisation over the long term"

"This study should serve as a call for action to developed and developing nations alike," said Brian Atwood, a USAID administrator "We cannot risk losing an entire generation of children to ill health and hopelessness," Atwood said

The countries studied include 19 African and four non-African nations, where the level of HIV infection was at or near five percent of the population South Africa was not included

The non-African nations were Brazil, Guyana, Haiti and Thailand The numbers do not include children born with HIV and Aids

The study said in Botswana, Zambia and Zimbabwe, HIV-Aids has cut life expectancies to about 30 years from the previous 60 to 70 years

Worldwide, the number of children orphaned by Aids is far greater because data was not available for Asian nations such as India, Vietnam, Myanmar and Cambodia

The USAID study paints a bleak picture Single mothers are the most impoverished members of societies, with minimal safety nets Children whose fathers die of Aids often lose their mothers to illness

"These children may suffer depression, malnutrition, lack of immunisations or health care, increased demands for labour, loss of schooling, forfeiture of inheritance, forced migration, homelessness, vagrancy, starvation, crime and increased exposure to HIV infection," USAID said

"With children who have lost parents comprising up to a third of the population under 15 in some countries, this outgrowth of the HIV-Aids epidemic will create a lost generation that could lead to significant unrest and destabilisation"

USAID said it had spent more than R3,5 billion in the last eight years on HIV-prevention programmes in 40 countries, reaching more than 15 million people through partnerships with about 500 organisations

The development agency said because the HIV-Aids epidemic began in sub-Saharan Africa, its long-term effects are most clearly apparent in the region

USAID said the effects of the epidemic in sub-Saharan Africa foreshadows whatever the epidemic is likely to have in Asia and Latin America, where it took hold more recently, with an important distinction that is likely to make the situation even more tenuous for children on those two continents

Researchers said Africa can count on extended family networks to keep the family together after Aids hits the family The reports credit women for holding those families together, bearing the weight of care-giving for the Aids patients as well as the orphaned children

The agency cited six strategies to help families ravaged by the virus, including protecting inheritance rights for women and children

USAID said how the world responds to this staggering legacy of Aids will be one of the first great challenges of the next century

Independent Foreign Service

Free State pupils made AIDS-aware

ARG 26/11/97 (92)

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 686 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 10 years ago, and his wife Liesl, 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

AIDS shock: 30 million carrying virus

World epidemic worsens – and SA rate may be one in 10

ARG 26/11/97 (92)

Johannesburg – 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 today, said more than 30,6-million adults and children were believed to be living with the human immunodeficiency virus – one in every 100 sexually active adults worldwide

More than 5,8 million people were infected last year at a rate of 16 000 new infections a 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," said UNAIDS executive director Peter Piot.

"South Africa now 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"

Since the start of the epidemic, 2,7-million children under the age of 15 have died Over 90% acquired the virus through their mothers

So far, more than 8-million children have lost their mothers to AIDS, and many had 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% of sufferers lived in the developing world, with 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

"In rural South Africa just 17% of the people who asked to be tested came back for the result and the advice and support that goes with it"

It was estimated that 2,3-million people died of AIDS in 1997, a 50% increase over 1996

Infection rates in sub-Saharan Africa were unprecedented. Some 7,4% of people between 15 and 49 were now thought to be HIV-positive

By early 1997, an estimated 2,4-million South Africans were living with HIV. In Botswana, the number of infections doubled over the past five years, reaching 25% to 30% of the adult population. In Zimbabwe, infections were estimated at one in five adults in 1996 and, in one town bordering South Africa with a large population of migrant workers, seven pregnant women in 10 were already testing HIV-positive in 1995. – Sapa

AIDS awareness not translated into action — govt campaign

Josey Ballenger BD 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 air 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

Sowetan 27/11/97

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

"South Africa now 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 –*Sapa*

Killer HIV (92) picking up momentum

Star 27/11/97

30 million affected, says UN

SAPA-AP
Paris

More than 30 million people worldwide are now living with the Aids virus, and about 16 000 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 underestimated, 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 460 000 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.

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Sub-Saharan Africa 'has highest HIV infection rate'

(92)

Josey Ballenger

BD 27/11/97

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 33% 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 said that updated surveillance techniques revealed an estimated 5,8-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 90% 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 to 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 preventing 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 Ainsworth "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 subpopulations 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 Sadly they often are not," says Over

Anteretroviral therapy costs about $12 000 (about R58 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

AIDS HELPLINE
☎ 0800-012-322

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 gonorrhea 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 making STD services freely available at all health facilities, and particularly to teenagers – Staff Reporter

Prevention is major priority – health chief

(98) Star 28/11/97

By the end of last year, it was estimated that about 2,4-million adults in South Africa were HIV positive and 156 000 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 466 000 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 *Sarafina 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

SOURCE 7TH NATIONAL HIV SURVEY OCT/NOV 1996

Women with HIV at antenatal clinics

Province	1994(%)	1995(%)	1996(%)
KwaZulu Natal	14,4	18,2	19,9
Mpumalanga	12,2	16,2	15,8
Free State	9,2	11,0	17,5
Gauteng	6,4	12,0	15,5
North West	6,7	8,3	25,1
Eastern Cape	4,5	6,0	8,1
North. Province	3,0	4,9	7,9
Northern Cape	1,8	5,3	6,7
Western Cape	1,2	1,7	1,7
South Africa	7,6	10,4	111

Courage speaks out in war against Aids

(92) Sowetan 1/12/97

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

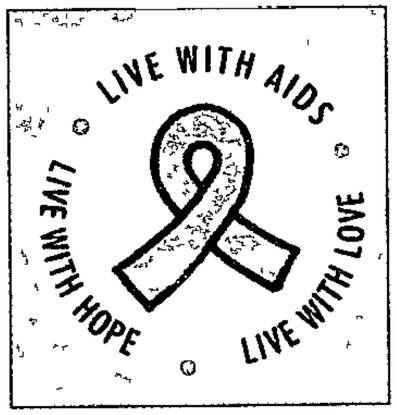
The attractive, dreadlocked Miss Prudence Babele, who studied electrical engineering at Peninsula Technikon, saw her world come crumbling down when she was diagnosed with the virus six years ago

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 In as much as we have business against crime, we want to see business against Aids"

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.

Spare a thought on World Aids Day today for millions of people all over the world who are afflicted with the killer virus, but closer to home think about Ms Prudence Babele of Pretoria who, at 25, is HIV positive and an Aids activist. She has urged the public to embrace Aids sufferers.

PIC CLEMENT LEKANYANE

TB and HIV more related every day

Sowetan 1/12/97

By Mokgadi Pela

THE twin evils of HIV and tuberculosis are presenting some of the most serious challenges to medical scientists, experts claim

Already, some parts of the country are experiencing the initial impact of the HIV epidemic on health services. Tuberculosis has become the most common presenting feature of all the HIV diseases in South Africa

In Hlabisa district, about 300km north of Durban, co-infection with HIV in adult TB patients rose from 8,7 percent in 1991 to 28,3 percent in 1995

At Rietfontein Hospital in Gauteng, in 1997, 60 percent to 80 percent of newly-admitted TB patients were co-infected with HIV

Speaking to *Sowetan* , the director of the Centre for Epidemiological Research at the Medical Research Council, Professor Salim Abdool Karim, said the prevalence of HIV infection in adults with TB in Hlabisa district in KwaZulu-Natal had increased from 35 percent in 1993 to 70 percent in 1997.

"Around half of the TB cases are directly attributable to HIV infection. Of particular note is that in 1989, TB accounted for 4,7 percent of all hospital admissions, compared to 8,3 percent in 1995," Karim said

On a positive note, however, community-based Directly Observed Short-Course Therapy was still showing promise He said 90 percent of all TB patients in Hlabisa were being managed in the community, and treatment completion rates were about 80 percent.

The average length of a hospital stay for TB patients has fallen from 92 days in 1991 to 22 days in 1996 He said the Dots strategy had proven to be highly cost-effective and it offered a viable model for the country, both in managing TB and in how to decongest the hospital of other HIV-related conditions and how to utilise community resources

Outgoing Gauteng Premier Tokyo Sexwale seen with three HIV-infected children - Chiku (6), Given (4) and Angela Hlatshwayo (19) at the Hope for the Children Aids celebrations in Joubert Park, Johannesburg, on Saturday.

PIC JOE MOLEFE

Business pitches in for institution

Sowetan 1/12/97 92

Employers have a responsibly to start caring for HIV employees

By Mokgadi Pela

ETHEMBENI Care Centre, a collaborative effort of local industries in Richards Bay, is to 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 Caren Willett, 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 Willett, 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, and
- 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 ante-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 employee,
- 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 the surest way of avert 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,
- Supplying condoms;
- Ongoing evaluation of the situation,
- Lifeskills programme for the youth, and
- 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 with 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 rockets in SA armed forces

(92)

Star 1/12/97

By Norman Chandler
Defence Correspondent

The prevalence of Aids/HIV in the country's armed forces is rapidly increasing and, researchers believe, is going up by 8% each year.

No overall figure for the incidence of the disease in the military has been disclosed, but one regiment has been blamed for the spread of HIV to remote communities in KwaZulu Natal and the Northern Cape.

Researchers speaking at the recent launch of the Southern African Civil Military Alliance, part of a worldwide network, said it was plausible that, given the spread of the disease, up to 8% of SA National Defence Force personnel are infected every year.

It was made clear that the personnel included former members of the SA Defence Force as well as of Umkhonto weSizwe and Apla.

They said "a southern African epidemic is more serious than that which has occurred in central Africa", particularly in Zambia, Zimbabwe, Angola and Congo-Kinshasa, and that this meant the situation in southern Africa was "fairly bleak".

The surgeon-general of the SANDF, General Niel Knobel, who attended the ceremony, said he was aware that HIV and Aids were problems not only of national, but of regional and international magnitude.

The SANDF had had an Aids/HIV policy since 1988, and it underwent regular revision.

"The SANDF will continue to adapt its approach in keeping with the changing circumstances," Knobel added.

Natal University professor Alan Whiteside said at the launch that the military was known to have higher sexually transmitted infection rates than the general population.

While data was difficult to obtain from military forces, it had been established that in Zimbabwe, 50% of soldiers were HIV infected, in the Central African Republic, 22% of recruits were HIV positive, and in the Congo, a total of 63% of deaths of soldiers in its armed forces were caused by Aids or HIV infection, rather than through bullet wounds or other causes.

Shock HIV-infection rate highest in southern Africa

Soaring number of related illnesses is starting to bring home the extent of the epidemic in this country

Star 1/12/97 (9a)

ADAM NADEL / AP

Testing times ... blood to be examined for HIV is lined up at Brooklyn's Interfaith Medical Centre in New York. The centre has seen a significant rise in the numbers of HIV-positive cases, particularly among heterosexual females, newborns and young men. More than 30 million people worldwide are now living with HIV, according to a UN report which showed previous figures underestimated the epidemic's reach by a third.

By Janine Simon

Southern Africa is the worst-affected region in a worldwide Aids epidemic, but its political and business leaders have not yet followed Uganda's example and declared war on HIV/Aids.

The growing number of Aids-related illnesses and deaths is finally starting to bring home to South Africans the enormity of the HIV/Aids epidemic.

Figures for this year's infection rate in South Africa are still being collated, but if 1996 estimates are used, 2,5 million people were infected and 90 000 new cases of Aids-related illness occurred in 1997.

Already more than 40% of patients in Johannesburg Hospital are HIV positive, and Hospice in Pretoria is reporting 35 deaths a month in Soshanguve, north of the city.

According to the United Nations Joint Programme on HIV/Aids, President Nelson Mandela has not followed Uganda's example and declared war on HIV/Aids.

Public figures – who have less chance of persecution – have also not come forward to declare that they, or their family members, are HIV positive. Nor have businesses made it easy for employers to disclose their status.

As a result, ordinary people remain afraid to reveal that they have HIV/Aids for fear of being thrown out of a job, home or family.

The new Business Council Against Aids, formed last week, comes as business starts to count the costs of lost productivity, training, and the impact of Aids on retirement funding, medical aids and long-term investments.

The Health Department has called for the plethora of World Aids Day events today to be the start of an all-year campaign to mobilise people to realise they are personally at risk and take steps to protect themselves.

Joint efforts, such as the life-skills programme to be launched by Gauteng's departments of health, education and welfare this week, are slowly starting to build a broad-based response to the epidemic.

The province, in which 15% of young people aged between 15 and 30 are HIV positive, has also targeted sexually transmitted diseases, a key factor underlying the sweeping spread of HIV.

Both the constitution and the Labour Relations Act already protect people with HIV from discrimination.

But trade unions, according to Mark Heywood of the Aids Law Project, have so far remained eerily silent on issues surrounding the epidemic that affect working people.

The United Nations Joint Programme on HIV/Aids said last week that the epidemic could wipe out recent development gains.

Nineteen countries in Africa have already reached the most advanced stage of the epidemic, according to the World Bank. Only one, Uganda, has managed to reverse the infection rate.

Shocking disclosure on HIV-positive babies

(9a) Star 1/12/97

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 R113 million in 1991 to R10 billion in 2000.

■ The Constitution prohibits any form of discrimination against people with HIV/Aids The new Labour Relations Act expressly prohibits unfair discrimination

THE WORLD BANK REPORTS THAT:

■ An estimated 30 million people worldwide have HIV/Aids

■ Six million have died of Aids worldwide.

■ 90% of infections occur in developing countries.

n 63% of all HIV/Aids infected persons life in Sub-Saharan Africa

■ There have been more than 1,4 million new infections in Africa every year since 1991. That averages more than 3800 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 the 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 22 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

Star 1/12/97 (92)

Health Minister Dr Nkosazana 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 R7 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 Slawski, senior manager of Southern Life's risk management consultancy

Primary health care the correct approach

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

A similar level of condom use among 500 men in the community would have prevented fewer than 100 infections

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

(92.)

Companies urged to be sensitive

Star 11/2/97

Many company education efforts on Aids have failed, and businesses are retracing their steps as the HIV rate soars.

Lectures and pamphlets distributed to large groups means the individual takes away very little, says Sheila Naidoo, training and development programme co-ordinator for Southern Life Aid's 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 Naidoo, 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, Naidoo says.

But no Aids programme, now 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 R4 million over three years -

Business urged to intensify drive to fight deadly disease

(92) Star 1 | 12 | 97

The private sector has underestimated the impact, costs and efforts needed to stabilise HIV in the workplace, warn observers

Companies need to make HIV/Aids a corporate priority and set up inclusive policies which support and manage people with HIV – or face up to a 75% increase on their annual salary bill

Visible support from top management and trade unions is essential.

"Business must take the first step towards reconciliation and transparency in the workplace," says Professor Reuben Sher, medical consultant to Europ Assistance

They need to offer effective, low-cost cover and encourage employees with HIV to come out and receive assistance and treatment.

Sher is calling on the private sector to spearhead the campaign against HIV/Aids and set up a "Business against HIV/Aids" initiative, funded by a tax-deductible donation of R1 million from each of the top 100 companies

Dr Pieter Coetzee of Sanlam Health is urging companies to develop formal Aids policies with visible commitment from top management and trade unions.

Companies should also be building financial reserves to cope with the impact and make Aids education compulsory for all levels of employers

Employees can be pro-active by testing current and potential employees, with informed consent, post-test counselling and guaranteed confidentiality, he explains

Janina Slawski, senior manager of Southern Life's risk management consultancy says companies tend to see the impact of Aids on visible costs like retirement funding, medical scheme contributions and group life expenses

But issues like lost productivity, absenteeism, increased accidents in the workplace, sick pay, and constant training of new staff to replace ailing employees are mostly forgotten

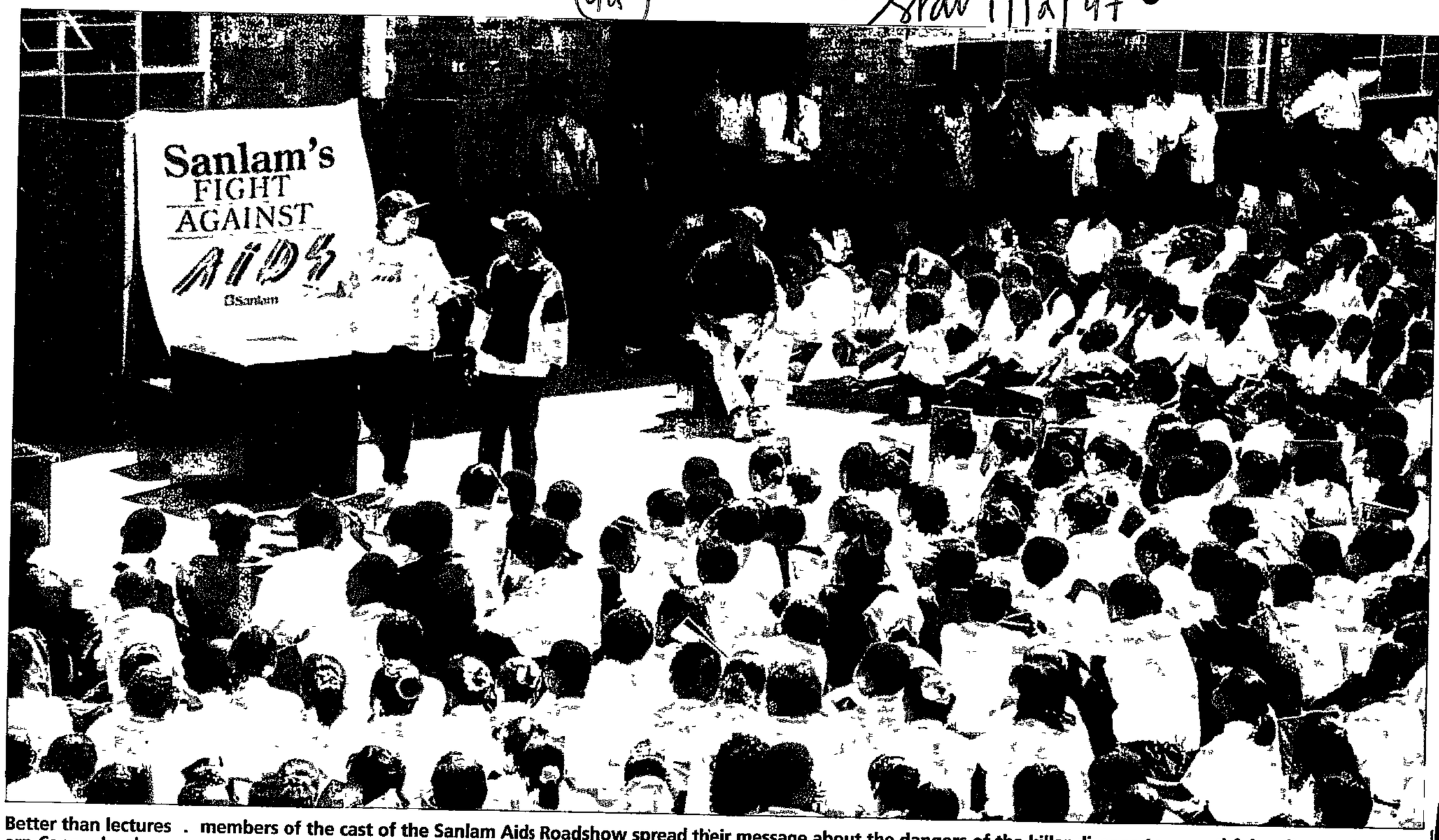
Managers to the north of South Africa, for example, are overstaffing and training three new employees for one position to allow for Aids-related absenteeism and death

Some factories in Botswana and Zimbabwe report that 30% of their workforce have less than a year's experience

Employee benefits could cost a typical company an additional 25% on top of salary costs, she says

This includes 3% of salary roll toward group life and disability cover, 2% towards disability income, 15% to medical aid contribution, 2% for sick pay, and 3-4% for lost productivity

Aids could push this figure as high as 75% as death and disability payments to staff rise, productivity drops and training and medical scheme expenses rise"



Better than lectures . members of the cast of the Sanlam Aids Roadshow spread their message about the dangers of the killer disease to a youthful audience of a Western Cape school

Balancing act needed

Aids will ravage the retirement nest eggs of workers and turn on its head the benefit gained by the trade union drive to defined contribution provident funds

These were particularly popular in small to medium-sized businesses, because they allowed employers to lump money to cover investment and costs of the fund into the same pot, says Bryan Hirsch, managing director of Societe Generale Frankel Pollak Financial Services

But Aids will push up the cost portion of the employer's contribution at the expense of the investment portion he says

Workers will thus face significantly smaller pension payouts in the long-term and employers will not be required to top-up the difference

Without the Aids epidemic, for example a 20 year-old worker who earns R60 000 a year and pays 6% of his salary to an all-in fund, and whose company contributes another 6%, will be paid R10 633 387 at retirement

But Aids will push up the cost proportion of the employer's portion from 1,5% to at least 3%, while means the investment portion will decrease from 4,5% to 4% or less. Assuming a retirement age of 65, salary increments of 11%, investment return of 13%, the retirement benefit will drop 60% to R4 651 2[illegible]oys Hirsch

Sanlam Health's Dr Pieter Coetz[illegible] still believes that switching from a guaranteed benefit to a defined contribution fund is one way that employers can protect their bottom line

Others, such as Southern Life, acknowledge that defined contributions are an effective management strategy that removes a major financial headache for some employers

But they warn that companies are still likely to face tough negotiations with unions who demand that employer contributions be increased to allow for the effects of Aids

Hirsch says Aids-related claims paid by life assurance companies for death and disability have been increasing every year and sensible debate is needed

Companies should urgently review defined contribution schemes, in consultation with fund administrators and unions

"A balancing act has to be performed Administrators, employers and unions have an educational job to do," he says

Employees should be able to decide at different points in their lives what amount of their employer's retirement contribution should go to costs, and what amount to investment

Safe sex may protect health but the cost of dealing with Aids, as taxpayers, policy-holders and contributors to retirement funds, affects everyone

Life assurance, medical aids offer security

(92)

The investment, life assurance and medical aid industry is slowly beginning to develop products which offer people with HIV – and health workers at risk of contracting the virus – some security

■ Sage Life say their Comprehensive Life offers full life cover subject to an initial HIV test, but with separate Aids cover

The Aids premium will only increase five years after the policy is taken out, and will cease from the age of 50

Sage believes this ensures people are covered at any time, from death from any cause, and means that they are aware of the cost of the Aids premium.

It also avoids the problematical approach of testing future policy-holders upfront, or excluding any claims from Aids-related deaths.

It does not expect the policy-holder to take responsibility for going for annual HIV tests – a detail which many policy-holders forgot, says a spokesman for Sage Life.

■ Sanlam Health is one of the few medical aids taking up the challenge of managing, rather than ignoring, HIV. The organisation is investigating the possibility of removing capped benefits on Aids-related claims

"We believe it in the interests of the medical scheme and the patient that he/she is not discouraged from disclosing his or her HIV status, provided this information is kept confidential," says Pieter Coetzee, chief medical officer.

Although not final, the investigations could mean that clients with HIV will be offered increased financial support and better quality care, based on protocols recommended by experts in the field. Sanlam is investigating involving re-insurers or of obtaining the expensive Aids medication directly from manufacturers, he says

■ Annuities which take ill-health into account when calculating the annuity income, and do not pass on the risk to the annuitant, are also available.

Hollard Insurance, for example, say their enhanced annuity will pay a 35-year-old with full-blown Aids more than double the normal monthly income from a R100 000 annuity

"It is up to individuals with life-threatening diseases to take financial responsibility for that disease," says Colin Davidson, Holland Health general manager.

■ The Medical Association of South Africa has helped underwrite a new policy to supply an income and cover medical costs for health professionals who become HIV positive – regardless of the source of infection – after having taken out the policy More than R2 million has already been paid out, according to brokers Glenrand MIB.

■ Medical insurance products offering education support groups, 24-hour advice, dietary and medical provision and benefits for buying retroviral drugs and laboratory testing have also been made available by Europ Assistance.

Star 1 | 12 | 97

WORLD AIDS DAY

Star 1/12/97 (92)

Mothers' HIV screening gives hope to newborn babies

Doctors hope to formulate by mid 1998 a package of medical interventions to reduce the number of newborn babies who contract HIV from their mothers

But, for the interventions to make any real impact, more mothers need to voluntarily opt for HIV screening to determine their status Mother-to-child transmissions account for an estimated 20% of new HIV infections, says Dr James McIntyre of the HIV/Aids Peri-Natal Research Unit at the Chris Hani Baragwanath Hospital

According to UNAIDS, the joint United Nations Programme on HIV/Aids, there were 590 000 new infections among children in 1997, bringing the total number of children under 15 living with HIV/Aids to 1,1 million – mostly in Sub-Saharan Africa

Cutting the mother-to-child transmission rate will significantly impact on the numbers of children infected with HIV, although they will still be affected as they will lose their mother during their childhood.

A number of studies that use short courses of ante-retroviral therapy during pregnancy are being undertaken in the developing world, and first results are expected between March and June next year. These include the Petra study, using a combination of AZT and 3TC, to slow the replication of the HIV, at Chris Hani Baragwanath Hospital, King Edward Hospital in KwaZulu Natal and two other African sites Other trials include a study in Nairobi which is examining how breast feeding affects the transmission rate, and, in Kenya and Malawi, studies to determine whether vaginal cleansing during labour and delivery will cut the transmission rate.

"By mid-1998 we will have more information about what interventions work, and will be able to pick and choose what to use in our situation," says McIntyre.

But, he says, for the interventions to work, mothers must first be identified as HIV-positive.

This means that systems to encourage voluntary testing, with pre- and post-counselling, should be made more accessible. Authorities could then move quickly to implement a package of interventions.

Figures from the Centres for Disease Control in the USA show that the number of infants infected perinatally drops by 43% if their mothers were given a full course ante-retroviral drugs. The World Bank cautions governments that medical advances in treating HIV/Aids with expensive combinations of drugs, are too complex and costly for widespread use.

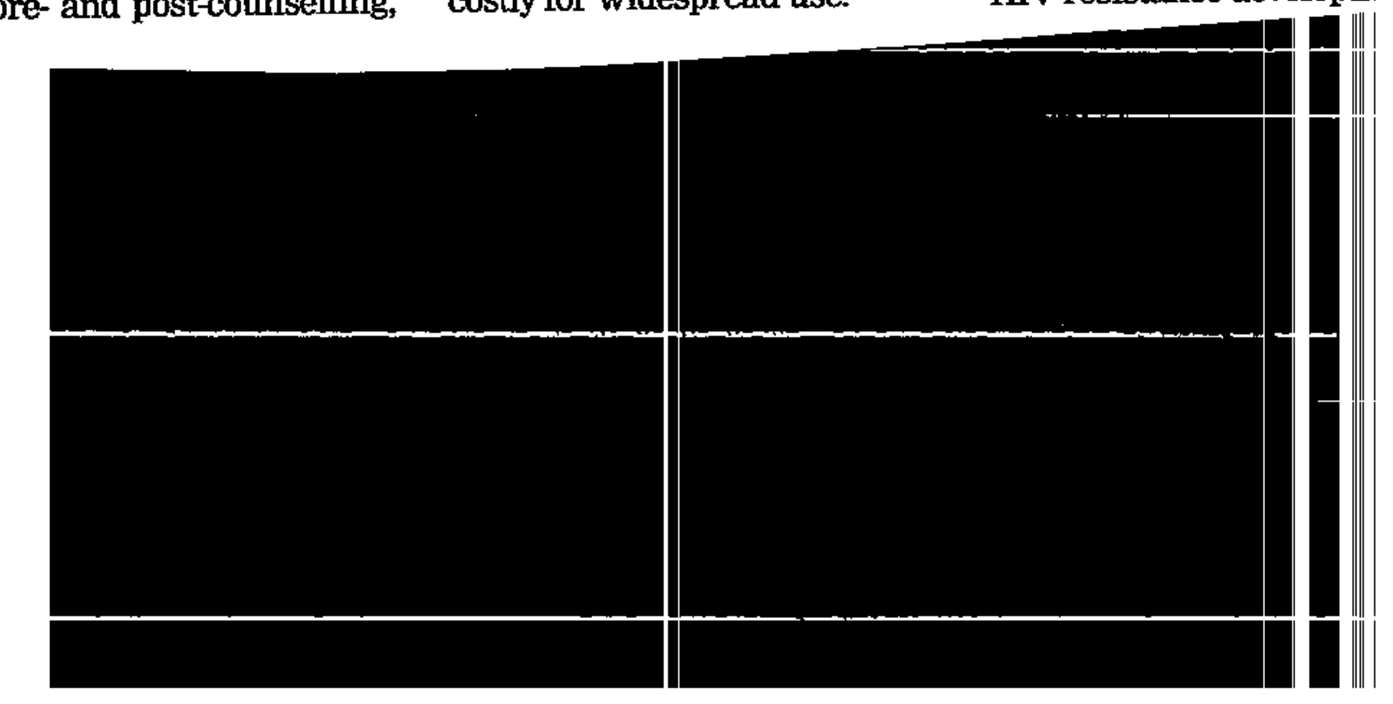
"But we need to balance the effectiveness of the drugs in keeping people well," says McIntyre

Up-to-date combination therapy is available in South Africa and used by those who can afford the cost of around R4 000 a month For example, a new protease inhibitor, Ritonavir, was recently launched.

Ritonavir is taken only twice daily, helping patients to comply with the strict regimens of the triple therapy, cutting the risk of HIV resistance developin[illegible]

It has also been shown to reduce the viral loads and increase CD-4 counts – both important markers indicating an improvement in the HIV patient's condition.

Triple therapy, although effective, is not easy as patients have to comply with strict reigmens on the amount of tablets that can be taken, and when, or run the risk of resistance developing. The incidence of other diseases usually associated with Aids are considerably reduced within four months of starting Ritonavir as part of triple therapy, says Dr Calvin Cohen, research director of Abbot Laboratorie[illegible]



Star 11/12/97

Cosatu slammed for 'lack of will'

Trade unions have maintained an eerie silence on HIV/Aids, says Mark Heywood, head of the Aids Law Project.

HIV should be a trade union issue because it is the economically active who fall into the age group most at risk, he says.

But there has been hardly a squeak from the official guardians of working class people as many employers insist on pre-employment HIV testing, dismiss workers with HIV, and try to keep medical aids schemes "Aids free".

Heywood says it has already been pointed out that medical breakthroughs are tantalising, but out of reach, and that the massive scientific campaign against AIDS was mobilised in the United States by the powerful lobbying of gay people, who were then most affected.

In South Africa it is poor people who are mostly affected. But there is no equivalent mobilisation, except by a handful of NGOs and individuals, he wrote in the Medical Research Council's "Aids Bulletin".

In 1996, only 12 out of 150 trade unions responded to a survey sent by the Department of Health HIV/Aids and STD. Cosatu, the country's largest trade union federation, did not respond.

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 1989, 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. Star 11/12/97

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.

(92)

Lesotho takes action to prevent doomsday forecasts

Star 1/12/97 (167) (92)

By Joe Molefi
Star Foreign Service

Maseru – Lesotho commemorates World Aids Day today against the background of a spiralling HIV/Aids pandemic and estimates that, if present trends continue, more than 40 000 people in the country will have full-blown Aids in four years' time.

This alarming prediction is contained in an Aids update by Lesotho's

Sex industry, migration blamed for rising toll

National Aids Prevention and Control Programme (NAPCP) published in Maseru last week

The report warns that "the HIV/Aids pandemic in Lesotho poses a grave threat to the people of Lesotho, with the potential for devastating consequences to the social and economic development of the country".

The government intends to adopt a multisectoral approach to combat Aids. It aims to involve government ministries; quasi-governmental organisations; the private sector; institutions of higher learning; non-government organisations such as the Red Cross, Care and the Christian Health Association of Lesotho; and members of the donor community.

The NAPCP will act as the secretariat to the national response and play the leading role in areas of advocacy, mobilisation of partners, policy formulation, strategic planning, co-ordination and monitoring, and evaluation.

The key objectives are to prevent sexual transmission of HIV infection, to ensure HIV-free blood transfusion, to reduce the risk of prenatal transmission, to effectively manage conventional sexually transmitted diseases, and to reduce the personal and social impact of HIV infection and Aids

According to the NAPCP, the number of reported Aids cases rose to 2 400 by the middle of this year. The number of new cases reported at hospitals in the country continued to increase at an alarming rate, until it reached the highest annual figure of 936 last year.

The latest available data indicates that the capital Maseru has the highest prevalence rate. About 43% of women who are HIV positive are found in Maseru.

Most Aids cases are young people between 19 and 39 years and children under 5. The number of children orphaned by Aids is also on the increase.

The 20-39 age group constitutes 65% of the reported cases, in which there are more females than males. In the 40-59 age group, however, male cases are dominant.

Prevention drive even before onset of sexual activity

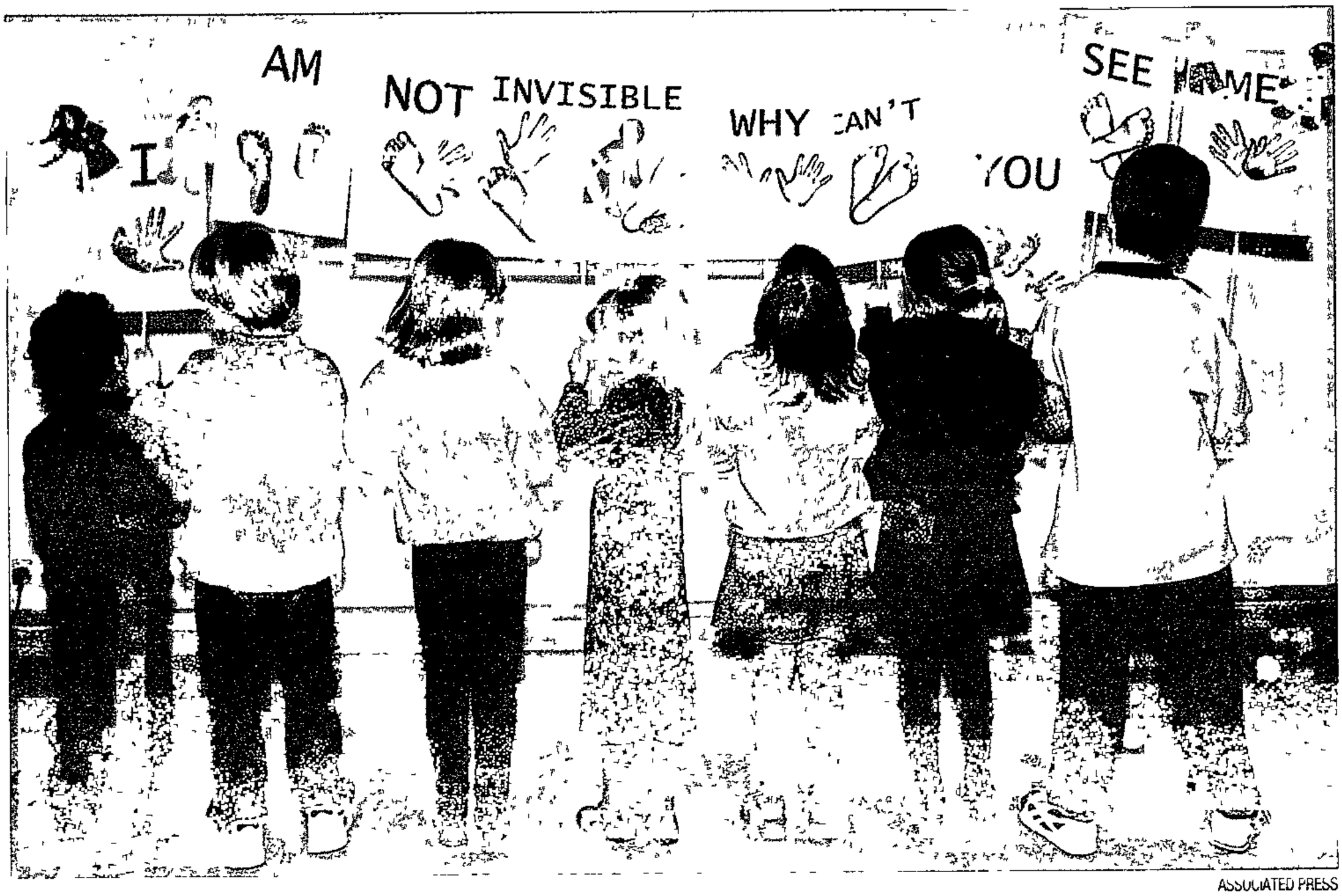
The report adds that the high rate of HIV infection in young women and men under 20 calls for strong prevention programmes for teenagers – before, and not only after, the onset of sexual activity.

The movement of men from Lesotho to South Africa in search of employment has been associated with the high risk of HIV infection among the migrants, as well as their spouses or regular sexual partners upon their return home.

Migration within Lesotho from rural to urban areas has led to high concentrations of predominantly male communities and increased participation in commercial sex in the urban areas of Maseru, Leribe and at the Katse Dam in the Lesotho Highlands Water Project area.

World Aids Day commemoration programmes will include:

- The education of villagers through songs.
- The distribution of teaching and information programmes on sexually transmitted diseases, as well as HIV/Aids, by members of the Lesotho Defence Force in the Leribe district.
- Church services, by member churches of the Christian Council of Lesotho, to pray for people living with HIV/Aids and their families.
- A raffle by Berea Hospital to initiate a fund for children orphaned as a result of Aids. The funds will be used to provide food and clothing and school fees for some of these children
- A presentation by pre-school children who will stage a play and present songs on the plight of children affected by HIV and Aids, organised by Leribe Hospital.



ASSOCIATED PRESS

Look at us: Marta Mendia, 6, centre facing camera, whose mother is HIV positive – though Marta is negative – stands with other children who have been affected in some way by HIV and AIDS at the London Lighthouse, which is the city's leading AIDS centre

HIV takes its deadly tithe ...

One in ten W Cape children found positive

(92)
ARG 1/12/97

LENORE 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 lowest 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 9 600 in Gauteng

AIDS paediatric professor Greg Hussey said that between 80 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 diarrhoea 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 60 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.

AIDS 'must become a hot election issue'

... otherwise complacency will smother all efforts to halt its spread

ARG 1/12/97 (92)

INSIDE STORY

The AIDS epidemic in South Africa must become an election issue in the 1999 campaign, says **POOVEN MOODLEY**, lobbyist for the National AIDS Convention, in an article to mark World Aids Awareness Day

"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."

President Mandela's address to the World Economic Forum in Davos, Switzerland, this year

It is an appropriate time to reflect on whether our response as a country has been adequate and whether there is any hope in dealing effectively with the epidemic in the future

The first cases of AIDS in South Africa date back to 1982 About 100 blood transfusion related infections are known to have occurred between 1982 and 1985

In 1994, about 7% of women tested HIV-positive and in 1996 a staggering 14%, which translates to over 2,4-million Some provinces have reached the 25% level whith indicates that we are on our way to levels in other African states where infection rates have peaked at 40% in some towns.

It is clear our efforts are not making any significant impact on the epidemic. What are the reasons for this?

In the first instance, the previous government did not deal with the issue in any comprehensive manner

In 1993, the African National Congress and the former government realised the threat and got together to discuss an action plan The National AIDS Convention of South Africa (Nacosa) developed a comprehensive AIDS plan which then was adopted by the new Government.

The second major problem was the location of the AIDS programme The plan proposed a programme that is truly intersectoral in nature

To achieve the task of overall policy making and co-ordinating across sectors, it was proposed that final authority rested with the President's Office nationally, and the premiers' offices provincially

The programme was placed at a low level in the Ministry of Health, the impact of which is felt in many respects

> ***'It is clear that our efforts are not making any significant impact on the epidemic'***

The health ministry does not have the authority to put pressure on other ministries to respond This has resulted on an overemphasis on the biomedical model in dealing with HIV/AIDS

Other ministries have regarded AIDS as a health issue and therefore have not dealt with the socio-economic aspects of the disease.

Some ministers have been reluctant to come on board because they believe the AIDS issue is the Minister of Health s territory

The location of the national AIDS programme also has meant that the president and the deputy president have not played any direct role in ensuring that the national AIDS plan is implemented.

The recent AIDS Review highlighted the lack of political commitment and the lack of an intersectoral response as two of the most significant issues to impact on South Africa's response to the epidemic.

In countries like Uganda and Thailand, the role played by leaders has had a positive influence and has led to their efforts being successful.

In South Africa, there has been minimal involvement from leaders in the Government or outside as well Little response has come from business and trade union sectors, or community and religious leaders

President Mandela has acknowledged that "in general, the response 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"

There seems to be a realisation that our response has been totally inadequate, yet there seems to be complacency

Even if all role players come on board, it may be too late The solution is the immediate involvement of all role players The most appropriate office to ensure this is the office of the deputy president and with the direct involvement of the president.

There has been some success through advocacy by Nacosa and other agencies to expand our response

Most recently, the deputy president agreed to chair a Cabinet committee on AIDS, as recommended by Nacosa This would ensure the continuing involvement of the deputy president and national ministers

This could be a turning point in our response if this committee is effective

The directorate has initiated a interdepartmental committee on AIDS, consisting of national departments, and this will focus on implementation of HIV/AIDS programmes in each of the departments

Nacosa also has successfully lobbied for an all-party parliamentary group on AIDS This group is significant as portfolio committees can influence and hold departments accountable

Individual ministries also have come on board at different levels. The Ministry of Education now is fully involved with the implementation of the lifeskills programme The Ministry of Welfare is developing a comprehensive programme, the Ministry of Sport brought together all the sporting bodies in the country to discuss HIV/AIDS, Correctional Services, Defence and Safety and Security have different programmes and the ministers of Communication, Transport and Justice are involved in specific issues

> ***'Nacosa also has successfully lobbied for an all-party parliamentary group on AIDS'***

The need for comprehensive and sustainable programmes is essential The deputy president is in the best position to ensure this happens and that it happens as a matter of urgency

President Mandela stated in his address in Davos that "by 1995 the global community had recognised the need for a multisectoral response "

We may have an effective multisectoral response in a few years However, this will certainly be too late

We certainly are going to lose the battle if there is no shake-up of the massive AIDS wheel.

The deputy president must:

- Endorse the findings of the national review and ensure the implementation of the recommendations, using the newly established cabinet committee.
- Call on ministers to implement comprehensive AIDS programmes within their ministries.
- Include a few AIDS experts to advise Cabinet committees.
- Investigate the possibility of having an adviser to both the deputy and the president on urgent issues

In order to get an urgent response from our leaders at all levels, AIDS must be made an election issue.

Nacosa is in the process of launching a political commitment campaign that will run until the 1999 elections.

There will be a large constituency (both infected and affected) that will be monitoring which leaders they can count on to deal with their issues effectively

Leaders will be given support to respond effectively and also will be monitored on their response in the period leading up to the elections.

This campaign will address some of the issues relating to a lack of political commitment and the lack of a multisectoral response It also will serve to mobilise the community

What will it take in order for us to succeed?

The answer lies in our president's words. "The vision which fuelled our struggle for freedom, the deployment, in energies and resources, the unity and commitment to common goals, all these are needed if we are to bring AIDS under control."

Dying from birth a Nazareth House AIDS worker feeds one of the tiny, terminally ill patients in their care The care organisation is based in Vredehoek, Cape Town

ARG 1/12/97

The private sector has underestimated the impact, costs and efforts needed to stabilise HIV in the workplace, say observers

Companies need to make HIV/AIDS a corporate priority and set up inclusive policies which support and manage people with HIV – or face an increase in their annual salary bill of up to 75%

Visible support from top management and trade unions is essential

"Business must take the first step towards reconciliation and transparency in the workplace," says Professor Reuben Sher, medical consultant to Europ Assistance

"They need to offer effective, low-cost cover and encourage employees with HIV to come out and receive assistance and treatment"

Professor Sher is calling on the private sector to spearhead the campaign against HIV/AIDS and set up a "Business against HIV/AIDS" initiative, funded by a tax-deductible donation of R1-million from each of the top 100 companies

Dr Pieter Coetzee of Sanlam Health is urging companies to develop formal AIDS policies with visible commitment from top management and trade unions

Companies should also be building financial reserves to cope with the impact and make AIDS education compulsory at all staff levels

Employers can be pro-active by testing current and potential employees, with informed consent, post-test counselling and guaranteed confidentiality, he explains

Janina Slawski, senior manager of Southern Life's risk management consultancy, says companies tend to see the impact of AIDS on visible costs like retirement funding, medical scheme contributions and group life expenses

But issues like lost productivity, absenteeism, increased accidents in the workplace, sick pay, and constant training of new staff to replace ailing employees are mostly forgotten

Managers to the north of South Africa, for example, are overstaffing and training three new employees for one position to allow for AIDS-related absenteeism and death

Some factories in Botswana and Zimbabwe report that 30% of their workforce have less than a year's experience

Employee benefits could cost a typical company an additional 25% on top of salary costs, she says

This includes 3% of salary roll towards group life and disability cover, 2% towards disability income, 15% to medical aid contributions, 2% for sick pay, and 3-4% for lost productivity

AIDS could push this figure as high as 75% as death and disability payments to staff rise, productivity drops and training and medical scheme expenses rise"

working class people as many employers insist on pre-employment HIV testing, dismiss workers with HIV, and try to keep medical aids schemes "AIDS free"

Mr Heywood says it has already been pointed out that medical breakthroughs are tantalising, but out of reach, and that the massive scientific campaign against AIDS was mobilised in the United States by the powerful lobbying of gay people, who were then most affected

In South Africa it is poor people who are mostly affected But there is no equivalent mobilisation

In 1996, only 12 out of 150 trade unions responded to a survey sent by the Department of Health HIV/AIDS and STD Cosatu, the largest trade union federation, did not respond

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 Mr 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 1989, 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," Mr Heywood says

Trade union response is more than just playing politics, he points out It could greatly assist with prevention

Once workers start to talk about HIV and AIDS, these messages will spread far faster than anything that is being attempted at present

Better than lectures: members of the cast of the Sanlam AIDS Roadshow spread their message about the dangers of the killer disease to a youthful audience at a Western Cape school

Provident funds take a knock

ARG 1/12/97 (9a)

AIDS will ravage the retirement nest eggs of workers and turn on its head the benefit gained by

Workers will thus face significantly smaller pension payouts in the long-term and employers will

ment return of 13%, the retirement benefit will drop 60% to R4 631 213

Sanlam Health's Dr Pieter Coet-

Assurers and medical aids get into gear

ARG 1/12/97 (9a)

The investment, life assurance and medical aid industry is developing products which offer

approach of testing future policyholders upfront, or excluding any claims from Aids-related deaths

vided this information is kept confidential," says Pieter Coetzee, chief medical officer

income from a R100 000 annuity

"It is up to individuals with life-threatening diseases to take financial

16 000 NEW HIV CASES EVERY DAY

What will it take to wake up to Aids?

(92) CT 1/12/97

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

THE NEW STRUGGLE: To commemorate World Aids Day, Cape Times photographer Garth Stead constructed this montage of images of the Aids epidemic and those affected by it

"MOST people know about Aids," says Mr Kevin 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 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 hostility.

In some ways Aids education campaigns have been successful in raising awareness of the disease. An international study by condom manufacturer Durex found that most people (97%) know about Aids, but the same study found that only nine percent of South Africans use condoms every time they have sex. A large survey of South African adolescents last year found that only 29% 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 Melnyk 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 one 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 is 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 nine 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 Melnyk.

"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 Ms 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.

Zuma wants '98 to focus on action

CT 1/12/97

(92)

OWN CORRESPONDENT

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 Piot, 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 wth the virus.

According to a consultant with Aids Management and Support, Mr Clive Evian, 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 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 Evian 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 Maeve 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 Commission 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 has emphasised that the only "credible tool" against HIV and Aids is prevention through information and education

MARIE HIPPENMEYER / AFP

...areness... school pupils release balloons in front of the Sao Paulo cathedral to mark the 10th ...rsary of international Aids Day yesterday. See Page 4

Let sufferers use Virodene, pleads Zuma

Star 2/12/97

(92)

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 suffers 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.

Fight against HIV will be uphill battle

Star 2/12/97

10th World Aids Day marked by rallies, marches and speeches

(92)

Reuters
London

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 plaster-of-paris snake, the "Aids anaconda", before burning it symbolically on a bonfire.

In London, Aids awareness campaigners planned a candle-lit 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 HI 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'

BD 4/12/97 (92) (EE4)

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 nondiscriminatory 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

BD 2/12/97 (9a)

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, technicians, 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 Unaids 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

Fund set up to stop HIV discrimination

BD 2/12/97 (92)

Josey Ballenger

THE justice department has announced an HIV/AIDS policy, funded by a R270 000 allocation from the health department, to protect HIV-infected employees from discrimination.

The department said on World AIDS Day yesterday that if the High Court or Labour Court ruled that HIV was a disability, the constitution and the Labour Relations Act would protect persons with HIV from discrimination, in much the same way as Americans were protected by the Disabilities Act in the US.

The policy states: "People living with HIV/AIDS face discrimination in all aspects of their lives, and this discrimination makes it even more difficult for the government to reduce the rate of HIV transmission in society.

"Employees with HIV/AIDS want to continue working, which enhances their physical and mental wellbeing, and they should be enabled to contribute their creativity and productivity in a supportive occupational setting."

Health Minister Nkosazana Zuma said that the secrecy surrounding HIV and AIDS had to go so that the virus was treated like any other disease.

Speaking in Mabopane yesterday, Zuma said that secrecy had contributed to "ignorance and misconceptions" surrounding the disease, such as the false perception that having sex with a child would "reverse" the condition.

Zuma's spokesman, Vincent Hlongwane, said the department had learned from "interaction with communities" that this idea "partially explained the high incidence of child rape".

Zuma encouraged parents to speak openly to their children about sexuality and its potential complications such as HIV and sexually transmitted diseases (STDs).

Zuma encouraged "all sectors" to join in the fight against AIDS and "welcomed" the move by the private sector last week to form the SA National Business Council on HIV/AIDS.

Hlongwane said an allied plan between the health and education departments meant that all provinces would implement a "life skills" programme already operating in four provinces, from early next year. The programme aimed to educate children about sex, STDs, including HIV, domestic violence, substance abuse and career choices.

At a United Nations function in Pretoria, Gauteng health department communicable diseases director Liz Floyd said society needed to understand the "nonrisk" of touching, sharing drinking and eating utensils or breathing the same air as people with HIV.

The government estimated earlier this year that 2,4-million South Africans were HIV-positive.

Page 11

Singer Blondie Makhene performs at the Orlando Stadium in Soweto, Johannesburg, at a function dealing with HIV and AIDS prevention held to mark World AIDS Day yesterday. Pictures ROBERT BOTHA

PEOPLE PERSON: Miss South Africa Kenshnie 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 Kenshnie 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 schoolchildren at the event, organised by Zikhulule 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

Zuma to use new laws on Virodene ban

(92)

OWN CORRESPONDENT

OCT 2/12/97

PRETORIA Dying 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 saw 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 testimonies 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

Pretoria researchers responsible for Virodene are planning litigation soon in the High Court and the Constitutional Court — Own Correspondent

CT 2/12/97

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-utero 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"

'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 some participants don't get the medication, but says she will harbour no ill feelings if she receives the placebo

Professor Francis Miiro, 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," Miiro 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, Nevirapine. "We give women one dose during labour and a dose to the newborn baby," said Miiro If Nevirapine prevents or minimises vertical transmission, Uganda may have a therapy that would cost under $10 (R48) a patient — Independent Foreign Service

HEALTHCARE *Apart from poverty, the disease can count on the low status of women and children to assist its advance*

Swopping Aids for schoolbooks in Mozambique

(92) (E18) CT(BR) 2/12/97

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 Zambezia 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 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, surface-stripped 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 Aids In Mozambique it is most advanced in Zambezia. The refugees carried it back there from Malawi, which boasts one of the worst rates of HIV infection in sub-Sahara Africa

New United Nations statistics, released to coincide with World Aids Day yesterday, show that of the 30,6 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, sponsors of the village sex education scheme, are battling against enormous odds

Apart from poverty, the disease in Mozambique can count on factors such as the low status of women and children to aid its advance As we crawl in our car along crumbling roads, Etelvina da Cuhna, 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 Cuhna dispenses condoms in the villages as we tour the district The men look unimpressed 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, rope 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 drew 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 Italian aid-worker she was living with returned to his wife. Now she now trawls 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 sympathises with her rivals Girls as young as 10 work the bars just to go to school. "They swap sex for money for 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 a 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 (92) Sowetan 3/12/97 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 Motlana 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'

(92)

PRETORIA CORRESPONDENT

Star 4/12/97

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 P058

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 Martins 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

'It was something I never thought could happen to me'

(92)

DAVID YUTAR
FEATURE WRITER

"Which of you children wants to be a clown when you grow up?" asked Spotty the Clown. "Clowns can do magic, you know!" he said as he took out a white piece of paper.

"Abracadabra! Swish! Swash!" and Hey Presto!" In place of the white piece of paper, Spotty held out a crisp, new R50 note "So who wants to be a clown when you grow up?"

A sea of hands went up

I wanted to cry at the thought that most of these lovely little children bouncing around on the Jumping Castle or sliding down the waterslide are just a little different from other kids they are HIV positive

The occasion was a delightful picnic on a fine Sunday morning Organised by the Northern Areas AIDS Action Group, it was a special Christmas picnic arranged to entertain HIV-positive children and their families The event was also attended by several doctors, nurses, social workers and other support workers and their families What made it so special was how everyone mingled, making it impossible to say who was a patient and who was not

It was just a bunch of people getting together for a relaxing time and forgetting about their troubles and worries – and maybe even AIDS too, for a while

I managed to chat to a few HIV-positive parents and ask them about their lives They are survivors – incredibly resilient and determined to enjoy their lives to the full

Jim and Jane (not their real names) were quite open about sharing their fears and feelings

Jane, a warm and friendly woman with a beautiful smile, was diagnosed with HIV in January She has already contracted full-blown AIDS and Jim also carries the virus

The couple's eldest son, aged 4, is also HIV positive, although the couple's younger son, aged 22 months, is not

Jane said she had decided it would be best to let the children play together, she was aware of the risk of infection, though she felt it was only slight She told me that before she married she was the victim of a rape, and that is when she presumes she was infected

"I knew a little about AIDS and it was something I never ever thought could ever happen to me" she said

"I cried when I first began to realise what it meant and soon after that began to pretend that it was just a nightmare and was not real "

With the passing of the months, Jane began to accept that she was HIV positive

Later she called me aside – she wanted to tell me something she did not want to mention in front of her husband how the news she was HIV positive and that she had infected her husband had placed the marriage under terrible strain and she and her husband had even separated for a while

But later it had dawned on them both that they badly needed each other They decided to "stick together" and face the future as one

Jane told me how her close friends had been wonderfully supportive and that AIDS had actually made her feel closer to them

One thing she felt terribly saddened by – living with AIDS was difficult enough, but the fear of the terrible stigma attached to the disease made it even more unbearable

"If only people could learn that we are still normal people in every other way like themselves," she said

'I had never believed this was a disease that would affect me'

"If anything should happen to me, I know that my church will look after my child "

The other couple I spent time chatting to, Charles and Sallie (not their real names), were also more than willing to share their feelings with me ARG 4/12/97

Sallie discovered she was HIV positive after visiting a doctor at Somerset Hospital because of a persistent rash on her back Blood tests revealed she had the virus.

Charles then went for tests with the couple's three young children, ranging in age from six to eight months

They were all HIV positive

"I had never believed this was a disease that would affect me," said Charles, who said he tried to take his life by taking an overdose That was 18 months ago He left work because there were rumours he had AIDS and the family now lives on a government grant.

"Where we live, everyone knows everyone else's business and people talk behind your back," he said

Charles said that although both his and his wife's families now knew about their condition and were very supportive, AIDS was something they still felt they had to conceal from all but their closest friends "Sometimes we pretend to laugh when we are with others and they talk about 'daardie AIDS mense' but deep inside the way they talk really hurts us terribly "

Charles said the children (with the exception of the youngest) were very active and enjoyed playing with other children

For the rest of the afternoon I chatted to doctors and nurses, watched Spotty the Clown (Kenny Williams) do his thing for the young children and later that afternoon, the arrival – by motorcycle rather than the traditional way – of Father Christmas

In a corner, unnoticed by most, a tiny little plump-faced toddler sat, sans pants, on his still-wrapped and unopened Christmas gift, staring in bewilderment at the outside world

It took so little to make them happy

■ The Northern Areas Aids Action Group was formed in 1993 to counsel and support families with AIDS For further information, telephone Sophia Louw or Rita Hattingh on (021) 92 4683 or 92 9120, or fax (021) 930 2636

Showtime: Spotty the Clown enthrals his young audience at the picnic for HIV positive children and their families

Successes claimed for Virodene

(92)

ARGUS CORRESPONDENT

ARG 4/12/97

Pretoria – While the controversial AIDS drug Virodene is still being tested in South Africa, its patent holder claims doctors in some European countries are successfully treating the HI virus with it.

Zigi Visser, administrator of Cryo Preservation Technologies, which has the patent for Virodene P058, said doctors and AIDS specialists in France, Portugal, Italy and Spain were using the drug.

Speaking from Portugal yesterday, AIDS specialist A Martins Ferreira said he had been using Virodene for more than a year and his patients were doing well.

The Medicines Control Council (MCC) banned the use of Virodene in South Africa earlier this year.

The Cape Town office of Professor Peter Folb, director of the MCC, said, an announcement on the matter would be made tomorrow.

NP acts against errant ex-MP

E Cape congress postponed in party shake-up

(ARG 4/12/97)

CLIVE SAWYER
POLITICAL CORRESPONDENT

Tension continues to trouble the National Party in the Eastern Cape in spite of this week's disciplinary action by the party's federal council.

Renier Schoeman, executive director of the NP, said earlier the executive of the federal council had accepted recommendations by a task team it had appointed to probe tensions in the province.

Action included:

■ A year's suspension from the party for former provincial leader Tertius Delport

■ Disciplinary action against four other members.

■ Postponement of the Eastern Cape party congress for several months.

The probe was ordered by the federal leadership earlier this year after a row broke out over Dr Delport continuing to receive a provincial cabinet minister's salary for four months after the NP left the provincial government.

He was ordered to pay it back, leading to the provincial leadership expelling him for allegedly bringing the party into disrepute.

But Dr Delport appealed against this decision

A further cause of tension in the party in the province was a dispute about the validity of voters' rolls in some areas, which would have had an effect on voting at the party's Eastern Cape congress.

Mr Schoeman said the federal council had agreed that the Eastern Cape congress, which was to have been held on January 31, should be postponed until the second half of next year.

"That is, after the annual meetings of the party structures that must be held in terms of the party's constitution."

It has been decided that the existing voters' rolls will be honoured

Mr Schoeman said the party membership of Dr Delport, former NP leader in the province and a member of the provincial legislature, had been suspended with immediate effect for 12 months.

For the duration of this suspension, Dr Delport will not be allowed to take part in caucus or party structure activities, will not be allowed to conduct media interviews on party matters and had to " refrain from activities that might cause further tension" in the Eastern Cape NP.

New censors picked – but names are blanked out

CLIVE SAWYER
POLITICAL CORRESPONDENT

You're a little closer to knowing who South Africa's new generation of censors will be – but right now you cannot be told.

The President's Office said yesterday that the Cabinet, at a regular meeting in Pretoria, had received a report on the Film and Publication Board and had approved the people who would serve on it.

The new board will operate in terms of the Film and Publication Act – approved by Parliament earlier this year to succeed the strict legislation of the apartheid era

The new act widens the type of material to which adults will be allowed access, but retains sanctions against the depiction of sex involving children, extreme violence, or bestiality.

Asked who was on the new board, a Home Affairs official said the names could not be released until approved by the president.

will deliberate on ANC policy for two years until the next national conference.

ANC spokesman Ronnie Mamoepa said procedure for electing the committee began with the branches putting forward 60 names. All the branch nominations are then consolidated by the provincial officials of the party into a consolidated provincial list All these finalised provincial lists are sent to ANC headquarters where a final list of all candidates for the national executive committee are consolidated

Each of the 3 000 delegates then casts a secret ballot choosing the 60 people they want on the committee. The electoral commission collates the results and decides on the 60.

Scientists get AIDS drug interdict

Josey Ballenger (92)

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

José da Silva, an attorney representing Pretoria University cardiothoracic surgery department head Prof Dirk du Plessis, clinical assistant Dr Callie 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 unite to challenge the government's education policies because it would result in a decline in standards at schools, National Party (NP) leader Marthinus 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

BD 4/12/97

AIDS AND CONSUMER MARKETS

The virus that kills people attacks our pockets too (9a)

FM 5/12/97

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

Janina Slawski, 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

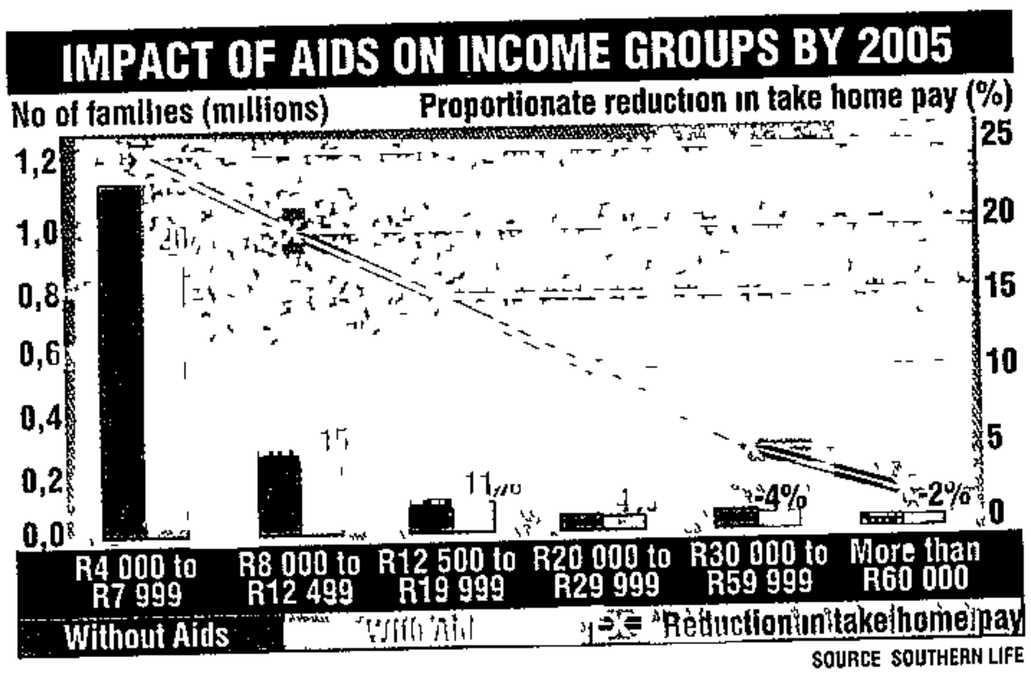
"Aids has been the swing factor that has forced a few large corporations planning substantial increases to their production capacity to change their investment strategies," he says

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 Evian, 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 Bisseker



Orphans 'ee 'orce o' AIDS storm

(92) (Stop) MtG 5-11/12/97

Chris Holt *reports on the 'orphan epidemic' the Aids virus has brought to Zambia*

On a windswept patch of wasteland in one of Lusaka's grim residential compounds, a group of small children is huddled around a woman in a tie-dyed dress They follow her hand as she scratches numbers in the dirt, nought to three Now and then wind picks up the dust and hurls it into the children's eyes. This is their school, the dirt their blackboard, this untrained volunteer their teacher This is the best education they can hope for, these children orphaned by Aids.

No one in Zambia is unaffected by Aids Everyone you speak to has lost a family member, a colleague or a friend. If you haven't seen someone for a while, you don't ask where or how they are And in the wake of Aids, a second human tragedy is unfurling: an "epidemic" of orphans.

By the middle of last year, nine million children worldwide had lost their mothers to Aids, according to Unaids, the joint United Nations programme on HIV and Aids. Some 90% of these children are in sub-Saharan Africa and most of them will also have lost a second parent. In the most affected countries it is thought up to one-third of children will become orphans in the next 10 years.

Up to half of some countries' orphans are looked after by grandparents and many fall into the care of older siblings The burden on these families, many of which are already very poor, is immense. Albina Mwila, at 72, has taken in six orphans. Now with a total of 12 grandchildren to look after, she struggles to feed them, farming beans, maize and groundnuts on one hectare of land. When food is scarce, she begs from neighbours.

"The hardest thing is to feed and clothe them and pay school fees," Mwila says. Her orphaned grandson Joseph, whose tiny, malnourished body belies his nine years, has a persistent rash and hacking cough. When he is not at school he looks after his younger siblings and cousins. He tells the younger ones stories, cradles a crying two-year-old, and, when necessary, helps his grandmother in the undignified search for charity

Unlike countries such as India or Thailand, in Zambia orphanages take only a very small minority of children. "Zambian tradition is that you should look after your family and orphanages should be the very last option," says Unaids's Mark Connolly

Zambia is currently thought to have half a million orphans — 5% of the total population. By 1993, 42% of urban and one-third of rural households already contained orphans. For a country struggling to cope with decades of under-development and high levels of poverty, the orphans represent the seeds of future crises.

No small concern: Young children often have to care for their brothers and sisters after their parents die. PHOTOGRAPH: GIDEON MENDEL

A Unicef report this year linked poor educational performance to children's trauma in coping with the sickness or death of parents Primary school age children were bearing enormous responsibilities of caring for dying parents, finding food and earning money School fees, introduced as part of the 1990s shift to free-market economics in Zambia, are beyond the means of many families Some 68% of orphans in rural areas now do not go to school.

"The implications for the economy, education and health services are very serious," Connolly says. "There are very high levels of HIV infection among professionals with a generation of less educated, less skilled, emotionally less secure orphans following behind when they die " The government is predicting that gross domestic product will fall by between 5% and 9% by 2000, because of the effects of Aids.

Some policy changes are addressing the situation Compulsory school uniforms have been abolished in Zambia. Churches and other local groups have set up schools in Lusaka that offer free education to the poorest. At Kabwata Open School — open to all, but also open to the air — 50% of the 300 pupils are orphans. They learn using donated books, chalk and blackboards, and seven teachers are paid by overseas donors

A project in Chilonga, northern Zambia, funded by the British aid agency Cafod, is typical. There, an orphans' support group farms five hectares of land, its produce going to pay for school fees and other needs. A further two hectares of land is used to teach farming skills to the children.

"There have been plenty of projects addressing the problems of people with Aids, but at first few people were thinking about the orphans," says Cafod's Richard Miller "This community thought it was important to bring them together and teach them the skills they need to look after themselves "

The chairwoman of the group, Emilia Kumwenda (54) and herself a stand-in mother to 11 orphans, is a formidable woman who believes education is the key to the orphans' future. She runs a nursery and an anti-Aids club for older children, where they learn about the disease "We recruit children who are not orphans as well, so they will mix and see each other as normal," she explains.

Community-based projects such as these were identified as central to non-governmental organisations' responses to HIV in Southern Africa in 1994. In their Lusaka Declaration on Support to Children and Families Affected by Aids, the agencies urged that, wherever possible, children should be kept in their communities.

Three years on, however, such projects are still missing out on both domestic and overseas government aid, which favours hospital-based programmes and expenditure on testing kits, and doctors' and advisers' salaries.

The "orphan epidemic" in Zambia is still in its infancy In Uganda, the Commissioner for Health, Dr Sam Okware, has talked about a "window of hope" between the ages of five and 18 "If that group can be educated, if their behaviour can be changed, I think we have a future," he says.

Kumwenda's great-nephew, Dominic Mukaka, joins a group of teenage orphans shakily singing a song with a clear message about Aids, sex and self-respect. It is four years since his parents died and he and his brother joined Kumwenda's disparate brood of young relatives. "I don't even think about my parents any more and I don't feel sad," says Mubaba (18) standing next to his great-aunt. "Now this is my mum."

One Aids virus, two epidemics, PAGE 24

Resolve status of Virodene – Zuma

ARG 6/12/97 (92)

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 P058.

"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 supports 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

SATURDAY DECEMBER 6/7 1997

Traditional healers enlisted in fight against HIV-AIDS

Consultants to create awareness

ARG 6/12/97 (92)

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 Zezizwe 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

Star 8/12/97 (92)

By Priscilla Singh
Health Reporter

Holders of the patent for Virodene P058, 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

Zigi 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 sub-contracted to a pharmaceutical research firm in Germany

All data should be complete in three to four months, after which a new protocol for phase 111 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 Landauer, 18 months ago The discovery became public knowledge in January, when the trio approached Cabinet for R3,7-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.

Ziggie 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

"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.

commission cannot protect him."

Medicines council to work with Virodene researchers

Pat Sidley BD 8/12/97 (92)

THE Medicines Control Council (MCC) would meet the researchers involved in clinical trials for controversial AIDS drug Virodene today, MCC deputy chairman Prof Peter Eagles said.

This follows a meeting of the Council in Pretoria on Friday which saw the MCC change its attitude towards the research and development of Virodene. The council said it would work with the researchers towards scientific protocols aimed at establishing clinical trials for the drug.

A request for compassionate use of the drug was submitted for a decision on Friday, but Eagles said the council was unable to deal with it in limited time. This would be dealt with, he hoped, in the course of working with the Virpdene researchers.

The council had also not suspended its legal action taken against the illegal sale and distribution of the drug.

According to Eagles the council hopes to work together with the clinicians to find a way of scientifically deciding whether or not the drug can be used in the treatment of AIDS.

"We believe it is necessary to provide all stakeholders with some finality on the issue," he said.

He believed that because the drug was apparently in use in several African countries and in Portugal, the MCC now had a regional duty to assess Virodene.

The statement issued by the MCC on Friday expressed reservations once again about Virodene.

"The product is made from an industrial solvent with unknown impurities, and is known to be toxic. There has been almost no good laboratory data on whether Virodene has any action against the HIV virus," it said.

The council had decided, however, to do a "comprehensive review of all the available data on Virodene" and to "finally get resolution on whether or not Virodene is safe and effective".

Josey Ballenger reports that the lawyers for Virodene inventors Olga Visser and her husband Zigi, and University of Pretoria researchers Dr Dirk du Plessis and Dr Callie Landauer, said the two parties "welcomed" the decision. They were determined not to allow "minor differences" to sidetrack the "national goals" of developing a safe treatment against HIV and AIDS.

Zigi Visser, Virodene patent-holder Cryopreservation Technologies' administrator, said last night that no one from the closed corporation would be directly involved in the clinical trials, as there would be a conflict of interest in being the inventor or researcher and having a financial interest in the drug. Du Plessis and Landauer are both Cryopreservation members.

Comment: Page 9

Farmers exploiting illegals — unions

Renée Grawitzky BD 8/12/97 (256)

THOUSANDS of illegal Mozambican workers employed on SA farms were living under prison-like conditions and were earning about R5 a day, Mozambican trade union federation's international relations secretary Pedro Manjaze said yesterday.

Manjaze said illegal Mozambican workers were often hired on three- to six-month contracts, but were paid only at the end. He said often farmers tried to get out of paying workers, calling in the SA Police Service on the pretext that workers were squatting on the farmer's land.

Such practices were happening not only on hard core farms, but on Gauteng farms, the SA Agricultural Plantation and Allied Worker Union (Saapawu) national organiser Thami Myeza said.

The union and other organisations had tried on many occasions to speak to illegal workers but were stopped by farmers — who keep them housed separately from SA workers and stop them speaking to strangers.

Manjaze said workers would continue crossing the border because of the extremely high levels of unemployment in Mozambique.

Institute for Democracy in SA immigration project manager Vincent Williams said farmers were "clearly exploiting" such workers and continued to do so, despite the fact that under current legislation farmers faced fines for employing illegal workers.

Agriculture union to meet Mandela o

Louise Cook BD

THE SA Agricultural Union will meet President Nelson Mandela tomorrow for the second time in two months to discuss the reign of terror in which 16 farmers have been murdered since last month.

In October the farmers' union asked the president to establish a judicial inquiry to find whether the attacks on farmers were politically motivated or attempts to strip farmers of land.

Speculation was rife that former MK and Apla guerrillas were responsible for the killings. Mandela said the intelligence services would first complete investigations before an inquiry.

Union CEO Jack Raath said it would impress upon the president that January was the cut-off point before farmers took drastic action.

Government was told at the previous meeting it had three months to produce results.

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Virodene — MCC comes on board

CT 8/12/97 (92)

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 Plessis and Dr Callie 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 claim 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, Mr Ziggie Visser, spokesperson for Cryo Preservations Technology, which is run by Ms Olga Visser and her colleagues, said yesterday that if the MCC statement was a genuine offer, he 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

SE

AFRICA *focus*

CT 8/12/97

More than 20 million with HIV in sub-Saharan Africa (92)

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

MADELEINE ALBRIGHT

MCC nod to Virodene is hailed

Secretary 9/12/97

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 PO58

The dramatic turnabout 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 overrule the body

Zuma said it was scandalous for such a body to "have such extraordinary powers as to deny Aids patients to use Virodene even on compassionate grounds"

Centre for Epidemiological Research in South Africa (Cersa) director Dr Salim 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 Mabasa 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 Nchaupe 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 their 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

(9a) Star 9/10/97

By Priscilla Singh
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 Visser, Dr Callie Landauer and Dr Dirk du Plessis – have welcomed the move

Dr Helen Rees, a member of the MCC and the national convener 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

Star 10/12/97 (92)

By Rich Mkhondo
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.

Zigi Visser, administrator of Cryo Preservation Technologies, which has the patent for Virodene P058, 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 rumours 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

'It is the best drug available'

Aids specialist Dr A Martins 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

The Star, Wednesday December 10 1997

Hope for more accessible Aids therapy

Star 10/12/97

Ways examined to prevent pregnant women from passing disease to their babies

(92)

By Janine 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 Ehrich

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 3-T-C 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 in 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 basic palliative drugs, the newest antibiotics that treat drug-resistant bacterial infections and sophisticated antiretrovirals to fight HIV infection

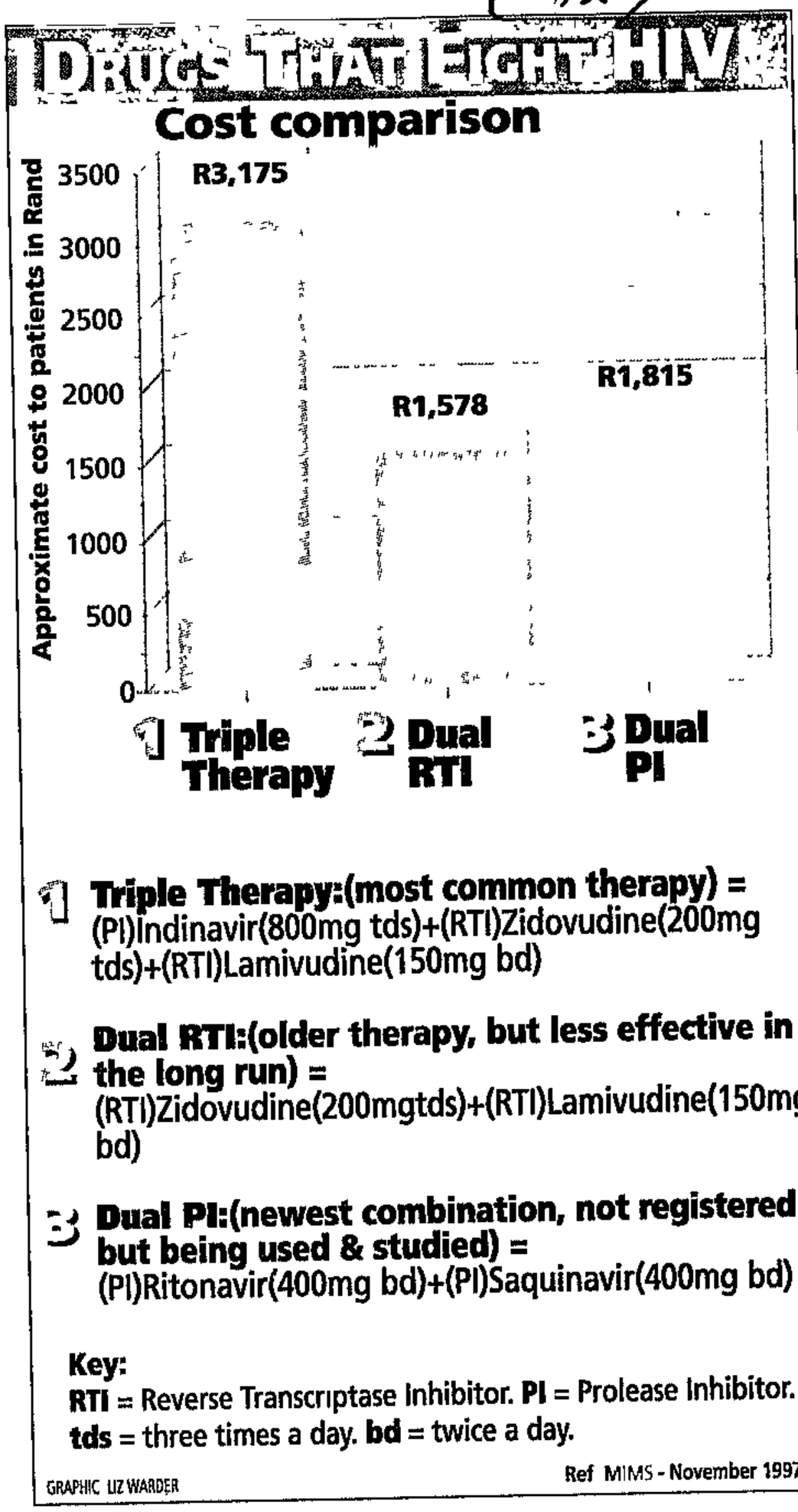
Four pilot programmes – in Uganda, Chile, Côte d'Ivoire, and Vietnam – will start next year by setting up a national HIV/Aids drugs advisory board, and a non-profit clearing house to import and distribute the drugs Funding will come from the pharmaceutical companies and local health ministries, and from 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



INTERNATIONAL

Fear of lawsuits hampers AIDS vaccine research

BD 10/12/97 (92)

ABIDJAN — The hunt for an AIDS vaccine had been hit by fears of lawsuits and a perception in the drugs industry that there might not be a return on investment, the head of the Unaids group said this week.

Unaids executive director Peter Piot said it was important to stimulate basic research, and he welcomed calls for an AIDS therapy solidarity fund.

"It is striking how underfunded basic research is," he said. "Companies worry that, if they find an expensive vaccine, they will have to give it away for free to developing countries."

Seth Berkley, president of the International AIDS Vaccine Initiative, said the world spent $18bn on care and prevention but just $50m on vaccine research.

Vaccine researchers hope a meeting of the Group of Eight rich nations next year will back a plan for a fund to back vaccine research and another to subsidise drugs for poor countries.

"We have no idea what works and until we test in humans we will never know," he said. "So far there have been no tests on humans in 17 years of research. In my view that is scandalous."

Piot said companies feared lawsuits. "There isn't 100% protection, even with a vaccine, therefore there are liability issues."

Piot backed calls from French President Jacques Chirac and others for an international solidarity fund to help Africans cope with an explosion in the number of HIV-infected people.

A vaccine breakthrough remains elusive No announcements are expected at the 10th International Conference on Sexually Transmitted Diseases and AIDS in Africa which ends tomorrow.

Piot said a vaccine should be the longer-term goal. "As a human species we have to do everything we can to find a vaccine," he said "The issue of access to care and treatment is the biggest issue at this conference"

Unaids is launching a pilot project to make anti-retroviral and other AIDS-related drugs cheaper and more accessible, starting next year with Côte d'Ivoire, Uganda, Vietnam and Chile.

The project will offer the four countries a cocktail of three expensive anti-retroviral drugs It aims to supply cheap drugs for illnesses associated with AIDS and promote counselling and testing. It will be extended if successful.

European Union officials say the Unaids project threatens to divert health care resources from other illnesses and stress prevention.

Piot says this has little credibility in areas of high infection, where people were unwilling to admit to AIDS. "With over 20-million cases in Africa, talking about just prevention is very difficult for me"

He said UNAIDS was not pushing for drug trials at the expense of the health system at large. He predicted that the expiry of patents would lower the cost of anti-retroviral drugs as generic products replaced brand names —Reuter

Cheaper drugs on way – but what of vaccine?

Abidjan – Cheaper AIDS drugs will arrive in Africa from January under a controversial UNAIDS pilot project but critics say the large amounts of money involved could be better spent on the hunt for a vaccine.

The UNAIDS Drug Access Initiative starting in 1998 aims to persuade pharmaceutical firms to cut their prices for expensive anti-retroviral drugs which can prevent HIV infections from developing into Acquired Immune Deficiency Syndrome (AIDS)

"We hope we would be able to set up in Ivory Coast and Uganda in the first half of 1998 and Vietnam and Chile would follow closely," Joseph Saba, UNAIDS head of project policy and strategy, said at Africa's top AIDS conference "Ivory Coast is the most advanced In January, we hope that the first patient will take the treatment," he said this week

AIDS kills by destroying the body's immunity to illnesses but a cocktail of two or three drugs, known as anti-retrovirals, have been shown to prevent or delay onset

African doctors at the 10th International Conference on Sexually Transmitted Diseases and AIDS in Africa recommended expanding retroviral use "whenever possible"

Vaccine researchers lament the comparatively small amounts spent on the hunt for a cure

"If they had spent the same amount of money that is being spent on retrovirals, they would probably have found a vaccine by now," AIDS researcher Alison Grant said

"Although AIDS is costing the world over $18-billion a year, less than $200-million is spent on vaccine research and less than $50-million on vaccine development – less than one percent of the total," Doctor Seth Berkley, president of the International AIDS Vaccine Initiative, told a news conference

"Almost nothing has been spent on vaccines specifically for developing countries," he said

Africa has two-thirds of the world's 30,6 million cases of HIV infections UNAIDS says the retroviral treatment project could never be expanded to all HIV victims – a feature that has drawn criticism from some local AIDS workers

Critics point to other risks Many Africans lack the education and regular diet needed to ensure a properly respected treatment programme, they say Patients who do not stick strictly to treatment programmes encourage emergence of drug resistant strains of the virus – Reuters

Demystifying AIDS: Nokhephu speaks out

Ex-teacher fights discrimination

(92)

ARG 11/12/97

MOSES MACKAY
SPECIAL CORRESPONDENT

A 41-year-old Langa woman who has AIDS believes it is time for people with HIV and AIDS to speak out about their conditions and help prevent the spread of the disease.

Nokhephu Mangcu, a former teacher, says she first realised she was infected with the human immuno-deficiency virus after the death of her AIDS-infected 18-month-old son Vuyolwethu in March 1995

She went for a blood test and tested positive Ms Mangcu, who doesn't look at all ill, asked her partner also to take a blood test but he refused and has since left her She is now in the transitional stage from HIV (human immunodeficiency virus) to clinical AIDS (acquired immune deficiency syndrome)

When she found out she was HIV-positive, Ms Mangcu, who was born in King William's Town in the Eastern Cape, got a letter from the Department of Education instructing her to resign from her teaching post at St Francis Education Centre

She said while students at the centre and residents in her neighbourhood had reacted negatively to the news and discriminated against her, her colleagues and family had been extremely positive and supportive

Now she works as a translator for the Zikhulele AIDS Projects at Catholic Welfare Development in Green Point and is also a volunteer for organisations promoting HIV and AIDS awareness programmes on the Cape Flats, including the Salvation Army Project and the National Association for People living with AIDS

She has also given talks to church groups and to prisoners at Pollsmoor Prison "I feel good about this because I am helping make a difference in other people's lives "

But she and her family come in for plenty of negativity from their neighbours "When I touch someone's child, I'm often told that I should rather stay away because I could infect them with AIDS "

In that case, why did she decide to speak out about her condition?

Ms Mangcu said "If I kept quiet, I would allow the disease to continue spreading and infect other people

"I have an advantage because I know about HIV and AIDS and I am using my teaching skills to educate school children and other people about the disease "

Asked whether she was afraid of death, she said "I am afraid of AIDS but what can I do now? But positive thinking and attitudes make me strong "

Her awareness programmes were also starting to result in positive results "on the ground", but much work still needed to be done "as many people are ignorant about the disease and illiterate in terms of education"

"The people, especially the youths, don't want to practise safe sex and use condoms," Ms Mangcu said

BRENTON GEACH

Staying positive: AIDS sufferer Nokhephu Mangcu

WHO IS ... OLGA VISSER?

The researcher who spoke too soon

(92)

M+G 12-18/12/97

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

Which is all very well as her interests lie elsewhere In January this 39-year-old perfusionist, 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 Kallie 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 P058 — 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

When broached with the subject of the MCC, Visser said she really couldn't be bothered discussing the council "I just want to be left alone," she told the *Mail & Guardian*

Zigi Visser is, however, not burdened with such reticence

"It's 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 "

One gets the impression that this is the root of her problems As a researcher she may be cautious and concentrate on inquiry, but that is being pipped all the time by the pride her husband has in her achievements, and his awareness of the commercial value of her discoveries

Olga Visser: All she ever wanted to do was alleviate suffering. PHOTO: SIDDIQUE DAVIDS

Two years ago, while working as a freelance cryogenics researcher for Du Plessis, Olga Visser claimed to have developed a cryoprotectant 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 cardio-vascular perfusionist? What did she know about cryobiology?

Brian Wowk, 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 cryonicists remained sceptical

However, the Cryonics Institute and Alcor Foundation, rivals to CryoCare, put their weight behind Visser She 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, which reportedly paid $25 000 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: Drives a white Mercedes 200
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 cryoprotectant 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 refute 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 this 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 Nkosazana Zuma had declared her intent 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

(92) Star 13/12/97

No room at the inn for Aids children

(92) Star 13/12/97

By GLYNNIS UNDERHILL

Many of South Africa's orphans and abandoned babies with HIV/ Aids are being turned away from government children's homes, Aids workers claim.

In some cases, overcrowded government children's homes are allegedly screening the applications for admission and closing doors to these children. Financial cuts have slashed the number of beds and staff at hospitals, and some have allegedly shown reluctance to admit incurable babies.

The small welfare subsidies handed out to children's homes willing to care for Aids babies and small children has not been increased since 1993

While government-sponsored children's homes are given R785 a month per child, an Aids child costs around R2 000 to R4 000 a month to care for, with additional staffing and medical costs

The crisis is growing and the government response is lacking, says Gail Schultz, a community- care worker at the Ethembeni children's home in Johannesburg "Our children's homes are chock-full. Some children's homes are screening their intake. They are not saying they are turning away the children with HIV but are usually using the excuse that they are full," she says.

'Raised hell'

Ethembeni fights "tooth and nail" to get its HIV-positive and Aids babies into hospital when necessary. "We raised hell and now we don't have a problem. But I know others are experiencing problems," Schultz says.

Ethembeni, which currently cares for 31 HIV/Aids babies, is full. "Nobody is going to foster them," Schultz says. "Who in the community is going to take Aids children into their homes?".

The director of health promotion and communication at the national Department of Health, Gonda Perez, says the department is providing financial and moral support to non-governmental organisations which look after these children.

"The Department of Health feels that parents or relatives are best suited to take care of children who have HIV When this is not possible, places like Cotlands Baby Sanctuary in Johannesburg have stepped in to assist with the situation.

"The Department of Health would like to see, under its expanded-response programme, a situation where the community, non-governmental organisations and government departments all work together to take care of the many abandoned children who are HIV positive."

TO PAGE 21

Sister Margaret of Nazareth House children's home in Cape Town, which is caring for babies and children with HIV/Aids, says "The main problem is that staff at some of the children's homes are stressed out and the homes are in any event overcrowded with children with other problems Some are willing to keep the babies, but only until they become very sick."

Greg Hussey, head of paediatric infectious diseases at Red Cross Children's Hospital in Cape Town, says no HIV-positive children have been turned away from the Red Cross or Somerset hospitals. However, a grave concern is that the number of paediatric beds at Somerset Hospital, where most of the expertise in the Western Cape lies, has decreased by 25% and the nursing staff by 20%.

HIV testing was not a prerequisite for admission to a children's home or place of safety, the Department of Welfare said in response to the allegations "However, it is recognised that special measures in respect of children with HIV/Aids may be necessary – this should be medically indicated or in the child's best interest The provincial departments of welfare fund children's homes, with all children receiving the same amount irrespective of their illness, disability or age "

The statistics at the disposal of the department of health did not give a true reflection of the "very worrying" increase in number of HIV/Aids children being admitted to provincial hospitals, said Perez Research published last year indicated there were 156 000 HIV-infected babies born in South Africa since 1990 The unanswered question remains who will look after these babies as they become sick?

Reeva Goldsmith, assistant director of Cotlands Baby Sanctuary and Hospice in Johannesburg, says her children's home is the only one in the area which provides complete care for the babies, from the time they are admitted with HIV until they die of Aids. The waiting list at Cotlands for HIV/Aids babies and children under the age of 6 has soared. The home is currently caring for 29 children Cotlands relies on private funds and government subsidies to care for the children

The lack of national government response to the crisis has appalled those who care for the Aids babies "We can tell that the number of Aids babies is increasing from the sheer volume of application forms for children with HIV

"With the increasing number of applications, we will not be able to take them all and we are developing a home-based care programme for parents of these children," Goldsmith says.

In 1992 there were two abandoned Aids babies at Cape Town's Nazareth House. Since 1993, 25 Aids babies in the care of the Catholic sisters have died and today they are looking after 36 babies with the disease

At least six at local hospitals are waiting to come to Nazareth House when there is a cot free Those admitted to hospitals languish there until a suitable home can be found Many face a gloomy Christmas in a hospital ward while their names are placed on long waiting lists at homes.

"We find that many of the places of safety and children's homes are doing all they can to try and help, and some are prepared to keep the children while they are still healthy

"But when they finally reach the very ill stage, they cannot cope," says Sister Margaret.

No room at the inn for HIV ba

Government homes 'turning sick children au

ARG 13/H98 12/97(92)

GLYNNIS UNDERHILL

Many of South Africa's orphans and abandoned babies with HIV /AIDS are being turned away from some Government children's homes, AIDS workers allege.

In some cases, overcrowded Government children's homes are allegedly screening the applications for admission and closing their doors to HIV/AIDS children.

Financial cuts have slashed the number of available beds and staff at hospitals and some have allegedly also shown reluctance to admit incurable HIV/AIDS babies.

"The main problem is that staff at some of the children's homes here are stressed out with other problems Some are willing to keep the babies until they become sick," said Sister Margaret of Nazareth House Children's Home in Cape Town, which is caring for babies and children with HIV/AIDS

The crisis was growing while the Government wasn't responding, claimed Gail Schultz, a community care worker at the non-governmental organisation Ethembeni children's home in Johannesburg.

"Our children's homes are choc-a-block full. Some homes are screening their intake. They are not saying they are turning away the children with HIV, but they are using the excuse that they are full," she said.

Ethembeni fights "tooth and nail" to get its HIV/AIDS babies into hospital when necessary.

"We raised hell and now we don't have a problem. But I know others who are experiencing problems," said Mrs Schultz.

Ethembeni, which is currently caring for 31 HIV/AIDS babies, is full.

"The HIV babies are creating problems in the children's homes. Nobody is going to foster them Who in the community is going to take AIDS children into their homes?" she asked.

Greg Hussey, head of Paediatric Infectious Diseases at Red Cross Children's Hospital in Cape Town, said no HIV-positive children had been turned away from the Red Cross or Somerset Hospitals.

However, what was a grave concern was that the number of paediatric beds at Somerset Hospital, which had most of the medical expertise in the Western Cape, had decreased by 25% and the nursing staff by 20%, he said.

HIV testing was not a prerequisite for admission to a children's home or place of safety, the national Department of Welfare said in response to the allegations.

"However, it is recognised that special measures in respect of children with HIV/AIDS may be necessary – this should be medically indicated or in the child's best interest. The provincial departments of welfare fund children's homes and all children receive the same funds irrespective of their illness, disability or age."

OBED ZILWA

Hugs: HIV-positive toddler Erica and childcare assistant Melissa White at Nazareth House. The house is caring for toddlers with HIV/AIDS

"The Director of Health Promotion and Communication at the Department of Health, Gonda Perez, said the department was providing financial and moral support to non-governmental organisations which look after children with HIV/AIDS.

"The Department of Health feels that parents or relatives are best suited to take care of children who have HIV. When this is not possible, places like Cotlands Sanctuary in Johannesburg had stepped in to assist with the situation. The Department of Health would like to see, under its expanded response programme, a situation where the community, non-government organisations and Government departments work together to take care of abandoned children who are HIV positive."

The statistics at the disposal of the Department of Health did not give a true reflection of the "very worrying" increase in the number of HIV/AIDS children being admitted to provincial hospitals, said Dr Perez.

Research published last year indicated that 156 000 HIV-infected babies had been born in South Africa since 1990. The small welfare subsidies handed out to children's homes willing to care for AIDS babies and small children has not been increased since 1993. While Government-sponsored children's homes are given R785 a

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The waiting list at Cotlands for HIV/AIDS babies and children under the age of six has soared. The home is currently caring for 29 children with HIV/AIDS.

Cotlands relies on private funds and Government subsidies to care for the terminally ill children. The lack of national Government response to the crisis has appalled those who care for the AIDS babies "We can tell the numbers of AIDS babies are increasing from the sheer volume of application forms for children with HIV With the increasing number of applications, we will not be able to take them all and we are developing a home-based care programme for parents of children with HIV and AIDS," said Mrs Goldsmith In 1992 there were two abandoned AIDS babies at Cape Town's Nazareth House Since 1993, 25 Aids babies in the care of the Catholic sisters have died and today they are looking after more than 36 babies with the disease. At least six babies at local hospitals are waiting to come to Nazareth House as soon as there is a cot available.

Mbeki brokered deal with warring Virodene camps — court papers

Pat Sidley

DEPUTY president Thabo Mbeki has had a close association with the controversial AIDS drug Virodene and brokered a deal with warring factions within the Virodene camp at his home last week, according to papers before the Pretoria High Court

The deal followed several meetings researchers had with Mbeki and Health Minister Nkosazana Zuma.

Virodene was billed as a possible low-cost treatment for AIDS. Its active ingredient, however, was an industrial solvent which had not been adequately tested in humans.

The allegations of Mbeki's involvement emerged from documents in an urgent interdict sought recently by some of the Virodene researchers to stop two other researchers in the project — Olga and Zigi Visser — from continuing to work on the drug.

Part of the original request in the interdict was granted, but it is now effectively in abeyance for three months following the agreement allegedly brokered by Mbeki

The agreement was made an order of the court last week and allows for the affairs of the close corporation which owns the patent to be controlled by an outside expert, Dr Hugo Snyckers, former chairman of Norlstan Laboratories, until March next year

Also contained in the papers is an allegation that the law on medicines control was changed in order to facilitate the development of Virodene.

The allegations before the court were not contested by the Vissers, who were advised by their lawyers to reach an agreement to protect the Virodene patent, owned by close corporation Cryopreservation Technologies, of which they are members.

The Medicines Control Council, SA's medicines regulator and watchdog, has several times refused to sanction the work of the Virodene researchers, but has recently backtracked slightly.

The papers allege a number of deals done by the Vissers in their private capacity in Africa, India, Asia and Europe One allegedly included the involvement of local pharmaceutical manufacturer Abbott. In at least one case it appears as though the drug itself was supplied to a buyer in Africa.

Among the reasons given for the application was the belief of the medical doctors in the team that the law had been broken and that the safety of patients receiving the drug was in doubt.

The minutes of a meeting of the close corporation, which were placed

Continued on Page 2

Virodene

Continued from Page 1

before the court, state that reasons for not disclosing information on Virodene deals concluded was "due to a confidentiality agreement with the deputy president of SA".

Dirk du Plessis, a medical scientist and one of the applicants for the interdict, stated that he believed he and Callie Landauer, another medical scientist on the team, should be informed "of each and every individual" (receiving treatment) as they were the medical doctors responsible for the actions of the close corporation

Zigi Visser replied that he and his wife Olga would take "full responsibility" because of the agreement of confidentiality between themselves and Mbeki and Zuma

Zuma's and Mbeki's involvement in the development of the drug was a bone of contention between the parties with Olga Visser, according to an internal memo, querying attempts by Du Plessis, Landauer and Du Preez to see the two

One document said Olga Visser, the corporation's administrator, had persuaded government to support the Virodene project. Government had "gone to much effort to support us and even change laws to assist" the corporation.

Zigi Visser claimed in an affidavit that in the run up to the agreement he had "from time to time" been asked to have discussions with Mbeki about Virodene. He said he and his wife met Mbeki and Zuma on December 6 to discuss the court application

"During these discussions the deputy president made it clear that he believed the dispute should be resolved as soon as possible," and he instructed a meeting to be set up for this purpose

At a meeting with the applicants on December 8 nothing was resolved, and Mbeki asked for another meeting the next morning between Du Plessis and Visser. Mbeki would mediate

Although an agreement was reached at that meeting, Du Plessis' colleagues in the court application would not go along with it unless Snyckers was appointed as interim manager of the close corporation.

Attempts were made before the agreement was made final in court to get Mbeki to provide an affidavit, but he could not be reached

Mbeki's spokesmen said yesterday he would not be available to comment because of the African National Congress conference in Mafikeng

Aids impact on family 'stressful'

(92) Sowetan 22/12/97

By Mokgadi Pela

MEDICAL 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

Stein said diagnosis and the disclosure of an HIV-positive result was an extremely stressful event and had 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 fear of infection, as they come to terms with having an HIV-infected person in their midst," Stein said

She said as 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 income is 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 breast-feeding also need to buy 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

CAPE ARGUS, **TUESDAY**, DECEMBER 23, 1997

ANC call to legalise prostitution

Bid to curb AIDS

ARG 23/12/97 (92)

ARGUS CORRESPONDENT

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 co-operation 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

(92) Sowetan 30/12/97

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

● Peer education and life skills programmes targeting vulnerable groups that are hard to reach by government like out of school youth, commercial sex workers and their clients,

● 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

This call comes against the backdrop of increasing HIV and Aids figures in the Free State and countrywide 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