



## WESTERN CAPE WAY AHEAD WITH ARVs

Health chiefs in the Western Cape last month confidently predicted that by the end of next year there would be treatment for every ART-eligible child in the province younger than 14 years old. Already an estimated 30% (or nearly 700 of an estimated 2 000) of all eligible Western Cape children needing ART are receiving it.



Groote Schuur Hospital's Dr Dusica Stapar tends to a child who has had six hospital admissions since starting ART in March last year.

With the exception of Gauteng, this is in stark contrast to the rest of the country where several provincial sites claiming readiness but lacking private drug supplies continue to stare death in the face daily.

The Western Cape's success is based on timely, sustained and expanding intervention, using a multidisciplinary and coherent public/private task team that meets weekly. Last year the province reached a 100% roll-out of its prevention of mother-to-child transmission (PMTCT) programme, thus dramatically reducing the number of infected children being born.

The country's pioneering ART clinic, run by Médecins sans Frontières (MSF)

in Khayelitsha outside Cape Town, last month for the first time reported that the demand for ARV treatment of children was slowing down.

Dr Eric Goemaere, MSF's Head of Mission in South Africa, said there was a 'striking difference' between adults and kids presenting in Khayelitsha.

'We're flooded with HIV-positive adults (100 new treatment candidates per month) who require urgent treatment, but for the children it's going much slower — the PMTCT is definitely working'.

Goemaere said 96% of MSF-treated mothers had chosen to exclusively formula-feed their infants, a factor he believes contributed to their success.

By next year some 40 Western Cape satellite sites are expected to revolve around six central treatment hubs to serve the region's estimated 2 000 children whose AIDS will then have progressed to the stage where they can be effectively treated.

At the time of writing, the province had opened 16 ART treatment sites catering for more than 2 000 HIV-positive people. The government's national treatment plan calls for six in each province.

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The province last year extracted R459 million (disbursed over 5 years) from the Global AIDS, TB and Malaria Fund, and early in March this year secured another R30 million (disbursed over 3 years) from the UK-based NGO 'Absolute Return for Kids' to treat parents.

The province's initial PMTCT roll-out has resulted in a reduction by more than 22% in HIV transmission from mother to child (which MSF now estimates is down to 8.8%). In the USA the mother-to-child transmission rate stands at 1.1%.

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Goemaere said the reduced transmission figures were obtained through (unpublished) MSF research involving 500 mothers in the PMTCT programme who were tested at 14 weeks using the accurate polymerase chain reaction (PCR) method.

The Khayelitsha MSF clinic now has 81 children and more than 900 adults on ARV drugs.

The Western Cape's PMTCT roll-out began 3 years ago when public sector highly active antiretroviral therapy (HAART) was contrary to central government policy. Several state doctors across the country were victimised for prescribing ARV drugs.

According to the province's Health MEC, Piet Meyer, the reduced mother-to-child infection rate was pivotal to his department's agreeing to next year's take-over of the 'One to One' private funding of the Groote Schuur Hospital (GSH) and Victoria Hospital's paediatric AIDS unit.

'One to One' is a United Kingdom-based NGO that has developed a holistic child treatment model that combines income generation and education for families with treatment and adherence. It has committed an



additional R2.5 million, and the province will pick up the tab for ARV drugs and laboratory tests from 1 April next year.



*Dr Majedie Kahaar checks the file of a child with AIDS in Grootte Schuur Hospital.*

According to both Goemaere and Paul Roux, head of the GSH paediatric clinic, the province's public/private financial partnerships are setting the national benchmark. Roux said the ARVs stood to prolong children's lives by a dozen or more years, citing ARV results in the USA where children who were expected to die in 1992 are now healthy teenagers leading near-normal lives.

The GSH clinic, together with Victoria Hospital, treats 220 children and 60 mothers, plus facilitates a steady stream of income for the mothers by marketing and distributing overseas their highly sought-after beadwork. Roux labelled it a 'unique holistic' model.

'The mothers used to come to our clinic once a week because their kids

were sick. Now they come once a week to deliver their beadwork for which they get paid about R120 — and they only need to bring their kids in on average about once every 3 months'.

He said the women had generated R500 000 from their beadwork in the 20 months since the project began.

Children in the GSH ward were divided into two 'classes' measured by hospitalisation: those who came in too late to prevent chronic lung disease and required continued hospitalisation, and those who were put on ARV drugs 'in time' to prevent lung damage.

A GSH study in October last year showed that ART halved both the hospitalisation rates and the length of stay, thus freeing up vitally needed beds.

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Roux spends hours of his free time in his garage making the wooden looms upon which the mothers weave their intricate beadwork.

The TAC's Nathan Geffen said: 'We're dealing with a failure of political will here. There doesn't seem to be any rational self-interest in this debate with government'.

He said the pharmaceutical industry 'at least has a rational self-interest and makes compromises, but with the government it's a battle between science and irrationality'.

Professor Craig Househam, Director General of Health in the Western Cape, said that health officials from the Eastern Cape and the Orange Free State had visited the local ARV sites to garner experience and knowledge. He was unaware of other provinces having done so.

South African-born Dr David Altschuler, co-founder and chairman of 'One to One', said the programme would shortly be expanded to the Eastern Cape, where a recent tour he made of labour, maternity and paediatric wards revealed 'an HIV/AIDS battlefield'. At the Dora Nginza Hospital outside Port Elizabeth, AIDS babies were dying at the rate of three per day.

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Goemaere said what made the Western Cape so successful was having engaged with private partners early on and creating first a joint PMTCT task team and then a joint ARV task team. 'We certainly are not the only province moving, but we are far ahead,' he said. 'It seems that other provinces lack cohesive action and a dedicated AIDS referral network'.

**Chris Bateman**