SUNTER THROWS HIS CAP INTO SAMA'S RING

Best-selling South African author and one of the world’s most respected futurists, Clem Sunter, has offered to co-facilitate a SAMA workshop on an affordable plan for combating the spread of HIV and how to deal with health care in the future.

Sunter, Chairman of the Anglo Chairman’s Fund, made the offer in front of a raptly attentive audience of 220 public and private sector doctors at the closing session of the ‘Strategies for the survival of doctors’ conference at Caesar’s Palace in Gauteng in September.

He said he was confident that the co-author of his most recent best-selling book, The Mind of a Fox, Chantal Spillbury, of UCT’s Graduate School of Business, would co-facilitate with him.

Sunter told doctors that the most important AIDS scenario to sketch when it came to planning was ‘the doomsday scenario’, where key life expectancy had moved to below 40, leaving alive mainly young and old citizens and ‘finally ending up with kids brought up by other kids because their grandparents are dead’.

‘You want to say: How do we avoid this?, rather than just continue, tra la la, as if everything is dandy,’ he warned.

The health care environment had changed dramatically since the decision was taken to provide a decent health care system for all and make it affordable to both the patient and the state.

Sunter said it was crucial to abandon the American and European managerial ‘control paradigm’ and to seize opportunities offered by a fast-changing environment.

Hospitals in South Africa had become ‘almost ungovernable’, and it would take world class decentralised management and motivated staff to tackle an epidemic that had moved from a ‘key uncertainty’ in the late 90s to being the current ‘rule of the game’.

What had been ‘minor blips on the radar’ had become a major threat to stability.

Sunter said South Africa had its own miniature weapon of mass destruction and needed to premise its response on two inviolate rules; that HIV caused AIDS (‘you don’t have to phone a friend to ask’) — and that it was a heterosexual disease.

Describing behaviour change in the population as crucial to turning the epidemic around, he likened antiretroviral therapy to ‘applying pills after the horse has bolted’.

Because the virus was so slow-moving and killed only after 6 or 8 years, people were lulled into a sense of false security and therefore took risks.

‘If the virus behaved like Ebola, we’d have changed our behaviour overnight,’ he joked.

He appealed to his audience to ‘fix your own neighbourhood, not the entire country — obviously there’s office sex going on, so address it there’.

A key uncertainty remained the unknown infection rate.

South Africans relied on testing pregnant woman who, by definition, had had unsafe sex.

Revealing that 25% of Anglo’s own workforce tested HIV positive (30 000 among 124 000 workers), Sunter said it was important to ‘get a feeling’ for the pattern of the epidemic.

Research in Botswana pointed to widespread, ‘sugar daddy sex’ — intergenerational sex between women aged 15 - 24 and men of between 40 and 50 years old.

‘It’s all cash, cell phones and cars.’

The research results showed a 40% prevalence rate among women aged 15 - 24 and 18% among the same-aged males.

However, men aged 40 - 50 had a 40% prevalence rate.

Sunter said Botswana’s findings and research at Anglo mines had proved that the epidemic was classless, ‘blowing out the water’ the idea that it was a disease of the poor.

‘That’s rubbish — we have the same prevalence from lower to top management.’

He revealed that miners were getting genuinely sick and being ‘propped up in cages and going up and down the mines’, adding: ‘you don’t need too many like that to have a serious underground accident’.

Anglo had moved from prevention to prevention and treatment 3 months ago, committing R10 000 to each employee per annum, which cost the company a total of R300 million annually.

Chris Bateman