



## MANTO'S EX DEPUTY TURNS TO TEA, NOT WHISKY



Traditional healers support vitamin C salesman and AIDS denialist Matthias Rath outside the Cape High Court during a previous court battle with the TAC .

Picture: Chris Bateman

She won't be quaffing whiskies in solace with her Communist Party central committee colleague and fellow 'miscreant' Blade Nzimande; instead it will be 'black tea with one sugar' for fired Deputy Minister Nozizwe Madlala-Routledge.

**Asked by reporters about her criminal theft conviction, the Health Minister would only say, 'it's a long story'.**

Speaking to *Izindaba* the day before she was fired for her ongoing 'inability to work as part of the collective' Madlala-Routledge chuckled and gently corrected the assumption in suggesting a comforting whisky with her beleaguered colleague.

Communist party General Secretary Nzimande is at the centre of sudden claims by a Gauteng businessman that he was responsible for the disappearance of R500 000 in cash donated to his party 5 years ago.

Both controversies are being linked by political commentators to the

ongoing leadership struggle at the heart of the shaky ANC/Communist party/COSATU alliance ahead of the presidential election at the ANC's national conference in December.

Madlala-Routledge apologised for not answering *Izindaba's* questions about her 'unauthorised' trip to the international vaccine initiative conference in Madrid and about Frere Hospital baby deaths epitomising a 'national emergency', adding that 'it has nothing to do with their content'.

Giving nothing away, she asked if she could call *Izindaba* back 'later in the week'.

As it turned out, she'd just been asked to resign by President Mbeki and was in the process of consulting COSATU, the Communist Party and ANC Secretary General Kgalema Motlanthe, before politely declining to quit and forcing Mbeki's hand.

### Sacking a 'wake-up' call to denialism?

That she unusually did not call *Izindaba* back was eloquent of a media frenzy that instantly and unerringly removed

the sheen of optimism and hope she'd brought to the polarised relationship between government and civil society over HIV/AIDS.

Almost unprecedented since the Mandela era, civil society, including doctors, nurses and scientists in the public and private sector, united behind her, roundly condemning Mbeki and his loyal ally, Health Minister Manto Tshabalala-Msimang. The rhetoric doubled in volume and quantity when the *Sunday Times* (12 August) published detailed allegations of Tshabalala-Msimang's 'drunken exploits' while in the Cape Town Medi-Clinic for a shoulder operation in 2005. The following week it went further, running a dramatic front-page headline 'Manto: a drunk and a thief'. It claimed she was deported from Botswana for stealing from patients, including a watch from an anaesthetised person while medical superintendent of the Athlone Hospital in the 1970s.

**That she lasted three and a half years in a department whose top echelon prides itself on toeing the Mbeki line and fawning political obedience may have been due to short-term political expedience in an ongoing AIDS battle defined by activist pressure and government constantly 'buying time'.**

The following week (26 August) the *Sunday Independent* weighed in with details of the Health Minister's 'kleptomania', taken from a 1976 psychiatrist's report pleading for clemency after she was fired. She reportedly later kept the letter on her as a form of insurance against succumbing to the condition. Asked by reporters about her criminal theft conviction, the Health Minister would only say, 'it's a long story'.



By the end of August, government animosity towards the press heightened with an aggressive rhetorical tone reminiscent of PW Botha's apartheid heyday.

Whatever gains and fence mending there might have been via Madlala-Routledge evaporated in spite of instant government reassurances that the National Strategic Plan (NSP) on HIV/AIDS, championed by the former deputy minister, was still well and truly on track.

Some activists argued that the consensus and impetus of the Durban national AIDS conference early in June was no more than desperate hope blinding the reality of politics and obscuring Mbeki and Tshabalala-Msimang's entrenched AIDS denialism.

They cited the churlish boycotting of the Durban conference by the rejuvenated Tshabalala-Msimang (fresh from a liver transplant) over not being given a 'more prominent' speaker's slot than Madlala-Routledge and her immediate flexing of political muscle by preventing her deputy from delivering her scheduled NSP address.

Opening the Durban conference, Deputy President Phumzile Mlambo-Ngcuka rounded on the organisers for the 'insult' to Tshabalala-Msimang – a strong signal that the 'honeymoon' was ending.

Madlala-Routledge had, in the 6 months that her boss was off sick, energetically engaged with civil society and long-time government opponents over health care realities, winning hearts and minds for courageously 'speaking truth to power'.

That she lasted three and a half years in a department whose top echelon prides itself on toeing the Mbeki line and fawning political obedience may have been due to short-term political expedience in an ongoing AIDS battle defined by activist pressure and government constantly 'buying time'.

Already in November last year she

spoke of 'denialism at the highest level' during a University of Cape Town public meeting about the challenges of providing ARVs.

## Unique contrast of styles at Frere 'circus'

Her June trip to the Madrid International HIV/AIDS Vaccine Initiative, which she said she believed was ratified by Mbeki, came just days after the Durban AIDS conference and put her head squarely on the chopping block of the ensuing Frere Hospital baby-deaths circus.

The contrasting styles of the two health ministry incumbents could hardly be more dramatically illustrated than the tragicomedy that was East London's Frere Hospital fiasco.

---

***Tellingly, however, Tshabalala-Msimang used his detailed findings to announce a tenfold increase in the hospital's maintenance budget, promised a new labour ward, fresh equipment and vastly improved hygiene measures.***

---

Madlala-Routledge, in the Eastern Cape on 13 July, paid an unannounced visit to Frere after reading an impeccably researched *Daily Dispatch* exposé about preventable deaths of unborn children due to major equipment and staff shortages.

Just days later Tshabalala-Msimang, accompanied by a television crew, visited a now hastily re-equipped, better staffed and spruced up maternity ward and promptly rubbished the exposé which took the newspaper 2 months to compile.

She was preceded by her new health advisor/spin doctor, Professor Ronnie Green Thompson, who led a task team that depicted the newspaper reports as inaccurate and sensationalist. Tellingly, however, Tshabalala-Msimang used his

detailed findings to announce a tenfold increase in the hospital's maintenance budget, promised a new labour ward, fresh equipment and vastly improved hygiene measures.

Almost simultaneously, two senior doctors in the East London hospital complex were suspended for talking to the media, drawing more condemnation from the SA Medical Association, and a broad range of civil society organisations.

Madlala-Routledge shed tears at her heroine's welcome at Cape Town International Airport and remained forthright about her relationship with Tshabalala-Msimang.

She said her former boss had once muttered threats to 'fix her' after a speech Madlala-Routledge gave to the National Council of Provinces. Except for a brief 'window of light' period under Public Works Minister Geoff Radebe (acting for her sick boss), she said she had been effectively disempowered in her job.

Her staff members were instructed to report directly to national health director general, Thami Mseleku, regarded by most health reporters in this country as a Tshabalala-Msimang acolyte. Her staff received anonymous threatening SMSes and phone calls saying they would soon no longer have jobs as their boss was 'on her way out'.

## Avoidable deaths

She had used the term 'national emergency' after visiting Frere Hospital because of 'the shocking realisation that some of these deaths were avoidable and that the situation was not unique to Frere'. The Medical and Dental Professions Board (MDPB) recently threatened to withdraw its accreditation of Frere as an intern training hospital because of dismal conditions and a lack of proper supervision.

Three pivotal doctor bodies, the Treatment Action Campaign, the Communist Party and Cosatu, among several others, voiced severe disquiet at



Former Deputy Health Minister, Nozizwe Madlala-Routledge with Bernard Gaede, RuDASA chairperson at last year's RuDASA congress.

Picture: Chris Bateman

Madlala-Routledge's sacking. Some of their press releases read like obituaries.

At least two globally respected medical and scientific journals, the *Lancet* and *Nature*, wrote hard-hitting editorials, slamming Mbeki and expressing fears that 'the fight against the HIV/AIDS epidemic could now be set back decades' and that the NSP would unravel with 'calamitous results' for public health care.

The Rural Doctors Association of Southern Africa (RuDASA) described Madlala-Routledge as 'a beacon of hope' with a well-known passion for rural women. 'She was approachable, frank and honest about the health issues in our country. Her quick intellect and keen interest in the concerns of health workers set her apart.'

The Southern African HIV Clinicians Society (12 000 health care professionals) said the former deputy minister played a 'fundamental role' in bringing civil society and professionals together to support the government's NSP 'on an unprecedented level'.

Her firing 'comes when we are seeing alarming signs of a return to the rhetoric and confrontation of the past over HIV'.

The Society had asked for urgent clarification as to why the prevention of mother-to-child HIV transmission (PMTCT) programme has not been expanded beyond 30% coverage after 5 years, and why more effective regimens have not been implemented. Fewer than 20% of adults requiring antiretrovirals were receiving them, after more than 3 years of publicly available ART.

***Since the NSP's publication and Tshabalala-Msimang's return, no plan had been forthcoming on how to attain its ambitious targets.***

Since the NSP's publication and Tshabalala-Msimang's return, no plan had been forthcoming on how to attain its ambitious targets. TAC spokesman Nathan Geffen pointed to the NSP's reliance on nurses to realise the target of 1.5 million adults on ART by 2011. He said even if nursing ranks swelled by 10% in that time (double the increase of nurses from 2000 to 2005), this goal would remain unreachable.

## Reports 'speculative and bizarre' – Manto

Tshabalala-Msimang used lawyers to get copies of her Medi-Clinic hospital records back from the *Sunday Times* which had reported that she dispatched staff to buy lemons, whisky and Woolworths food while displaying rude, antisocial behaviour.

Tshabalala-Msimang underwent shoulder surgery and was on medication at the time.

Her personal files mysteriously disappeared from the hospital archives and any references to her stay were missing from the hospital computer system.

Mbeki's office described the newspaper reports as 'consistent with a smear campaign', while Tshabalala-Msimang's press officer labelled the reporting 'bizarre, scandalous, speculative and unbelievable'. The Registrar of the Health Professions Council, Advocate Boyce Mkhize, expressed 'astonishment' at the theft and vowed to take action against any health professional found to be involved in violating patient confidentiality.

The *Sunday Times* stood by the report, saying publication using the confidential patient files was in the overwhelming public interest, given Tshabalala-Msimang's position and health care delivery track record.

Professor David McQuoid-Mason, senior lecturer in medicine, law and human rights at the University of KwaZulu-Natal, cited in the *SAMJ* in May this year, said it was sometimes legally permissible and even ethically desirable to disclose certain aspects of a public figure's life. The defences of truth for the public interest and privilege were particularly relevant for disclosures concerning the health status of public figures. He defined a public figure as 'someone who by their personality, status or conduct exposes themselves to such a degree of publicity as to justify such disclosure'.



At the time of going to press, Mbeki was steadfastly refusing to fire Tshabalala-Msimang, challenging her detractors to produce hard evidence of her incompetence and drunkenness and angrily rejecting claims that he used his influence to fast-track her liver transplant.

The TAC set up a 'Madlala-Routledge fund' to help her repay more than R500 000 the State was demanding as repayment for air tickets and retrospective rental of her State accommodation. The TAC, which was threatening court action to force Mbeki to fire Tshabalala-Msimang for

'constitutional dereliction of duty', described the move as 'vindictive and aimed at humiliating her'.

Chris Bateman

## LOW PMTCT COVERAGE/LACK OF DUAL THERAPY 'DISGRACEFUL'



The queue at the ANC clinic at Nkandla District Hospital, deep in rural KwaZulu-Natal.

Picture: Chris Bateman

Leading scientists and HIV clinicians say it is 'a disgrace' that South Africa's 5-year-old prevention of mother-to-child HIV transmission programme (PMTCT) covers less than a third of the country and 'shameful' that government is taking so long to add proven dual therapy that would save thousands more babies.

The gap between proven prevention strategies (paediatric HIV is rare in

countries where PMTCT with dual therapy was effectively introduced) and the national health department's implementation of them remains frighteningly large.

The national health department's HIV/AIDS prevention strategies chief, Ms Lusanda Mahlasela, told *Izindaba* on 8 August that departmental guidelines on the implementation of dual therapy were being 'finalised into a policy document'. Training and stakeholder consultation were considered 'urgent', she added.

Pressed on a time-line for implementation, she replied 'possibly perhaps within a month or two'. The Treatment Action Campaign (TAC) was meanwhile gearing itself up for further court action should its intended negotiations with the department over a fixed dual therapy implementation deadline fail.

This could aggravate the humiliating defeat suffered by government 4 years ago when the TAC won a stiffly defended court application for the national health department to convert an overtly cautious piloting of nevirapine at 18 clinics into a roll-out to all state facilities able to dispense it.

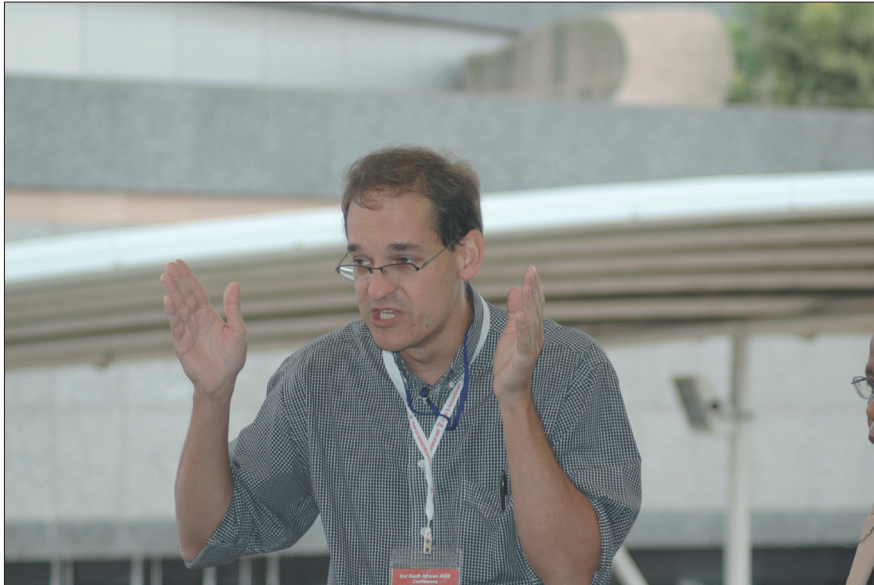
The speed at which dual therapy now becomes part of routine PMTCT

treatment and the strengthening of the state health care infrastructure and boosting of staffing levels are widely agreed upon in top health care circles as the most effective and urgent priorities in managing the AIDS pandemic. TAC spokesman Nathan Geffen said that there was no indication that dual therapy was being introduced in any of the provinces besides the Western Cape.

*The national health department's HIV/AIDS prevention strategies chief, Ms Lusanda Mahlasela, told Izindaba on 8 August that departmental guidelines on the implementation of dual therapy were being 'finalised into a policy document'.*

### Lawyer's letter for Manto

The TAC had sent Health Minister, Dr Manto Tshabalala-Msimang, a lawyer's letter giving her 3 weeks to spell out what her department intended doing about dual therapy while the powerful Joint Civil Society Monitoring Forum (JCSMF) had also sent a letter urging speedier action.



HIV Clinicians Society President Francois Venter.

Picture: Chris Bateman

Geffen told *Izindaba*: 'We'd prefer not to go to court and we'd like to negotiate to give them a reasonable time to get their act together, I'd say at least another 3 weeks (from 7 August). After that we'll unfortunately have no choice but to take it to court.'

**Implementation of a serious PMTCT programme was difficult enough without having the full support of 'the most senior people in government'.**

Echoing the growing cynicism of the president of the HIV Clinician's Society, Dr Francois Venter, he said that since Tshabalala-Msimang had side-lined her popular deputy, Nozizwe Madlala-Routledge, at the Durban national AIDS conference in early June, 'we seem to be back to the old, obstinate game'.

He was speaking before President Mbeki's dramatic sacking of Madlala-Routledge.

Venter said the efficacy of dual therapy was scientifically uncontested: 'Some people are saying this has more to do with denialism now than with operational issues'. Statistical modelling had shown that dual

therapy would reduce mother-to-child HIV transmission from 35% to 10%, meaning that the number of infants infected during childbirth would drop from about 70 000 to well below 30 000 annually across the country.

An alarming two-thirds of all HIV-positive infants require ART by 10 months of age and a full one-third die of AIDS within their first year of life. 'Basically if we get PMTCT right we'll obliterate the need to expand the programme for children. There are only about 60 cases of paediatric HIV in America – we have more than that in Johannesburg alone,' he said.

Every paediatric HIV infection prevented today would save on the treatment needed in a year's time.

'It's the quickest, easiest and most cost-effective way. With adults we only think that things like ABC work, but with kids we know this dual therapy works, there is no debate.'

### Strengthen systems urgently

Both Venter and Geffen said the entire PMTCT and antenatal care delivery systems needed urgent strengthening and broadening before dual therapy could have the desired effect. Venter said just over 30% PMTCT coverage

for the entire country was 'an absolute disgrace. The country should hang its head in shame. It's no use the minister saying you can't force mothers to use the services and drugs when there are inadequate services and drugs in the first place.'

Venter said his experience was that the health minister was 'extremely antagonistic to the whole PMTCT programme', especially after the TAC/nevirapine court trouncing. 'It's time for service delivery instead of playing stupid politics,' he added. Implementation of a serious PMTCT programme was difficult enough without having the full support of 'the most senior people in government'.

**Statistical modelling had shown that dual therapy would reduce mother-to-child HIV transmission from 35% to 10%, meaning that the number of infants infected during childbirth would drop from about 70 000 to well below 30 000 annually across the country.**

Geffen said very little effort seemed to have been made by the national health department to keep proper PMTCT statistics and few, if any, monitoring and evaluation tools were in place. 'There's seemingly no effort to create a tool to measure what the actual transmission rates are from mother to child, so we can't see how well the PMTCT programme is working. Dual therapy is a golden opportunity to put women onto ART, but the programme is being so poorly implemented we seem to be going back to the old way of doing things,' he said.

### Alarming paediatric AIDS mortality

Top clinicians Professor Nigel Rollins (head of paediatric and child health at the University of KwaZulu-Natal) and Dr Harry Moultrie (Harriet



Shezi Children's Clinic, Chris Hani/Baragwanath Hospital) have shown just how badly the health care system is failing mothers and children. Delivered at the Durban AIDS conference in July, Rollins' field research findings revealed huge HIV-positive status under-reporting among new mothers at their 6-week 'wellness visit' to clinics and non-existent HIV tracking between ANC check-up clinics and birth hospitals.

Moultrie told *Izindaba* that this severe lack of communication between the antenatal clinic, the hospital and the immunisation clinic meant that 'nobody has the slightest idea of which children have HIV or which should be getting co-trimoxazole prophylaxis (which reduces mortality by as much as 43%)'.

Moultrie recommended mandatory HIV testing at the 6-week child immunisation clinic and a doubling of HIV testing for all pregnant women. He warned that failure to do this would result in 'an unstoppable wave of child mortality'. He said the public health

sector was currently reaching 26 000 children, or one in six of needing drug therapy.

Moultrie estimates that nearly 60% of the 300 000 children currently HIV infected need ART. The lack of public sector tracking and record keeping also emerged from a comprehensive research audit of Durban's four regional hospitals that showed that despite infants accounting for most paediatric deaths (63%), nearly 75% of all deaths had 'no information' on PMTCT provision.

South Africa is one of only nine countries in the world where the child mortality rate is increasing instead of decreasing, mainly as a result of children dying of AIDS-related illnesses. The Medical Research Council, the National Essential Drugs Committee and the Medicines Control Council have all urged the government to adopt dual therapy.

Sibani Mngadi, spokesperson for the national health department, said

the national health council (minister and her provincial health MECs) had decided to evaluate the efficacy of nevirapine in reducing MTCT and 'deliberated on the implications of introducing dual therapy, including the training and capacity of health workers, adherence counselling and support to women'.

'Further work' was being done to improve guidelines and facilitate proper training, stock management, resistance monitoring and information management for implementation of such therapy. The new National HIV/AIDS Strategic Plan (NSP) introduced amid great fanfare and optimism at the Durban AIDS Conference in July, aims to reduce the rate of MTCT to 5% by 2011.

With the sacking of Madlala-Routledge, civil society and clinicians are deeply cynical about government's willpower in carrying out the much-lauded time-based NSP.

**Chris Bateman**