Launching the ARV roll-out debate into the public arena

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We note with great enthusiasm the recent cabinet decision on the roll-out of antiretrovirals (ARVs) in South Africa. According to information from the Treatment Action Campaign (TAC) on the cabinet document, ‘Treatment Options to Supplement Comprehensive Care for HIV/AIDS in the Public Health Sector’ presented to MINMEC on 9 May 2003, we note, among other items, that the document may underestimate the role of ARVs in preventing HIV infection. We would like to present a case in favour of ARVs as a strategy in the fight against this epidemic.

With reference to the section headed ‘Benefits of ARV treatment’, there appears to be an underestimate of the role of antiretrovirals in preventing new infections. The section states that there is ‘no compelling evidence that ARVs would reduce numbers of new infections …’. Prevention of new infections may in fact decrease in a number of ways: (i) by decreasing the viral load in the mother, transmission to the infant is significantly decreased; (ii) decreasing the viral load in patients reduces horizontal transmission, and may well have a beneficial epidemic-level effect; (iii) modelling exercises based on examples from developed and developing countries have shown that antiretrovirals, even in the light of resistance, significantly decrease the transmission of HIV-1 in high, intermediate and low ARV usage scenarios. On the basis of this model and other adapted models, taking into account the effect of resistance developing on ARVs, it is estimated that 10 - 30% of new infections in South Africa could be averted if 50% of patients who require antiretrovirals were receiving them; (iv) improved AIDS care may indirectly enhance prevention efforts through increased uptake of voluntarily testing and counselling, the foundation and entry point to all care interventions; (v) improved care leads to de-stigmatisation of the disease, which improves compliance and access to health care.

South African prices for both first-line regimens are significantly more expensive than the best world prices. The costs could be dramatically reduced by facilitating domestic production or importation of generics, reflected in the imminent production of generic ARVs by South African drug companies, and affords the opportunity to double or treble the number of patients that could benefit from ARVs.

While we agree that it is imperative that any programme should ultimately reach those in ‘desperate need’ this should not delay implementation in regions with the necessary infrastructure in place. It should not be assumed that this will only be in urban areas. Several institutions in rural KwaZulu-Natal could implement ARVs immediately. The constitution guarantees all South Africans the right to access health care, and we understand the government’s concerns regarding initially providing ARVs to specific groups such as teachers or health staff. However, this would have two advantages. It would help maintain essential public services. It would also enable managers to evaluate and rectify possible problems in a sub-group of the population that is better educated and better nourished before rolling out to the rest of the country, and this sub-group of patients could act as advocates for compliance issues associated with long-term HAART therapy. As many privately employed South Africans already have access to ARVs a disparity in health care already exists.

Following this announcement, we urge the government to implement a widespread public ARV programme without further delay, starting in areas of adequate resource. A novel approach to reach areas of most need could be to encourage provinces with expertise, such as KwaZulu-Natal, Gauteng, Western Cape and Free State, to ‘adopt’ neighbouring provinces to assist with setting up pilot sites and rapidly scaling up, thus sharing expertise and resources such as training and technical support.

6. Blowey DM, Farmer P. Predicting the public health impact of antiretrovirals: preventing HIV.
A tobacco-free hospital environment sends an important signal to patients and visitors with regard to both safety and a healthy lifestyle. Today patients, staff and visitors increasingly expect an antismoking policy to be in place in hospitals and other venues where sick people are treated. Health care staff can play an important role in the implementation of an antismoking policy in their hospital.

Eighty per cent of the medical, technical and nursing staff of the Magenta Hospital in Italy were in favour of a total ban on smoking inside the hospital. It was interesting to note that these workers underestimated the health risks of smoking: only 34% of doctors, 13% of nurses and 16% of technicians identified smoking as the main preventable cause of death in Italy at the time of the survey.

A smoking control programme involving all staff members was instituted in a hospital in Barcelona, Spain. Within 18 months the prevalence of smoking decreased from 51% to 40% and the percentage of ex-smokers increased from 16% to 23%. There was also a noticeable change in the attitude of the health workers, especially with regard to encouraging patients to stop smoking.

The aim of the present study was to examine the smoking habits of a sample of the nursing staff in clinical wards at Tygerberg Hospital, and to ascertain their opinions on the introduction of an antismoking policy.

What was done

This study constituted part of the training of fourth-year medical students and was carried out under the supervision of the Department of Community Health of the University of Stellenbosch. Permission to interview nursing staff was granted by the authorities of Tygerberg Hospital. Participation was voluntary and informed consent was obtained from all participants. Care was taken that participation in the survey did not impact on the participants’ work schedule.

Five clinical locations representing a cross-section of clinical activities at the hospital were selected for inclusion in the study. The locations selected were obstetrics and gynaecology, trauma, psychiatry, respiratory intensive care, and the burns unit. An anonymous, self-completed questionnaire was compiled for the survey and tested on a few non-sampled respondents for comprehensibility and length. The final questionnaire was simplified a little. The questions dealt with smoking behaviour, the advisability of smoking in a hospital, and feelings about an antismoking policy.

The questionnaires were handed individually to the nurses in the selected wards and they were requested not to discuss the contents with their colleagues. A sealed ‘post’ box with a slot cut in the lid was made so that respondents could place their completed answers in the box anonymously. This was done.

The first three authors were fourth-year medical students at the University of Stellenbosch when they did this research project, which was supervised by Jo Barnes, of the Department of Community Health.