



NEWS

STEREOTACTIC IRRADIATION CENTRE OPENED IN WESTERN CAPE

The first centre solely dedicated to stereotactic radiosurgery in the Western Cape has been opened by hospital group Netcare and the University of Stellenbosch's Faculty of Health Sciences at the Southern Cross Hospital.

The Centre for Stereotactic Irradiation (CSI), as it is known, will also be used for research and will become Netcare's stereotactic irradiation academic centre, while the stereotactic centres in Durban and Johannesburg will continue their clinical activities.

Stereotactic radiosurgery uses CT and MRI scans to accurately define lesions and growths in three-dimensional format, so that they can be treated with high-precision radiation beams. The technique is used in cases where otherwise highly intricate brain surgery would be required or where conventional surgery cannot be used due to the possibility of damaging surrounding areas of the brain. Using an advanced micro-multileaf collimator, the CSI focuses on single fraction radiosurgery treatment, fractionated stereotactic radiotherapy treatment as well as a simultaneous delivery of large fields with a stereotactic boost.

The CSI's research focus will include the development of a comprehensive database containing detailed patient information, results of cognitive tests, and records of patient responses to treatment, among other information. This database will be used to help improve knowledge of how certain conditions affect the brain and what treatment approaches work best. It will also seek to establish how the brain may be affected by radiosurgery.

The CSI will also serve as a training facility for radiation oncologists, neurosurgeons, medical physicists and anyone active in the field of stereotactic radiosurgery, and a series of formal training courses is being introduced.

An information division is also being developed that will provide patients and registered doctors with information on stereotactic radiotherapy, and Netcare physicists and therapists with quality assurance protocols. The main vehicle for the division will be a comprehensive website containing information on the service, as well as links to other stereotactic irradiation sites.

The CSI director of operations is group medical physics manager, Hester Burger, who also heads the research team.

PRIVATE HOSPITALS DEFINE EMERGENCY MEDICAL CARE

The Hospital Association of South Africa (HASA), which represents private hospitals in South Africa, has compiled a *Recommended Emergency Treatment Policy for Private Hospitals* for use as a guiding protocol by its members.

In terms of the Constitution of South Africa as well as the National Health Act, anyone facing a medical emergency in South Africa can demand appropriate treatment from a health care facility or qualified health care professional. But what exactly constitutes a medical emergency?

For the purposes of the policy, a medical emergency is defined as any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment, according to a statement from the HASA.

Emergency medical treatment is defined as 'the provision of reasonable and appropriate treatment by a registered health professional as may be required to stabilise the emergency medical condition'.

In terms of the policy, no person should be denied emergency medical treatment and the hospital should provide triage, then resuscitation, appropriate stabilisation and monitoring, until appropriate disposition of the patient has been effected.

While the hospital should make every effort to seek consent from a family member or other person, the absence of consent should not deny the provision of emergency medical treatment to the patient, but the treatment provided should be limited to what is immediately necessary to save the life or avoid significant deterioration in the patient's health.

Regarding payment the policy states that triage for an emergency condition should not be delayed to establish the patient's payment and/or insured status. However, the hospital will have the right to reasonable compensation for any treatment or other services rendered.

The policy was drafted by HASA's acting CEO and legal advisor, Kurt Worrall-Clare, with input from experts in the field of trauma medicine and the results of research into local and international law. 'The single most important purpose of this document is to address the vacuum in South Africa's current legislation regarding the definition of emergency medicine,' says Worrall-Clare. 'And at all times the interests of the patient are paramount.'

Source: www.hasa.co.za



SUPPORT FOR HEALTH IN AFRICA

As promised by British prime minister Tony Blair for his country's term of presidency of the G8 – and notwithstanding the 7 July terrorist attacks on London on the G8 Summit's opening day – Africa, accelerated progress towards meeting the Millennium Development Goals (MDGs), and climate change have received strong support from the group in its future commitments.

Both have implications for the health agenda in Africa, and in the case of the Africa action plan health interventions are mentioned specifically. In the case of the climate change plan the potential health spin-offs are less direct but one example of the impact of climate change on human health which is highlighted in the recently released Millennium Ecosystem Assessment synthesis on desertification (the full health synthesis has yet to be released), are the increasing respiratory and other problems as a consequence of increasing desertification-related dust storms.

At the Summit the G8 agreed to double aid for Africa, with at least \$25 billion extra per year by 2010, and the group committed itself to supporting efforts to achieve peace, stability and good governance as requisites for successful development. In addition to actions to promote growth – which potentially could double the size of Africa's economy and trade by 2015 – and to improve education and food security, the G8 agreed to support access to basic health care, and specific commitments, as detailed in the Gleneagles Communiqué, include:

- Investing in improved health systems at both national and local level, by helping Africa train and retain doctors, nurses and community health workers.
- Working with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. Also working to address the limited health systems capacity, including supporting the establishment of reliable and accountable supply chain management and reporting systems; working to meet the financing needs for HIV/AIDS, including through the replenishment this year of the Global Fund to fight AIDS, TB and malaria; and working to implement the '3 Ones' principles in all countries.
- Building on the G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as public private partnerships and advance purchase commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.
- Supporting the polio eradication initiative for the post-eradication period in 2006 - 2008 through continuing or

increasing own contributions toward the \$829 million target and mobilising the support of others.

- Working to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600 000 children's lives a year by 2015.
- Helping to meet the needs identified by the Stop TB Partnership.
- Implementing the previously agreed G8 water action plan, in partnership with the African Development Bank initiative on rural water and sanitation.

On the climate change issue, the G8 agreed to act with resolve and urgency to meet the objectives of reducing greenhouse gas emissions, improving the global environment, enhancing energy security, and cutting air pollution. A comprehensive plan was agreed setting out actions to transform the way energy is used, through improved energy efficiency and the development of cleaner energies, and to manage the impact of climate change.

Source: www.g8.gov.uk

G7 ON HIV SPENDING IN DEVELOPING COUNTRIES

Financing the world's response to the HIV/AIDS pandemic remains a key issue but a survey of public opinion in G7 nations on HIV spending in developing countries shows that views are mixed on key issues, such as whether progress is being made on HIV/AIDS and whether sufficient funding is being provided to assist developing countries affected by it. The survey involved almost 7 400 people, and it was one of the plethora of documents released ahead of the G8 Summit in Gleneagles, Scotland in July.

On the question of the status of HIV/AIDS a majority of those in North America and UK thought the world is losing ground in dealing with the epidemic, whereas a majority of those in Italy and Japan thought the world is making progress, while those in France and Germany were divided on this issue.

On the question of funding, respondents were divided on whether their own countries were providing too little funding or about the right amount to assist the developing countries most affected by HIV/AIDS. However, a majority in all countries, except Japan, felt that not only the USA but also developed nations other than their own were giving too little funding to this cause. In all cases the majority of the Japanese felt they didn't know.

But that said, respondents were also divided on whether the provision of more money to developing countries for HIV/AIDS prevention and treatment will lead to meaningful progress in slowing the epidemic or won't make much difference.

Source: www.kff.org



MILLENNIUM DEVELOPMENT GOALS REVIEWED

Five years on from the adoption of the Millennium Development Goals (MDGs) as targets for eradicating poverty and stimulating development globally, significant progress has been made in some areas, while others still require considerable effort, according to *The Millennium Development Goals Report 2005*.

The *Report*, which has been compiled by the United Nations, is intended to present a frank assessment of progress made towards achieving the MDGs and thereby serve as a key resource at the forthcoming Millennium +5 Summit in September, when world leaders will decide on any further steps that may be needed to achieve the goals.

The MDGs comprise 8 goals, with 18 targets and a corresponding set of 48 indicators, for the year 2015 – with no less than five of these goals pertaining to health or health-related issues.

Goal 1 – Eradicate extreme hunger and poverty. Globally poverty rates are falling, led by Asia, but in sub-Saharan Africa the proportion of people living on less than \$1 per day has increased, up to 46.4% in 2001 from 44.6% in 1990 (South Africa 11% in 2000). At the same time, while the proportion of people with chronic hunger in sub-Saharan Africa showed a decrease in percentage terms, to 33% in 2000/02 from 36% in 1990/92, in real terms there was an increase in the region of 34 million people with insufficient food, while the number of underweight children increased from 29 million (1990) to 37 million (2003) (South Africa 11.5% in 1999).

Goal 2 – Achieve universal primary education. In developing countries primary school enrolment reached 83% in 2001/2, while in sub-Saharan Africa it was 62%, up from 54% in 1990/91 (South Africa 89.5% in 2001). The education crisis in sub-Saharan Africa is exacerbated by AIDS and in 1999 almost 1 million children in the region lost teachers to AIDS.

Goal 3 – Promote gender equality and empower women. The gender gap is closing, albeit slowly, in primary school enrolment and developing regions as a whole reached 92 girls per 100 boys and sub-Saharan Africa 86 girls per 100 boys in 2001/2 (South Africa 96% in 2001).

Goal 4 – Reduce child mortality. Death rates in children under age 5 are dropping globally, and sub-Saharan Africa recorded a decrease in mortality from 185/1 000 live births in 1990 to 172/1 000 live births in 2003 (South Africa 66/1 000 live births in 2003). However, still in 2003 there were 10.6 million deaths of children under 5, of which 4.8 million (45%) were in

sub-Saharan Africa. Moreover of these deaths, approximately half were due to just five diseases – pneumonia, diarrhoea, malaria, measles and AIDS – and most could be prevented by expanding low-cost prevention and treatment measures.

Goal 5 – Improve maternal health. More than half a million women die each year during pregnancy or childbirth and in 2000 the maternal mortality rate was 450/100 000 live births in developing regions, but 920/100 000 live births in sub-Saharan Africa (South Africa 230/100 000 live births in 2000). While the number of deliveries attended by skilled health care personnel has increased markedly in the developing regions since 1990, from 41% up to 57%, the proportion in sub-Saharan Africa remained virtually unchanged at 41% (South Africa 84% in 1998).

Goal 6 – Combat HIV/AIDS, malaria and other diseases. In sub-Saharan Africa approximately 7% of adults have HIV – a prevalence that appears to have stabilised as the number of AIDS deaths is matched by the number of new infections (South Africa 21.5% in ages 15 - 49 in 2003). At the same time malaria and TB together are killing approximately the same number of people each year as AIDS, and sub-Saharan Africa registers 90% of malaria deaths as well as the largest number of new TB cases, up to 274/100 000 population in 2003 from 142/100 000 population in 1990 (South Africa malaria deaths 0 in 2000, TB prevalence 341/100 000 population in 2003).

Goal 7 – Ensure environmental sustainability. Most countries have committed to the principles of sustainable development but this has not resulted in sufficient progress to reverse the loss of the world's environmental resources. During the 1990s access to safe drinking water increased in all regions – in sub-Saharan Africa from 49% in 1990 to 58% in 2002 (South Africa 87% in 2002) – but slower progress has been made in improving sanitation and less than 50% of the people in sub-Saharan Africa were still without sanitation in 2002 (South Africa 67% in 2002).

Goal 8 – Develop a global partnership for development. Under the United Nations Millennium Declaration developing countries will work to maintain sound economies to ensure their own development and to address human and social needs, while developed countries support the poorer countries through aid, trade and debt relief. Progress has begun in these areas, but increased aid and debt relief must be accompanied by further opening of trade, accelerated transfer of technology and improved employment opportunities, particularly for the growing ranks of young people.

Source: millenniumindicators.un.org