Organization's review of its Millennium Development Goals this September.

The Durban conference was a chance to respond on the AIDS front.

In the absence of a cure for AIDS, her government was determined to back strategies for sexual abstinence and prevention.

Even in New York, where she had recently attended an international health symposium, people were astonished at 'how many resources in South Africa were being put into fighting HIV/AIDS but are not being harnessed'.

She said her department was not 'chasing numbers (ARV recipients)', but rather seeking quality of care. 'When I meet with my MECs all I ask is about the quality of the service,' she added. Government was on target with an AIDS-related treatment facility in every province by the end of the year and could 'hold its head high' on what it had done about HIV/AIDS.

Morris rebuke

The minister's sharp rebuke of Professor Morris came while she was fielding press questions, some of which tackled her controversial views.

She said of Morris's request for information about where the government stood with its comprehensive HIV/AIDS plan, 'I challenge you to answer your own question,' adding that Morris 'should be in a position to do so' because she was employed by her own Health Department.

When Tshabalala's Director-General, Thami Mseleku, tried to calm matters down by saying he thought Morris was asking a logistical question, the minister retorted 'no, that is not what I heard her say!'. Interviewed later, Morris expressed shock and bewilderment.

Izindaba asked the minister whether she could provide a 'straight yes or no answer, followed by her reasons, as to whether she believed the benefits of ARVs outweighed the costs.

'I need to slot her department in to the presentation schedule of the conference – that's what I was after,' she told *Izindaba*.

No clear answers for *SAMJ*

Izindaba asked the minister whether she could provide a 'straight yes or no answer, followed by her reasons, as to whether she believed the benefits of ARVs outweighed the costs. Her response came only after an intervention by Mseleku (who said science had no clear answer) and a deferral to Medical Research Council President-Elect, Professor Anthony Mbewu. Mbewu said it was 'a tragedy' that in spite of hundreds of clinical ARV trials by multinational companies using South Africans over the past 15 years, 'we don't have the data on the side-effects and long-term prognosis (of ARVs)'.

'If you were to say what are the benefits of ARVs *per se*, I'd say ask the clinicians – but research is still going on in terms of the benefit in say, 5 - 20 years,' he added. South Africa was learning from the international context, with Brazil already facing the difficulties of 'Regimen 2', he said.

'The benefits have still to be fully quantified, but there's a lot of active research,' he added. Tshabalala-Msimang then picked up on the theme of foreign research exploitation before saying that perhaps ARVs worked better in a First World context, 'whereas in a South African context you must understand it's maybe a difficult question – there are first and second economies and we don't want to desegregate these economies – this is why we are taking a very hard line on the registration of all clinical trials taking place here'.

Citing recent unnamed foreign microbicide research that allegedly left 52 women HIV-positive, she added, ' if they don't succeed, tomorrow they're gone and the public sector has to take care of the patients'.

She added with emphasis, 'I hope some of those who benefit from this will also take note of our firm stand on foreign trials'.

Chris Bateman

ART ROLLOUT – THE CLOCK TICKS EVER LOUDER

With just 10% of South Africans needing antiretroviral (ARV) drugs actually on treatment, scaling up South Africa's ARV rollout is an urgent priority or it will take 'years and years' to impact on the ever-burgeoning demand.

This was the sober warning from Dr Francois Venter, Clinical Director of the Reproductive Health and HIV Research Unit at Witwatersrand University, in delivering a critical appraisal of the State's ARV programme at the second national AIDS conference in Durban last month.

It was worrying that recently the numbers of patients going onto ARVs nationally had actually declined slightly.

Echoeing the Treatment Action Campaign's call for treating 200 000 adults and children by next year, Venter said that with about 500 000 (of the five million HIV-positive South Africans) needing ARVs, 'the initial thinking is to try and get just half of these on ARV'.

It was worrying that recently the numbers of patients going onto ARVs nationally had actually declined slightly. 'We have to get the numbers up as soon as possible. Instead of 20 per month coming onto treatment at a particular facility, we need 400,' he added.

Only 3 000 children were receiving ART in public hospitals in South Africa, when the figure should be nearer 50 000, given the scale and duration of the rollout.

However, he qualified the arithmetic by saying it was important to 'look at the absolute need, versus the numbers', citing the Free State Province where more than half of the people introduced into and staged through the ARV programme had died.

Too little, too late for many

Clinician after clinician at the conference related how huge numbers of end-stage AIDS patients were being lost because of coming onto the ART programme 'too late' with CD4 cell counts way below the recommended 200 level. Anglo-American reported that 74% of their patients were starting treatment too late. Venter said that across South Africa, 67% of patients on ARVs were female with an average age of 35 while men were on average 10 years older.

While most patients suffered ARV side-effects (mainly headaches, dizziness, rash, nausea, peripheral neuropathy), these usually resolved within a month or two.

'The drugs are toxic. But the disease is toxicer!' he said, quoting a colleague, Dr Fransesca Conradie, to loud applause from his audience.

Criticising what he called 'adherence overkill', Venter said the 'real numbers' of patients would only flood in for treatment in 3 - 4 years' time.

He believed that it was 'just not practical to expect 95% adherence'. 'I mean, come on, 8 patient visits before beginning them on ART; you can get a kidney transplant in that time!' he joked. Both Venter and the latest joint Aids Law Project/TAC assessment of the government's HIV/AIDs Operational Plan concluded that the lack of human resources, particularly health care workers trained to administer paediatric treatment, and pharmacists, was alarming. 'The paediatric numbers are a disaster because doctors and nurses are terrified of children (more complicated to treat),' they said.

Dr Francois Venter, Clinical Director of the Reproductive Health and HIV Research Unit at the University of the Witwatersrand.

Children worst off

Dr Tammy Myers of the Harriet Shezi Paediatric HIV/AIDS Clinic at the Chris Hani Baragwanath Hospital called for a paediatric section to be established within the HIV/AIDS unit of the national health department in order to redress the 'huge inequities with the most vulnerable'.

Criticising what he called 'adherence overkill', Venter said the 'real numbers' of patients would only flood in for treatment in 3 - 4 years' time.

Only 3 000 children were receiving ART in public hospitals in South Africa, when the figure should be nearer 50 000, given the scale and duration of the rollout. Far too many children were dying because HIV diagnoses came too late while just 6% of her patients were receiving supplementary nutrition from the State.

Venter said that nutrition and other supplementary treatments were key in helping delay the onset of AIDS, but questioned whether dieticians were necessary on an ARV site before putting patients on treatment.

State gives overview

Dr Nomonde Xundu, the country's new HIV/AIDS chief, later told a press conference that having a dietician was not a prerequisite for accreditation of an official ARV site (of which she revealed there were 143 so far).

Giving an official overview promised earlier by her health minister, Xundu said 12 000 doctors and 9 400 nurses, with 21 000 minimum-stipend or voluntary home-based carers, formed the backbone of the State delivery system, using 340 hospitals linked to 4 302 primary health care centres. Almost all of these facilities provided some HIV/AIDs-related services with 73% offering voluntary counselling and testing (VCT).

Venter's conclusion at the end of his appraisal was that it was 'too early to call this a successful failure – but the clock is ticking!'

In the past 18 months 1.2 million people had been counselled, with 71% taking HIV tests. By the end of April this year, an estimated 50 000 people had begun State-provided ART, with 10% of these being paediatric cases. Adherence levels stood at 95% with 436 079 CD4 cell counts done and 63 384 viral load tests conducted. In the Prevention of Mother to Child Transmission Programme (PMTCTP), 530 000 patients had paid their first visit to a clinic, with 95 500 tested and a 3-year HIV-free infant survival rate so far.

She described the demand as 'huge' and frankly admitted that State capacity was 'questionable' – with Venter illustrating this by citing the 30% of the health care posts in the North West Province that stand unfilled. However, Venter said the commitment of health care workers in that province was 'superb' because it had the best ratio of patients on ARVs versus those needing ARVs.

'No one at Goedehoop gets sick or dies of AIDS anymore.'

He said that at Klerksdorp Hospital alone, 600 new ART patients were taken on in the last 6 months. State HIV/AIDS epidemiology chief, Dr Lindiwe Makabula said that from April last year to March this year the number of CD4 cell count tests nationally had risen from 14 135 to 54 759.

Venter's conclusion at the end of his appraisal was that it was 'too early to call this a successful failure – but the clock is ticking!'

Too few pregnant women access service

Professor James McIntyre, Director of the Perinatal HIV Research Unit at the University of the Witwatersrand, told delegates that 25% of the 1 million South Africans who became pregnant annually were HIV-positive and that 20% of these women had CD4 cell counts of below 200.

'Service coverage remains very low with less than 8% of HIV- positive pregnant women nationally accessing them,' he revealed. He pleaded for an increase of CD 4 cell count capacity at PMTCT sites so that pregnant women who qualified could access ART.

Best private practice

Anglo-American's HIV/AIDS chief, Dr Brian Brink, said his company's goal was to have half of all their 145 000 workers (HIV prevalence 23%) enrolled in VCT by the end of the year.

Uptake last year had been 'disappointing' at 21% (with large percentage variations between mines). Free ARVs had been provided at 78 accredited sites since November 2002 with 2 936 employees on ART (only 2.4% declining treatment). Contrary to the State, Anglo began ART at a CD4 cell count of 250 (or even between 250 and 350 if a stage 3 disease was present) and was experiencing 7.5 deaths per 100 person-years on treatment with 95% of employees on ART able to return to work.

Dr Nomonde Xundu, National Health Department HIV/AIDS chief.

Some 41% of ART patients experienced adverse events, but most were mild with just 10% serious (i.e. 49% bone marrow suppression and 24% liver toxicity). A full 92% of their patients said they had not missed their tablets in the past 3 days and their median CD4 cell counts rose steadily over 12 months.

Brink said two-thirds of patients came onto ART with initial CD4 cell counts of less than 100, which translated into a mortality rate of 12% among these workers. Most of these deaths occurred in the first 90 days.

The mining giant had managed to bring the cost of ART in the first year down to R1 234 per person with Anglo-Coal having 'broken the R1 000 per person barrier'.

The overall result was a dramatic reduction in absenteeism, reduced hospital and outpatient time. Over the first year of treatment, 70% of the company's HIV/AIDS outlay was covered by the reduction in absenteeism, with all outlay being covered as time went by.

One particular mine, Goedehoop Colliery, with 1 177 staff of which 18% tested HIV-positive and of which 37% (65 patients) qualified for ART, now had 99% of them well and back at work. The mine had reset its VCT counter to zero.

'No one at Goedehoop gets sick or dies of AIDS anymore. If we can do it in one workplace community, there is no reason why it cannot be done in any community,' Brink said, to loud applause. According to the TAC's appraisal, there are between 50 000 and 60 000 patients on ART in the private sector (as at the end of March 2005).

Huge provincial disparities

The TAC report said that while the State's figures 'appeared to demonstrate significant progress', they were misleading because the bulk of the ARV rollout was happening in KwaZulu-Natal, Gauteng, the Western Cape and the North West with the remaining provinces lagging way behind.

Last year more than 4 000 teachers died from HIV and AIDS-related diseases, 80% of whom were younger than 45.

The national health department needed to provide urgent support to Limpopo, Mpumalanga and the Eastern Cape while the Northern Cape and Free State had adopted a 'very slow, cautionary approach'.

Dr Olive Shisana, executive director of the social aspects of HIV/AIDS at the HRSC, shared national findings that more than 70% of South African teachers who know they are infected

fail to use condoms consistently with their partners. A survey of 1 700 teachers revealed that 12.7% of them were HIV-positive.

Last year more than 4 000 teachers died from HIV and AIDS-related diseases, 80% of whom were younger than 45. Shisana said that if ART was provided to 60% of those who needed it, teacher deaths could be reduced by 18% by 2010. She estimates that 23 500 teachers living with HIV have a CD4 cell count below 350.

The national education department was studying her recommendations and would release an integrated report on the demand and supply of teachers at the end of this month.

Chris Bateman

HIV/AIDS PANDEMIC – A LEGACY OF CONQUEST AND MISTRUST

Dr Mamphela Ramphele, former Director of the World Bank and former life partner of the security police-murdered Black Consciousness hero Steve Biko.

Mistrust of the racist system that denied the majority of South Africans scientific literacy and proficiency has constrained evidence-based policy making on HIV/AIDS and goes a long way towards explaining why we've fallen so far behind in the battle.

This is the view of leading social thinker Dr Mamphela Ramphele, former Director of the World Bank and former life partner of the security police-murdered Black Consciousness hero Steve Biko.

Addressing the closing plenary of the second national AIDS conference in Durban last month, Ramphele cited the initial furore created by the government having questioned HIV/AIDS causality. In a speech entitled 'HIV/AIDS: the mirror in South Africa's face', Ramphele said that just like Brazil, South Africa had the depth of scientific know-how and economic resources to deal a mortal blow to the disease. However, unlike Brazil, which unambiguously tackled the pandemic early on, South Africa continued to give out confusing messages and advice to people already overwhelmed by the trauma of the disease.

Elaborating on her theory, she added: 'Our scientists were largely white, urban based and outside the policy-making domain of government...we have a serious problem of mistrust that prevents us from acknowledging our problems and using our resources to address them.'

She said that 'adding insult to injury', the same racist system had over centuries in many parts of the world stigmatised black male sexuality as 'dangerous and driven by uncontrollable lust'. 'Unless we acknowledge the pain of those so stigmatised, we are unlikely to overcome our mistrust and build a better life for all.'

'Transcend the past'

Those wounded by the past however needed to transcend it and take ownership of shaping a 'future of dignity' for all.

In what is to become a feature of the bi-annual South African AIDS conference – the Nkosi Johnson Memorial Lecture – Ramphele made an impassioned plea for a return to living the values enshrined in the African social system of *ubuntu* and the governance principles of *batho pele* (people first).

Unlike Brazil, which unambiguously tackled the pandemic early on, South Africa continued to give out confusing messages and advice to people already overwhelmed by the trauma of the disease.

As a mirror in the face of South African society, HIV/AIDS had 'forced us to examine the contours of our face as it really is, and not as we would like to see it'. Like any face, it bore the scars of the past, the impact of the current realities and indications of how the future was likely to take shape.