



## SAMA LEADS THE WAY WITH ARV ROLL-OUT

With just 225 beds to treat a population drainage area of 1.5 million people, much of it lawless gangland, the beleaguered staff of the struggling Cape Flats GF Jooste Hospital were strangely buoyant on 1 December last year.



*Professor Gary Maartens, Head of Infectious Diseases at Groote Schuur Hospital, Dr Eula Mothibi, Chief of GF Jooste's HIV/AIDS Unit and Dr Kgosi Letlape, SAMA chairperson.*

It wasn't just the presence of ex-president Nelson Mandela in a steaming summer marquee erected to celebrate the launch of his Foundation and the South African Medical Association's Tshepang AIDS treatment campaign on World AIDS day. That didn't fully explain the sustained, even riotous applause from staffers when their Medical Superintendent, Dr Jeremy Venter, saluted the passion with which they kept their hospital functioning and announced sustained antiretroviral (ARV) treatment for their patients. Venter said the ARV drug therapy introduced through SAMA's innovative public/private Tshepang campaign would 'definitely decrease' hospital admissions by reducing opportunistic infections and thus the strain of an almost unbearable workload. Chosen for its central geographical location and its 15 000 patients needing ARVs (10% of the HIV-positive population in the area), GF Jooste Secondary Hospital will apply the fruits of the pioneering work of Medicins Sans Frontieres (MSF) in nearby Khayelitsha — well ahead of the much-vaunted national ARV roll-out.

This will help keep the Western Cape,

according to its Premier Marthinus van Schalkwyk, well ahead of all other provinces with 15 ARV sites up and running by the end of February this year.

SAMA, the Nelson Mandela Foundation and the Western Cape Government collaborated to get the additional GF Jooste Hospital ARV site off the ground, bringing to eight the number of ARV sites in the province by 1 December. It is the first partnership between government and private organisations to provide ARVs.

Conceived 11 months ago when national government was still reticent to create and publicly commit itself to a specific ARV roll-out plan, the SAMA/NMF ART plan consists of setting up two sites in every province to treat people in stages three and four of AIDS. Mandela handed over a R5 million cheque to SAMA chairman, Dr Kgosi Letlape, half of the money pledged by his Foundation to the Tshepang Trust when it was first launched by SAMA last year. All R10 million will go towards sustaining the GF Jooste ARV programme over the first three years.

Launching SAMA's Tshepang Campaign in the Western Cape makes practical sense. The province has the most progressive HIV/AIDS planning (plus the best infrastructure), and had achieved a 100% roll-out of prevention of mother-to-child infection in its antenatal clinics by the beginning of last year (2003).

According to Van Schalkwyk, the latest AIDS target is an 83% saturation of the Western Cape's ARV-qualifying population within five years. He and Dr Fareed Abdullah, the Western Cape AIDS chief, recently returned from Geneva bearing a handy R455 million 'bonsella' from the Global AIDS Fund. Their bid was part of a national, province-by-province bid for Global funding. The other provinces that made the last bid deadline are still battling to

revise their budget details to meet strict Global Fund criteria. This will be added to their share of Finance Minister Trevor Manuel's R1.9 billion AIDS budget, much of it to be used for the ARV campaign.

Professor Gary Maartens, Head of Infectious Diseases at Groote Schuur Hospital, who conceptualised the training component of the regional launch site, believes GF Jooste will eventually see an 80% reduction in HIV opportunistic infections. However, he cautioned, 'We'll only treat about 300 people in the first year and you won't see an impact on admissions in the first year or two'. He believes that once the additional provincial ART programme rolls out, and depending on how quickly it is accelerated, the reduction in infections will be noticeable within three years.

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The GF Jooste clinicians will start on the more complicated AIDS cases first and once they are stabilised, move them out to private and public clinics, depending on expertise and availability. 'We want to get them through the difficult first 6 - 12 weeks and use this as a training vehicle to make it a centre of excellence,' Maartens added.

The Tshepang /GF Jooste site will initially be staffed by four fully ARV-trained doctors, two adherence counsellors, a full-time nurse and an administrative clerk. Where appropriate, this team will refer patients to doctors in private practice or at



*Nelson Mandela was there to support SAMA chairperson, Dr Kgosi Letlape, launch the Tshepang Trust ARV roll-out.*

community health centres, who have been trained in ART treatment at GF Jooste or by MSF in Khayelitsha (or those who have taken SAMA's Foundation for Professional Development AIDS course).

Private practitioners will be paid by the Tshepang Trust for their services. Treatment Action Campaign (TAC) chairman, Zackie Achmat, said that many of his colleagues 'would rather die than' attend GF Jooste because of its reputation for lack of service and overworked staff. However, he firmly pledged TAC support 'to make this the premier treatment site'. Dr Eula Mothibi, chief of the hospital's AIDS unit, and the on-site pharmacist, Mohamed Sunday, said they intended enrolling local religious leaders, referring doctors and civic leaders in their catchment area into preaching the benefits of ARV. Said Mothibi, 'Often people come in in the terminal stages and we could do very little for them up to now'.

Dr Stan Leketi, executive chairman of Bophelo Lifeworks, which helped SAMA develop its ARV roll-out strategy, told *SAMJ* that he had seen patients recover and lead healthy lives with ARV intervention at a CD4 cell count level as low as 7. The national government's ARV plan, drawn up by a task team of 16 experts from the World Health Organisation, the Clinton

Foundation, the DOH and led by the Medical Research Council's Dr Anthony Mbewu, wants one treatment site in each of the country's 53 health districts.

Within five years it wants access for all who need ARV in their own municipal areas. The national government commitment is to

try to treat all 1.4 million people who are expected to clinically require ARV by 2008 at a total cost of R4.4 billion in that year. With staff capacity at a premium, a nursing and doctor shortage and immigration trends climbing in the face of what health care workers view as legislation hostile to the continued practice of their profession, delivering the goods will be a tall order. Although the national operational plan has set aside R500 million for recruitment and retention of health care workers, this money has become stuck in the collective bargaining process.

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According to the government's task team report, ARV conservatively allows an extension of 3.6 - 4.4 years of relatively illness-free life when compared with non-ARV treatment. With a 20% ARV coverage scenario, close to a million additional years of life would be saved by 2010, while 100% ARV coverage could save an additional 5 million years of life by 2010.

ART, when added to standard care, reduced the cost of each additional year of life gained by between R2 000 and R3 000. Without ART the report estimates that 1.8 million children will be orphaned between 2003 and 2010. With 20% ART coverage this total would be reduced by 140 000 children and with 100% ART coverage, by 860 000 children.

Under all scenarios, a comprehensive prevention programme would cost an additional R550 - R570 million per year for the rest of the decade (in the absence of fundamental technological developments, such as the discovery of an effective and affordable vaccine).

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Asked about serious concerns around non-compliance of drug use leading to drug resistance strains in the population, an MSF spokesman in the Western Cape said that no patients had been lost to follow up. Monitoring in Khayelitsha had shown that after one year on ART, 90% of patients were taking at least 95% of their tablets and that 90% of patients had reached undetectable viral loads after three months, with a dramatic decrease in the frequency of opportunistic infections.

ARV had also had a 'hugely positive' affect on openness about HIV/AIDS in preventing new infections, decreasing stigma and discrimination and fuelling prevention efforts.

Mandela said he hoped the public/private partnership entered into by the Tshepang Trust would be replicated across the country. 'Health should not be a question of income. It is a fundamental human right. We must give people hope,' he added.

**Chris Bateman**