



## AID FOR AIDS - AT LAST

The vast gulf that appeared between proven scientific research and government action in the 6 years since the AIDS epidemic exploded in our midst is at last narrowing, providing new hope for more than 5 million South Africans infected with the virus.

Cabinet endorsed the need for a rollout of antiretroviral (ARV) drugs on 8 August, 2 days after the country's first ever national AIDS conference in Durban (3 - 6 August) drew to a close, adding impetus to what appeared to be a fledgling consensus view.

Hope and a willingness to work together dominated the Durban conference, attended by 2 500 scientists, top government health officials, NGOs and hardened activists.

This was best summed up in one plenary session by the outgoing Director General of Health, Dr Ayanda Ntsaluba, who said, 'sometimes we forget that there are points where we can marshal our forces and ensure there is affordable treatment for all'.

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Ntsaluba said this was because the public discourse had been so dominated by differences over the scale and speed of the ARV drugs rollout.

The first confirmation of a belated 'crossing of the Rubicon' came from KwaZulu-Natal Health MEC, Dr Zweli Mkhize, in his conference closing speech, delivered on behalf of his national superiors.

Mkhize reassured delegates that ARV drug provision was 'no longer a matter of if, but when'.

Cabinet supplied the 'when' just 2 days later after poring over a health and

finance task team report which included details of undeniable successes in the Western Cape (e.g. 83% survival rate among 500 Khayelitsha patients who took ARVs for a year).

Cabinet gave Health Minister, Dr Manto Tshabalala-Msimang, who opened the AIDS conference to sustained heckling, until the end of this month (September) to develop a detailed operational plan for rolling out ARV drugs.

A collective sigh of relief emerged from conference delegates when Mrs Precious Matsotso, Head of the Medicines Control Council (MCC), asserted that nevirapine 'is not banned and will not be banned'.

While the now 2-month deadline for its manufacturer, Boehringer Ingelheim, to meet technical regulatory conditions upon which nevirapine was initially registered for use in preventing mother-to-child HIV infections remains, Matsotso revealed that a generic equivalent had been registered 'to facilitate access'.

The extent of our unfolding tragedy was illustrated by Dr Catherine Wilfert, scientific director of the Elizabeth Glaser Pediatric AIDS Foundation, who said that 1 800 to 2 000 babies were born HIV positive daily in Africa.

She said the same number of babies were infected annually in the USA before ARVs became available.

Wits Perinatal HIV Research Unit chief, Dr James McIntyre, said that so far about 3 per cent of HIV-infected pregnant women in South Africa had access to highly active antiretroviral therapy (HAART). (The nevirapine figure is closer to 40%.)

He emphasised that at the time of the AIDS conference, South Africa remained the only country that still questioned the full registration of nevirapine among 72 that had registered the drug.

Professor 'Slim' Abdool Karim, scientific programme chair of the conference, bluntly told delegates that 'South Africa without nevirapine for mother-to-child transmission (MTCT) is just not an option'.

Appealing for unity to resolve the impasse, he said 'we can't solve this if we continue disparaging and sniping at one another'.



McIntyre agreed, adding, 'we need to do whatever we can to protect an intervention that is saving babies lives'.

Abdool Karim said one way out would be to extend the 90-day period to enable the manufacturers to put forward some other studies in combination with the nevirapine study and thus provide the MCC with the 'confirmatory evidence' it was insisting on.

If the MCC did de-register nevirapine, the alternative would be that nevirapine remain registered for use in other ways, such as 'off label', as was the case with its use in post-exposure prophylaxis.

The government's prevention of MTCT (PMTCT) nevirapine programme has so far served an estimated 80 000 women and their babies.

Since the 'explosion' of the HIV epidemic in South Africa between 1994 and 1998, the incidence of HIV has



stabilised but mortality is now rising rapidly with more than 600 South Africans of all ages dying daily of AIDS-related diseases.

Mkhize said the 40 million HIV-negative South Africans should be 'kept that way as long as possible', while the 5 million who were HIV positive should be kept as healthy as long as possible with key interventions being nutrition and proper treatment of opportunistic infections.

Deputy President, Jacob Zuma, told delegates that the government was in the process of finalising several international agreements that would provide access to medication and ensure proper treatment. 'We need to ensure that the necessary infrastructure is in place, including laboratory support and that we can ensure adherence and supply support services,' he added.

Rejecting contentions that the government was 'bent on genocide', he said the ANC had 'not come all this way in fighting apartheid only to let AIDS kill our people now'.

One of the country's leading AIDS treatment activists, Judge Edwin Cameron, pleaded with the government not to 'fall into the mistake of perfectionism'.

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'We seized democracy in spite of poverty and discrimination — we mustn't disempower ourselves by waiting for perfection now,' he warned.

He challenged Mkhize's assertion that only 5 million people were living with HIV, saying it affected 'every single South African'.

The two hardest hitting speeches at the conference's closing ceremony, however, came from Mrs Prudence

Mabele, Director of the Positive Women's Network (herself diagnosed HIV positive in 1995), and Dr Kgosi Letlape, chairman of SAMA.

Mabele lashed out at the government's persistent contention that local activists were influenced by 'outsiders with an agenda' and at Tshabalala-Msimang's preoccupation with 'olive oil and garlic'.



Almost in tears, she railed: 'how can outsiders influence me? This is my life! If I'm influenced by outsiders then we were influenced by outsiders when we put this government in place — we will go anywhere and do anything to survive. How many more people must die?' she asked.

In a direct reference to the upcoming elections, she added, 'we don't want to wait until we must vote. The time is now. You have forgotten us. I will go to the streets if nobody helps me.'

Letlape, while welcoming the greater mutual understanding and narrowing of gaps in perceptions on crucial AIDS issues, said that 'pseudo-science' had been responsible for 'causing havoc' in the country and confusing ordinary citizens.

He singled out stigma, a topic that drew by far the biggest crowds in presentation after presentation at the conference.

Letlape said there seemed to be more success in dealing with mosquitoes as a vector of disease than with dismantling the attitudes of vectors 'such as inhuman males hiding behind couches'.

If South Africa failed to empower women it would fail to survive as a nation. 'We need to deal with young males who have this power in relationships as young as at 14 years old, or the disease will spread,' he added.

Appealing for a 'can do' attitude in fighting the pandemic, he said indifference was 'as bad as being rich and greedy'.

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In one of the few references to President Thabo Mbeki at the conference, Letlape said political will was a feature of countries which had successfully tackled the epidemic.

He added, 'the medical profession humbly asks our president to lead us in this fight. He's our president and can lead the troops. The magnitude of this problem requires him to lead us and we will follow — he's a good president; the world is watching us.'

Both Letlape and Mabele received standing ovations.

All the leading speakers, from government to NGOs, activists and the country's top scientists, endorsed a call by conference chairman, Professor Jerry Coovadia, for a joint forum of all stakeholders to meet regularly to tackle the pandemic jointly.

Coovadia said the conference would become an annual or bi-annual event.

Chris Bateman