



NEWS

WORLD AIDS DAY NEWS REVIEW

World AIDS Day (1 Dec 2003) stimulated many press releases and news reports. As most of them arrived too late for publication in the December issue of the *SAMJ*, we are including them here as they portray important aspects of the AIDS epidemic affecting the entire population of sub-Saharan Africa.

Global Fund Chairman's message

The Executive Director of the Global Fund to fight AIDS, TB and malaria, Richard Feacham, had this to say on World AIDS Day: 'This World AIDS Day 2003, the Global Fund stands committed to its goals of being the financial mechanism to provide resources for prevention and care programmes for HIV/AIDS around the world. The Global Fund will welcome grant proposals to finance programmes to substantially scale up AIDS treatment in all countries that cannot finance such programmes from their own resources. This is also true for large countries with significant HIV burdens like South Africa, India and China. We urge these countries to take the lead in making the provision of antiretroviral treatments (ARVs) available to larger numbers of patients, and also to step-up national HIV prevention programmes. The recent price reduction in ARVs is a welcome development, and will ensure that many more sick people will be able to receive treatment with resources allocated. Control of the AIDS pandemic will require substantial commitment by all, from the donors to provide the resources, and from the burdened nations to demonstrate the capacity and will to utilise the resources. Our collective success in the fight against HIV/AIDS will depend on both.'

G8 nations defaulting on promises to Global Fund

AIDS, TB, and malaria currently kill over 6 million people each year. The Global Fund to fight AIDS, TB and malaria is the world's best hope to stop these three big killers. Within just one year, the Global Fund has already awarded US\$ 1.5 billion in grants, which will make it possible for low-income countries to:

- bring DOTS TB treatment services to an additional 2 million people who are dying from this disease
- provide treated mosquito nets to protect an additional 30 million African families from malaria
- increase access to antiretroviral treatment (ARV) for African people living with HIV by six-fold.

After such astonishing success, wealthy countries are now failing to provide additional money for the Global Fund. The same G8 nations that called for the establishment of the Global

Fund are now defaulting on promises they made to fight diseases of poverty in developing countries. They are in breach of many of their own resolutions. For example, when the G8 met in Okinawa in July 2000, they pledged to deliver on three targets:

- reduce the number of HIV/AIDS-infected young people by 25% by 2010
- reduce TB deaths and prevalence of disease by 50% by 2010
- reduce the burden of disease associated with malaria by 50% by 2010.

Source: Massive Effort (www.massiveeffort.com)

UN says AIDS deaths at new high

John Donnelly in the *Boston Globe* of 26 November 2003 reports: 'The global AIDS epidemic is entering its deadliest phase so far, with high numbers of new HIV infections being matched by an unprecedented number of deaths in many southern African nations, according to a United Nations report released yesterday. The Joint United Nations Program on HIV/AIDS, or UNAIDS, found that one out of every five adults in southern Africa is infected with HIV and that two countries, Botswana and Swaziland, recorded an astounding infection rate of 39% of adults last year.'

UNAIDS estimated that a record 3 million people will die this year from AIDS-related illnesses, a 10% jump from 2002 estimates, and a record 5 million people will become infected with HIV. Now, an estimated 40 million people are infected worldwide, according to the report, 7.4 million in Asia alone.

Previous reports have been criticised as being vastly inflated, but Peter Piot, UNAIDS executive director, and Karen Stanek, chief demographer for UNAIDS, stood strongly behind the numbers and stressed that although 2003's estimate is lower than 2002's, it did not mean that the epidemic was declining, but rather reflected more accurate statistics gathered in the past year.

Despite the global response to AIDS increasing, UNAIDS estimated that \$10 billion was needed in 2003 to pay for adequate prevention, care, and treatment programmes.

The report included some positive news in the trends of the epidemic. In Uganda, Ethiopia, and the Rwandan capital of Kigali, prevalence rates are declining, but UNAIDS said such comparisons in Rwanda should be treated with caution, because of the vast population movements after the 1994 genocide.

However, in southern Africa, the epidemic's epicentre, the news was uniformly grim. In Botswana, Lesotho, Namibia, and Swaziland the epidemic has reached extremely high levels, with no signs of dropping. In Swaziland, for instance, the rate stood at 39% infected, up from 4% a decade ago.



The prevalence rate in some countries remained relatively stable, the report said, 'but it hides the fact that the persistently high number of annual, new HIV infections is matching the equally high number of AIDS deaths'.

South Africa gains support from the Global Fund

The Global Fund to fight AIDS, TB and malaria is providing support to initiatives in South Africa in the form of grants for specific projects, including:

Enhancing the Care of HIV/AIDS-infected and -affected patients in resource-constrained settings in KwaZulu-Natal. The goals of this project include complementing and expanding the strategies that prevent the further spread of HIV/AIDS in KwaZulu-Natal and improving the quality of life for those with HIV/AIDS through the provision of a continuum of care, treatment and support.

Strengthening national capacity for treatment, care and support related to HIV and TB, building on successful behaviour change initiatives in South Africa (Soul City). The Institute for Health and Development Communication (Soul City: IHDC) is a non-governmental organisation which was established 11 years ago in South Africa. It is a social change project which aims to make an impact on individuals and communities through edutainment. The goal is to decrease the incidence of HIV/AIDS in South Africa, as well as to decrease stigma and to improve the standards of care and support for those infected or affected by HIV/AIDS.

Strengthening national capacity for treatment, care and support related to HIV and TB, building on successful behaviour change initiatives in South Africa (loveLife). The loveLife initiative aims to reduce HIV infection by promoting healthier sexual practices among South African adolescents. The programme harnesses popular culture to promote sexual responsibility and healthy living, while at the same time developing primary health care services that are more responsive to the sexual health concerns of adolescents. The goal is to reduce HIV infection among South African adolescents by improving access and quality of service provision in the public sector through adolescent-friendly clinics.

Strengthening and Expanding the Western Cape TB and HIV/AIDS Prevention, Treatment and Care Programmes. The provincial department of health is involved, through clinical trials and trial sites, in the development of programmes for the provision of ARV therapy to selected patients, but at present, the province's clinical expertise outstrips its ability to provide drugs. Financial constraints limit the province's capacity to deliver services, and funding is sought for a component that aims to ensure optimal service delivery to all people with HIV/AIDS in the Western Cape by strengthening the existing

response, and to expand existing treatment by providing access to ARVs for people with AIDS in the province within the next 5 years.

The AIDS Helpline — a caring phone call provides information, support

On a normal day, the AIDS Helpline gets 4 500 calls. As people realised the importance of HIV and AIDS information, this figure jumped up to 6 000 calls a day in the run-up to World AIDS Day (1 December 2003). Since its launch in 1991, the 24-hour 365 days-a-week AIDS Helpline has remained one of the key communication tools in the area of HIV and AIDS. Run in partnership with the non-profit organisation LifeLine Southern Africa, the AIDS Helpline uses latest call-centre technology, thereby servicing the needs of the whole community.

The AIDS Helpline Counselling Call Centre is handled by a team of 35 counsellors who each have a minimum of 3 - 4 years' counselling experience within the AIDS field. Most callers are looking for general HIV and AIDS information, seeking clarity on transmission of the disease, the symptoms, testing and condoms and other prevention-related issues.

Anyone requiring information on HIV and AIDS can call the AIDS Helpline on 0800 012 322 or visit the website: www.aidshelpline.org.za.

The 3 by 5 initiative

WHO, UNAIDS and other partners have developed a detailed strategy to reach the 3 by 5 target — getting 3 million people on ART by the end of 2005. This is a means to achieving the goal of universal access to ART for all who need it, and a powerful way to complement and accelerate prevention efforts.

WHO has published a detailed strategy to reach the 3 by 5 target. The strategy includes:

- Simplified treatment guidelines: Simplified global standard antiretroviral (ARV) treatment regimens have been cut from 35 to four. The aim is to ensure that all AIDS patients are treated either with fixed dose combinations or blister packs of medicine. Packaging the medicines together improves adherence, and makes distribution easier.
- An AIDS Medicines and Diagnostics Service (AMDS): AMDS will help countries to improve the procurement of quality commodities at sustainable prices and support them in all aspects of management and distribution. AMDS's activities will forecast global needs, help reduce prices, ensure quality, speed the uptake of simplified treatments, and secure distribution.
- Uniform standards and simplified tools to track the progress and impact of ARV treatment programmes, including surveillance of drug resistance to capture the full impact of ARV therapy.



Moreover, WHO is working to provide Country Support Teams at the request of governments, with the support and involvement of partners including the UN system, NGOs, donors, community-based organisations and people living with HIV/AIDS. These teams will work with treatment implementers and will conduct a rapid assessment of the barriers and opportunities that exist in achieving the 3 by 5 target. They will start the emergency expansion of training and capacity development for health professionals and community workers to deliver simplified, standardised ARV treatment. WHO supports those partners already involved in training, works with countries to help build a critical mass of highly competent and skilled trainers to expand national capacity for ARV delivery, and advocates for funding, together with its partners. Achieving the 3 by 5 target will require not only funding for medicines and diagnostics but a massive investment in training and for strengthening health services in countries. Health systems strengthening will benefit ARV delivery, but also delivery of other health services.

World AIDS Day 2003 message from the President of the Southern African HIV Clinicians Society, Dr Des Martin

The South African government, together with various partners, has developed a local theme for World AIDS Day 2003 called *Khomanani*, a Tsonga word meaning 'caring together'. Under this banner, two campaigns are planned, with the core messages of Circles of Support and Positive Living.

In the initial media release regarding *Khomanani*, the government said that the aim of the campaign was to encourage South Africans to change behaviours, fight ignorance and fear, and extend hands of friendship to other people and organisations. Founding members of the Society have been involved in all these activities since the epidemic began in the eighties and many newer members have had the 'challenging' experience of working in public hospitals filled with patients with serious opportunistic infections and in the final stages of disease. To add to their frustrations, the public sector doctors have not had access to antiretrovirals (ARVs) in order to improve the quality and quantity of their patients' lives. We sincerely hope that Government AIDS Action Plan (GAAP) will roll out ARVs as quickly, efficiently and widely as possible in order to ameliorate health care workers' feelings of disempowerment. As a knock-on effect, we hope the rollout will help to persuade more young, highly skilled medical professionals to stay in South Africa.

Wits AIDS Research Institute awards over R2 million to HIV/AIDS research in SA

For many South Africans, the past Christmas was not joyous, as many families were mourning the passing of family members lost to the AIDS virus. With over 5.3 million infected people in South Africa and almost 600 people dying daily,

South Africa and its people will this year feel the loss of many valuable lives. But, there is a glimmer of hope this season...

The Wits AIDS Research Institute (ARI) was established with a \$500 000 donation from the Carnegie Foundation and is the brainchild of Professor James McIntyre of the Perinatal HIV/AIDS Research Unit. Geoffrey Setswe, Director of the ARI, established at Witwatersrand University in May 2003, announced on World AIDS Day that the ARI has awarded over R2.1 million in research grants to support HIV/AIDS research at Wits University in the past 7 months, funding 30 HIV/AIDS research grants. These grants were funded by the Carnegie Corporation of New York to the ARI, to support HIV/AIDS research at the university.

Research covers basic biomedical and clinical research, prevention/education interventions, psychosocial and cultural issues, economic and management aspects, political, legal and human rights issues and policy development and implementation, as well as the ethical aspects of HIV/AIDS and the epidemiology modelling of the virus.

For more information on the ARI contact Geoffrey Setswe, tel (011) 717-1404 or e-mail: setswek@ari.wits.ac.za

Approval for South African initiative to treat AIDS

The World Health Organisation (WHO) welcomed the decision by the South African cabinet to approve a comprehensive HIV/AIDS treatment and care plan for the country. This decision is a key contribution towards saving human lives and achieving the 3 by 5 target of treating 3 million people living with AIDS in developing countries before the end of 2005.

'This is a far-reaching decision which demonstrates that the South African government is ready to play a stronger role in meeting the challenge of treating millions of people living with AIDS in Africa,' said Dr Lee Jong-wook, Director-General of WHO. 'WHO is ready to work closely with the government to support this effort.'

WHO strongly recommends that AIDS treatment, prevention and care be linked in an integrated approach. By providing hope for the infected and creating a powerful incentive for people to be tested and learn their HIV status, these programmes have both reduced HIV-related stigma and accelerated prevention efforts.

The South African plan reflects many of the key priorities for WHO in striving for the 3 by 5 target, including working closely with communities and particularly with people living with HIV/AIDS.

The Treatment Action Campaign (TAC) also welcomed the Cabinet decision, saying, 'This is a wonderful day for all in South Africa. There is now real hope for millions of people with HIV and their families. It is tragic that for many people this decision has come much too late. We urge government to release the full treatment plan so that civil society can study its details and assist with its implementation.'



In their newsletter, the TAC said that it was now imperative to obtain generic antiretroviral agents and they are hoping for successes through their pressure on the drug companies via the Competition Commission. The deal announced by the Clinton Foundation will bring the prices of generic antiretrovirals down to less than R90 per month for government.

Moreover, the TAC states that the success of the treatment plan rollout depends on their ability to mobilise their communities. They intend focusing much of their energy at the level of the District Health Service. They will assist with service delivery but keep up their pressure through mobilisation and demonstrations when needed.

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PRACTICE MANAGEMENT

BUSINESS PLANNING PART III

Internal environmental analysis

The preceding steps in the business planning process focussed predominantly on the external environment in which the practice operates. Now that some external aspects have been briefly addressed, the business planning process shifts its focus to the internal environment of the practice. Again the objective is to identify issues that need to be addressed in the context of the operational or action plan. The objective is to provide a picture of the current and potential operations of the company; to assess the effectiveness with which resources have been allocated in the past, demonstrate principles that can be used to allocate resources in future, and estimate the strengths and weaknesses of the company with a view to identifying how threats may be countered and opportunities may be pursued.

A key success factor of the internal environment analysis is to ensure an atmosphere that will encourage honest self-inspection. Should the planning process include junior staff or external stakeholders, it will be necessary for the facilitator and the partners to make it clear that everyone can speak their mind. Constructive criticism, rather than mudslinging, should be encouraged. The internal environment analysis is done by using the following:

- strengths and weaknesses analysis
- product/service portfolio analysis
- identifying 'key success factors'
- competitive advantage analysis.

Strengths and weaknesses

In undertaking this analysis it is necessary to identify all the strengths and weaknesses in all areas of the practice that can influence the capacity of the practice to conduct business.

Typically these would include identifying strengths and weaknesses in the following areas:

Human resources

- Medical practitioners
- Other health care practitioners
- Support staff

Financial resources

- Cash
- Loans
- Shares
- Outstanding payments

Services or products

- Consultations
- Surgical services
- Technological (sonars, ECG, etc.)
- Specialised (geriatric, antenatal, obesity)
- Health promotion
- After hours/emergency

Assets

- Consulting rooms
- Clinics
- Equipment
- Pharmaceutical stock

Operational systems and procedures

- Appointment system and waiting time
- Report and feedback to patients
- Referral systems
- Financial management system (billing, debt collection, cash flow analysis, etc.)
- Patient flow
- Customer satisfaction surveys
- Practice outcome audits

Marketing mechanisms

- Business cards
- Brochures
- Advertisements
- Relationship-building activities (health education sessions, home visits, follow-up calls)

Excerpted with permission from the Business Planning Section of the Distance Learning Practice Management Programme of the Foundation for Professional Development of SAMA. For information on the FPD courses contact Annaline Maasdorp, tel (012) 481-2034; e-mail: annalinem@samedical.org