



A CHANCE FOR SA TO CONSOLIDATE ON HIV/AIDS

South Africa is to host its own AIDS conference in Durban in August this year, creating an unprecedented opportunity to consolidate the country's finest minds, skills and research findings in response to the pandemic.

Planned and organised by the same local non-profit organisation that staged the successful Durban 2000 International AIDS Conference, the home-grown version has the potential to become a watershed event.

Conference chairperson, Professor Jerry Coovadia, explained that 'we have a major epidemic eroding many of the developmental benefits of our society, but don't yet have a comprehensive approach on the ground'.

He believes 'there hasn't been a proper accounting of all our experiences' with, for example, antiretrovirals, prevention of mother-to-child transmission, PMTCT Plus and vaccines.

'Many of us have been working in a sort of reductionist fashion, repeating all the problems and restrictions of single-focused programmes. I mean, does anyone have any experience of the interlocking effects when you bring all these strategies together? I doubt it,' he adds.

The conference theme is 'Dira Singwe' or 'Take Action'. It will have congress tracks on basic and clinical science, epidemiology, prevention, public health, social science and an advocacy stream to explore 'how policies and programmes are created, debated, applied and evaluated'.

Coovadia says he wants the conference to be 'rooted in people's experiences to bring it to life'.

He and Dr Des Martin, Chairperson of the HIV Clinicians Society, believe South Africa may be on the threshold of change in the dynamics of the epidemic, both biologically and because of some shifts in government attitude.

Coovadia says there are 'hints' that the epidemic is slowing down and points to significant changes in government policy on ARVs, both legally coerced and voluntary.

Martin cites the SAAIDS Vaccine Initiative (SAAVI) being on the threshold of clinical trials with the sub-type C vaccine and the imminent roll-out of mass ARV workforce programmes by Anglo-American.

'Many of these initiatives were aired at Durban 2000 and Barcelona 2002 but they tended to get a bit lost in the frenetic international setting.'

Leaders in combating HIV/AIDS interviewed by the *SAMJ* are confident that the conference will provide government with workable and cost-effective models, particularly in adult ARV programmes.

Coovadia: 'We don't yet have a comprehensive approach on the ground.'

Professor Gavin Churchyard is the director of Aurum Health Research, a Anglo Gold Health Services subsidiary that plans to roll out ART to 2 000-3 000 mineworkers between April 2003 and March 2004.

'In time, we'll show that the concerns as to why you cannot do ART are just not justified,' he asserts.

Aurum began developing AIDS strategies to meet the needs of Anglo's 100 000-strong workforce in 1998. It chose 70 clinically eligible employees (35 from Anglo Gold and 35 from Anglo Coal) for their pilot ART programme from among the 2 000 workers attending Anglo's specialist HIV clinics.

'We're just starting. We haven't even looked at viral loads yet but the patients and staff are excited and positive and there's a sense of hope which wasn't there before.'

'More people are coming in for VCT because there's a chance of treatment and that translates directly into awareness,' Churchyard emphasised.

Workers who knew their status and had benefited from counselling were proving to be powerful allies in a prevention campaign aimed at uninfected colleagues.

The robust Aurum model is supported by an ethics forum and ethics committee, a clinical consultancy, a pharmacy that procures, distributes and accounts for ARV drugs and a dedicated laboratory.

'One of our mission statements is to drive prices down and we're in constant negotiation with drug companies and laboratories - we offer a far cheaper service than anyone else,' Churchyard said.

Anglo faces an average overall HIV prevalence of 25%, mirroring the national prevalence and is currently attempting to share their methodology and initial successes with various provinces.

Churchyard said that central government was currently 'hugely reluctant to get involved. But I believe that we will spark a sense of hope and optimism. We're prepared to share our knowledge and expertise in putting the same systems into government clinics and other industries. Our systems can fit anything from tertiary hospitals to primary health clinics in rural settings.'

He said that when Aurum first began VCT clinics in the Free State in 1998, they built up to a 98% overall acceptance level and once people visited the clinics once, 80% of them were retained.

'I think other major companies and parastatals will follow. We're looking at a groundswell in the private sector and hopefully government will learn from this and take it into the unfunded sector,' he added.



On a community level, groundbreaking HIV work in Cape Town is revealing an 80% TB reduction rate in patients on ARV drugs.

UCT's HIV Research Unit headed by Professor Robin Wood has been employing Highly Active Antiretroviral Therapy (HAART) in various regimens with 400 patients since the late 1980s. They now have the largest natural history cohort in Africa and are currently reporting a decrease in hospitalisation and mortality of 80%-90%.

The Western Cape has the highest TB notification rate in the country and the 'Keep the Family Safe' project is being funded by the provincial government.

Using simplified drug regimens administered by well-trained nurses and health professionals, the first

operational site in the country was set up in Guguletu outside Cape Town in September last year.

The unit has added ARVs to nine existing clinics, enabling them to measure the incremental costs of these drugs versus all other costs.

Anglo: 'We're in constant negotiation with pharmaceuticals and labs – we offer a far cheaper service than anyone else.'

The next stage is to measure the impact on an entire informal settlement at Masiphumelele, a discrete small community near Kommetjie.

A key element of the UCT programme is a 'buddy system' used by

Siza Phila ('We will be healthy') NGO, in which an HIV-positive person acts as counsellor and mentor for up to 20 other patients.

Unlike Anglo's approach, Wood's teams target family units and encourage them to accept the member living with HIV, which helps with compliance. 'They learn to take hold of the disease themselves,' Wood says.

He said of the August AIDS conference that 'there's a great inequality of expertise throughout the country. If we get finance from abroad, we need to help each other a lot and set up appropriate initiatives. With all our challenges, we don't need to reinvent the wheel'.

Chris Bateman

DOCTORS BRING HOME BRONZE IN CAPE-TO-RIO RACE

In an impressive time of 24 days, 2 hours and 16 minutes, the relieved and exhausted doctors aboard the yacht Investec docked in Rio de Janeiro harbour on 2 February.

On handicap in Class A, they had proudly achieved third position. Trying sailing conditions had meant this was slightly slower than expected. Crewmember Dr Geoff Fotheringham, told the SAMJ onboard shortly before Investec set sail from Cape Town on 11 January, that they anticipated they were in with a 'fighting chance' for handicap honours if they completed the journey between 19 and 21 days.

The seven-member crew was skippered by Sean Cummings, a professional yachtsman and instructor at the Cape Ocean Sailing Academy and considerably assisted by the 20 years of experience of ex-Springbok sailor, Mark Saddler.

The other five crewmembers were surgeons John Robbs (who had initiated the project), Geoff Fotheringham and Ray Dawson, anaesthetist Iain Gibson, and ophthalmologist Trevor Carmichael.

Along for the ride was Bephu the Bear, the fundraising mascot and symbol of hope and adventure for children living with HIV/AIDS and those orphaned by the disease.

Bephu has travelled to the South Pole, into space with Mark Shuttleworth and run the Comrades with Bruce Fordyce. There are of course several actual teddybears and the Cape to

Rio sailor was a small waterproof model that could be secured to the rigging to keep the helmsman company on every watch.

Investec was not the first boat to be manned by a largely medical crew, as the SAMJ mistakenly asserted in its January edition. That honour had previously gone to four doctors who competed in the 1976 race.

'Rio Springbok' was skippered and co-owned by Cape Town GP and previous vice-commodore of the Royal Cape Yacht Club, Dr CPvan der Merwe. The other co-owner was Wellington GP, Dr Manie Rust, and the other sailors were Cape Town ENT surgeon, Dr Erich Kushke, and Paarl GP, Dr Ati van der Leek. Only the skipper had any ocean-going experience.

The yacht was one of the smallest boats in the fleet of 130 boats. By comparison, in the 2003 race, only 32 boats took part, 22 of which made it to Rio by the cutoff on 5 February.

The 'medical Miura' was bought as a basic hull and built completely in CPvan der Merwe's home garden. There were no major sponsors so the two owners financed it personally.

Navigator Attie van der Leek said whistfully that 'the memories will be with me always. The ocean is vast; one's total dependence and relative insignificance within nature's surroundings is truly a lesson in humility and a most enriching opportunity'.