



OUR NEW NHLS 'GIANT'

The newly integrated National Health Laboratory Services (NHLS) will 'easily absorb' the extra workload imposed by the government's roll-out of antiretroviral (ARV) drugs next year, says its CEO John Robertson.



NHLS leaders; Professor Martin Hale, executive manager of quality assurance, university relations and research, CEO John Robertson and Professor Barry Schoub, head of surveillance and epidemiology.

Speaking at a press conference shortly before a lavish R1.1 million Sandringham dinner staged to celebrate the amalgamation of the country's laboratory services, he said the first year of the ARV roll-out would probably not exceed 5% of NHLS capacity. Within 5 years this would probably reach 30% of NHLS capacity.

The giant organisation has a R1.1 billion budget this year (2004) — excluding money set aside for the ARV roll-out.

Robertson said the NHLS would absorb 'a significant portion' of the government's ARV roll-out budget.

The November launch was the culmination of 4 years of combining the resources of the South African Institute for Medical Research, the National Institute for Virology, the National Centre for Occupational Health, university pathology laboratories and most provincial laboratories. (For historical reasons, KwaZulu-Natal's infrastructure will be the last to come on line.)

NHLS chairperson, Ms Sesi Baloyi, told 480 dinner guests assembled under an elaborate marquee at the NHLS's Sandringham headquarters, that the fee-for-service NHLS would continue to deliver at 30% below the Board of Health Funder's tariff. Both she and Health Minister Dr Manto Tshabalala-Msimang paid tribute to health systems consultant Dr Nicholas Crisp for his role in facilitating the integration of the country's laboratories.

The NHLS is currently struggling to create an equitable payroll scheme for its 3 700 staff members, 2 000 of whom come from the SAIMR and are therefore familiar with a fee-for-service operation.

However, most of the remainder, many from the eight universities linked to provincial departments, have been protesting at changes to their working conditions and minimum salary levels.

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Earlier embarrassed senior executives had to raise their voices to make themselves heard above a protesting crowd of workers outside the NHLS press conference.

Robertson said the latest round of negotiations with the National Education and Health Allied Workers Union (Nehawu) was 'progressing well'. Nehawu is pushing for across-the-board increases.

Robertson said salaries absorbed R60 million of the NHLS budget last year. The NHLS employs 1 300 technicians and technologists (excluding the 250 in KZN), 120 pathologists (excluding 125 in KZN) and 110 registrars (excluding 25 in KZN).

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The eight universities, which have 15 heads of departments and graduate about 30 pathologists annually, pay 50% of salaries while the existing 120 NHLS scientists produce 25 research publications annually.

Cutting-edge HIV vaccine trials and a breakthrough, now-patented CD4 cell count technique which stand to save the country billions of rands, are among the NHLS's recent achievements.

Professor Martin Hale, NHLS executive manager of quality assurance, university relations and research, said innovations developed at medical schools were 'pushed out' through the NHLS laboratory network to fight diseases and epidemics as they occurred.

Ongoing research around cancer of the cervix and cancer of the



Richard Loring's 'African footprint' entertained NHLS guests at Sandringham.



oesophagus (most prevalent among men) was hugely encouraging.

'Who knows, we could well develop a vaccine for the papillomavirus,' Hale suggested.

However, what was 'alarming' was that half of all scientific output in South Africa now came from the 50 - 60-year age group. He appealed for measures to 'foster and retain' young scientists in what was a globally competitive village.

While the shortage of pathologists was twice as bad as in First World countries, South Africa was 'streets ahead' of developing countries and led the way in Africa.

There was currently no major impact on public service delivery, but things were 'teetering on the edge and could go either way', without large-scale training.

Hale said the NHLS currently had 70 registrar posts vacant.

Robertson stressed that no posts had been cut in the rationalisation.

Added Hale wryly, 'One of the effects of the shift to primary health care is that you do discover more sick patients'.

Chris Bateman

The South African Medical Journal

100 years ago:

The sixth South African Medical Congress opened at Cape Town on the 28th of December, after an intermission of four years, due to the war. ... Prior to the formal opening of the Congress a day was devoted to business of a general nature, Dr Stevenson, the President, taking the chair and welcoming the members ...

Dr Darley-Hartley then read a paper on the formation of a [Cape Colony] Medical Guild, pointing out in general terms the absolute necessity of combination amongst medical men, not only for the securing of just remuneration and rightful privileges, but for expressing the views of the progression as a body, and preserving it from that loss of ethical tone which invariably followed overcompetition and the *res angusta domi**. He reminded his hearers that all the world was combining nowadays, and that if they neglected to follow suit, they would certainly be crushed between the upper, nether, and circumferential millstones...

Dr CFK Murray was thoroughly in favour of the proposal, but thought that it would require very careful digestion before fixing on its details, and that it should be applied to the whole of South Africa.

(*South African Medical Record* Jan 15, 1904; II (1):1.)

*Can be translated as: Narrowed circumstances at home, limited means

50 years ago: Use of anal sphincter in stress incontinence

After the closure of the vesico-vaginal fistula following severe cases of obstetrical pressure-necrosis, the patient is often left incontinent of urine because no bladder sphincter remains. There may also be very little vagina left, with menstrual function permanently in abeyance. In such cases one has tried various forms of sling operation, with only occasional success, since more often than not the fistula is accidentally re-opened... In 11 cases one has closed what little remained of the vagina and brought the urethra out between anal mucosa and anal sphincter. The results as regards urinary control have been excellent. A vagina may be constructed later with the urethra and bladder below and the symphysis pubis above, using McIndoe's methods. One has tried to use this operation in severe cases of stress incontinence where there is a normal vagina, by creating a passage round the vaginal entroitus. This was not successful as the passage tended to break down, but in elderly women with postmenopausal contracture of the vagina, the operation may be employed by combining it with a colpocleisis*.

It is respectfully suggested that urologists could make similar use of the anal sphincter in males who have no sphincteric control of the bladder.

(Charlewood G P. *South African Medical Journal* 1954; 28(1): 15-17.)

*Surgical closure of the vaginal canal.