



competence, concern for justice, benevolence and truth.

Instead they had metamorphosed through a government and insurer regulatory model, to a market model where there was conflict between the idea of the profession as a calling and as a career with an entrepreneurial emphasis.

Van der Merwe stressed that the American Department of Justice had declared health care fraud the 'crime of the nineties' and said it was making it the highest priority after violent crime. He said that if the profit motive without moral guidance was blind, then moral inspiration without financial backing was bankrupt.

There were currently opportunities to 'come up with all sorts of schemes at the cost of the patient'.

'We're not there any more to provide an appropriate and caring system for the patient. We're there to practise our business and make money,' he added pointedly.

Chris Bateman

## SHISANA HITS BACK AT HER CRITICS



Professor Olive Shisana.

The Director of the Human Sciences Research Council (HSRC), Professor Olive Shisana, has hit back at detractors of her national household HIV prevalence survey, accusing them of having failed to try and understand the study's methodology and findings.

Her critics, KwaZulu-Natal's chief virologist, Professor Alan Smith and Professor Rob Dorrington, Director of the Centre for Actuarial Research at UCT, cautioned against 'jumping to policy conclusions,' based on what they labelled 'a potentially biased' study.

The study, the first and only major attempt at community-based HIV epidemiology in the country, estimates the overall HIV prevalence among people over two years old to be 11.4% –

about 1% less than Dorrington's extrapolations of the more widely quoted antenatal prevalence figures.

However, what raised eyebrows and created headlines in the non-scientific community were dramatic differences between her provincial prevalence figures and the provincial antenatal prevalence figures.

These put the Free State and Gauteng (both 15%) ahead of KwaZulu-Natal (12%) and Mpumalanga (14%) as the provinces with the highest HIV/AIDS prevalence.

In contrast, the antenatal prevalence figures (2001 antenatal clinic survey) had KZN topping the prevalence charts at 34%, Mpumalanga and Gauteng next at 30% and the Free State at 29%.

***There was currently no international standard for response rates for large-scale population-based HIV surveys.***

Shisana said people failed to appreciate how different the two study methodologies were.

The antenatal numbers were drawn from a highly selective cohort of sexually active, young, black pregnant women aged between 15 and 49 whereas hers were drawn from a broader cohort of men, women and

children of all races aged between two and 90.

'HIV/AIDS is a complex epidemic and no single piece of research can be finite in scope, nor definitive in its findings,' she said.

She emphasised that prevalence percentages of antenatal data did not translate directly to percentages in the adult population and that various formulae were applied to calculate rates for non-pregnant women, men, children and others outside the antenatal sample.

The household survey finding of 24% among pregnant women compared with 24.8% for the 2001 antenatal survey and estimated total infections of 4.5 million (household) versus 4.7 million (antenatal) suggested consistency between the two studies.

While Dorrington described the Shisana study as 'potentially valuable and helping us to get to grips with the epidemic,' he said it failed to fully portray shortcomings in its executive summary and its representations to the media.

Smith was more critical, pointing to the low response rate, the wide confidence intervals resulting from small samples and the lack of age standardisation.

He demanded Shisana's raw data, saying he suspected a predominance of 'people over 50 or 60', which would dilute the results. Shisana and her team



refused, saying a careful reading of the study methodology would provide 'a more than adequate understanding' and that datasets were not routinely placed in the public domain immediately after surveys were conducted.

Deeper analyses of data were currently being conducted for submission to peer-reviewed research journals and she emphasised that the national dataset itself was not available in the public domain.

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Shisana said household sampling was specifically designed to secure participation across age ranges and rejected Smith's suspicion, describing it as 'unfounded'.

There was currently no international standard for response rates for large-scale population-based HIV surveys.

Relevant arguments put forward by her team were found to be 'valid and sufficient' by a panel of senior scientists, researchers and subject experts whose oversight and analysis were incorporated into the HSRC's final report.

She therefore found it 'surprising' that Smith had chosen to describe the study as 'shabbily done'. Smith said a 'serious flaw' which skewed racial demographics in the KZN sampling was that nearly half of those interviewed were Indian, a group that made up only 3% of the province's population.

Shisana said this created the impression that Smith knew very little about sampling methodology, the function of disproportional allocation and the weighting of sample records.

Of Smith's claim that national samples had also failed to accurately reflect racial demographics, Shisana said her team had produced tables based on the realised sample records to check against the realised racial distribution of the 1996 population census racial distribution (the only one available at the time).

Professor David Stoker, who designed the South African census and had developed Shisana's master sample and analysed her study, found that an exceptionally good racial distribution was obtained.

Stoker said that taking the obvious limits of the study into consideration, this reflection of racial distribution could only be the result of scientifically sound sample design, good quality fieldwork and scientifically correct weight calculations.

Shisana said benchmarking (Dorrington had referred to not knowing whether her team had reweighted according to overall racial distribution in the population) would be re-done once they had the 2001 census data.

Stoker admitted to Smith's charge that small sample sizes (in some domains) had led to wide confidence intervals of estimates being obtained, but said this 'in no way' invalidated the findings or made them unscientific. 'If he arrives at the conclusion that due to the width of confidence intervals, the estimates are subjected to large variation, and consequently of little scientific value, then he has come to the wrong conclusion,' Stoker said.

Chris Bateman

