



# MANTO DOES IT TO THEM – ONE MORE TIME



Professor Lynn Morris, Chairperson of this year's national HIV/AIDS conference held in Durban.

Defying global leaders in antiretroviral drug research in her own back yard, national health minister Dr Manto Tshabalala-Msimang repeated her conviction that micronutrients were a viable alternative for mitigating the rigours of AIDS – this time at South Africa's second national HIV/AIDS conference.

Addressing a press conference at the start of the Durban event held from 7 - 10 June 2005, Tshabalala-Msimang lived up to expectations by unapologetically reiterating her renegade views.

She also rebuked conference chairperson, Professor Lynn Morris, for asking whether her department would be giving an update of the government's comprehensive national HIV/AIDS plan, questioned long-term free condom provision and linked sexual abstinence and faithfulness to President Mbeki's moral regeneration campaign.

After equating a therapeutic HIV vaccine with traditional medicine, Tshabalala-Msimang told the opening plenary session of 3 900 scientists, doctors, social workers and journalists that an alternative approach to health should be regarded as 'an attempt to restore our dignity as Africans through traditional medicine'. South Africans needed 'to have options'. She said she was weary of hearing people talk of nutrition and ARVs when it should be a question of 'either or'.

### Eat well – be well

She had seen people living with AIDS brought into clinics in wheelbarrows before being put on nutrition, 'and the next time I see them they are walking and are well'.

In an apparent reference to the erection of a stand at the conference by German AIDS denialist and vitamin salesman Matthias Rath (whom the Treatment Action Campaign is suing for defamation), the health minister added, 'we're not prepared to exclude any international participation from this conference – we can only learn from what other countries are doing'.

***She was weary of hearing people talk of nutrition and ARVs when it should be a question of 'either or'.***

The organisers, amid some initial concern, allowed the Rath Foundation to erect a stand in the exhibition hall, reminding them of the general provision not to cause any public disturbance or disruption through their actions. Besides an incident when some HIV/AIDS activists briefly pelted them with oranges the denialists were handing out, their presence was largely ignored.

Tshabalala-Msimang defiantly asked the plenary session after her government received some stinging



National health minister, Dr Manto Tshabalala-Msimang at the Durban AIDS conference.

broadside from former World Bank Director, Dr Mamphela Ramphele: 'What is this all about proof and tests – nobody understands HIV and AIDS'.

### Audience boos Manto

Ramphele had just delivered a powerful and moving inaugural Nkosi Johnson Memorial Lecture and the huge packed amphitheatre hall audience seemed to be in no mood for political rhetoric, drowning out parts of Tshabalala-Msimang's subsequent address with boos, especially whenever she mentioned garlic.

At the press briefing Tshabalala-Msimang said she hoped the conference would focus on 'all the other diseases as well – many people are dying of other diseases also. It's absolutely critical that we take the totality of the disease burden and say how we respond, so nobody is excluded.'

She said osteoporosis, diabetes and cardiovascular diseases were among the top killers that she would have to account for at the World Health



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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.***

Echoing 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.

