



## ARV NEEDY – PRIVATE GPs ‘THE ANSWER’



Dr Ismail Shaikh at his busy Umlazi clinic near Durban's International Airport.

If every GP in South Africa who is trained in the management of HIV and AIDS did paid work for the South African Medical Association's (SAMA's) Tshepang Trust, the country could easily cater for the estimated 540 000 ARV-eligible people still desperate for treatment.

According to Ms Pumla Kobus, operational head of the Tshepang Trust, the arithmetic is straightforward while the state sector is simply overwhelmed and under-resourced.

**Private practitioners can choose to do either sessional work in public health care ARV facilities or see public sector patients referred to them in their rooms.**

There are more than 5 000 private doctors in the country now trained in HIV and AIDS management. If each one did some voluntary paid sessional work in public sector ARV-providing hospitals or clinics (a minimum of 4

hours per week), or saw referred 'state' patients in their rooms, this would average out at 108 patients per doctor per year.

The Tshepang Trust, brainchild of SAMA chairman Dr Kgosi Letlape, currently delivers ARV treatment via 248 private GPs to 4 310 public sector patients in Gauteng, the Eastern Cape and Mpumalanga – and is saving more and more lives as GPs sign up.

At present the Trust has 27 private GPs doing session work, covering 3 871 patients (an average of 143 patients each per year), at 6 Gauteng hospitals and clinics.

The rest of the project involves 3 doctors to whom 156 patients from the Orange Farm squatter community in Gauteng are referred by field counsellors, and 218 doctors to whom teacher unions countrywide have referred 283 patients (via the Trust).

#### R150 per hour to save lives

Pumla describes the private GPs, currently pitching in at R150 per hour,

as 'very philanthropic – they do it because they want to give back, and for the clinical experience. It's very rewarding as they get to see real clinical issues.'

Private practitioners can choose to do either sessional work in public health care ARV facilities or see public sector patients referred to them in their rooms, with all drug, laboratory and equipment costs in the teacher and Orange Farm projects covered by the Trust.

The session work has proved the safest, most efficient and sustainable, given government reluctance to dish out drugs to ARV-dispensing GPs in their rooms and administrative costs. The Trust currently uses Motswuedi Pharmaceuticals in a chronic medicines dispensary model with a supposed 72-hour turnaround time for ARVs to GPs' private rooms. The delivery time 'can be a challenge' in more remote areas.

***Shaikh believes the reason more GPs 'don't get into this is because they either lack the necessary energy and determination in tackling the epidemic head on; they feel exhausted, apathetic and helpless in the face of this relentless tidal wave or they believe that there's no financial return'.***

A remarkable Tshepang Trust protagonist and Durban GP whose three times expanded rooms cater to some 30 HIV-positive patients a day near Umlazi opposite Durban's International Airport, is Dr Ismail Shaikh.

#### The power of one

With 800 of the 4 500 patients on his books now on HAART, he combines multimedia (DVD booths showing the 21 'Siyayinqoba' SABC1 HIV prevention, treatment and care videos,



Khomanani and Soul City leaflets, booklets and posters) with VCT counselling and ART.

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Waiting rooms are littered with reading material, most with an HIV theme.

Shaikh believes the reason more GPs 'don't get into this is because they either lack the necessary energy and determination in tackling the epidemic head on; they feel exhausted, apathetic and helpless in the face of this relentless tidal wave or they believe that there's no financial return'.

'Believe me, it takes the effort, time and resources of seeing 20 hypertensives or 5 diabetics or 10 asthmatics to do justice to 1 HIV/AIDS patient.

'I'm passionate about saving lives that can so easily be saved – there's no greater feeling of joy and satisfaction than seeing once terminally ill AIDS patients recovering and returning to a normal life and work,' he says.

Word of his practice has spread up and down the KwaZulu-Natal coast from Harding to Empangeni and inland to Underberg and he attributes the distances patients travel to his 'putting HIV under the chronic illness banner and thus avoiding stigmatisation'.

Shaikh's advice to GPs considering making even a small contribution of their time and skills, is 'to step outside of your comfort zone and onto that learning curve'.

The catalyst for him was 'seeing people in the mid-1990s dropping like

flies here with more than 80% unable to access ART – it was alarming, even scary at times'.

His current project is to get an employer-assisted programme (EAP) up and running for the blue collar workers unable to pay for ART and he has several innovative ideas for incentivising GPs and patients.



*Ms Pumla Kobus, operational chief of the Tshepang Trust.*

'We have to give doctors "vitality" points (not perverse incentives) for achieving various clinical benchmarks and look to the multinational corporates creating incentive reward cards with points for achieving undetectable viral load or steadily increasing CD4 cell counts or reduction in morbidity (for example). Patient adherence can be achieved the same way with rewards for keeping your viral load and CD4 cell count under control. Patients can use the points earned on the card to buy nutritious food at Woolies for example,' he enthused.

Shaikh's practice has been going 18 years and he says his 'other' chronic illness patients (diabetics, hypertensives, asthmatics, etc.) pay to keep it running.

'I believe you have to help those who need you the most. As an ordinary GP, you can go the extra mile to make each consultation an opportunity to discuss

testing for HIV. The earlier the better,' he added.

The Tshepang Trust was established during the 2002 medico-political tumult sparked by government AIDS denialism and ART heel-dragging and is finally beginning to deliver significantly as more and more government ART sites come on stream.

It is named after 'Baby Tshepang', the 9-month-old baby girl horrifically raped, allegedly by 6 men, in the small Northern Cape town of Louisvaleweg in 2001. Only the boyfriend of the child's mother was ever convicted, one of a growing number of myth-bound men who believed child rape would reverse their HIV status.

### **Pilot discontinued**

Pumla said the project was piloted in mid-December 2003, at the JF Jooste Regional Hospital in Cape Town, with 289 patients already on treatment by the time the government began its own ARV roll-out 14 months later.

Ironically, because of that province's progressive approach to ART and comparatively excellent infrastructure and staffing levels, it was quickly able to take over the entire ARV delivery system and the Trust turned its attention to more needy provinces.

While provincial health officials in Gauteng struggled to obtain approval from national government for sessional ART work in May 2005, the Tshepang staff quietly went ahead, sending GPs to George Mkhare (Ga-Rankuwa) and Thembisa hospitals.

Said Pumla, 'The political climate was very strained. We were talking to the provinces, but there was nothing signed (except for Gauteng) – it was one of those decisions where we said people's lives are at risk and medical supers have their own mandate.'

She saluted the national AIDS chief at the time, Dr Nomonde Xundu, for 'putting herself on the line for us so many times – I think it was politically very difficult'.



## Two-model approach

Pumla said it would be ideal if the Trust's two models (sessional and room consultations) eventually merged, adding, 'I think we'll get there eventually'.

She said Letlape had repeatedly visited the health chiefs of high HIV-prevalence provinces – Mpumalanga, the Eastern Cape and KwaZulu-Natal.

'It's tough because we need provincial endorsement, particularly for clinics,' she said.

The model put forward consists of a standing agreement that the Tshepang Trust pays for private GPs to deliver services in public ARV sites for 2 years.

After this, the particular health department takes over payment with the Trust undertaking to continue project management for a negotiated period.

Pumla said that contrary to what many people thought, recruitment was 'not that hard' although widening the project to the rural areas was difficult.

'GPs are philanthropic, but they don't really want to do the running or get out of their practices very much, especially in rural areas where they already see up to 50 patients per day anyway,' she said.

Unfortunately most HIV/AIDS-trained doctors were in the urban areas, although just one trained GP pitching in at a rural HIV facility could make 'a huge difference'.

## ART investment in teachers

The independent Programme for Prevention, Treatment and Care of South African Teachers was initiated in November 2005 with Pefpar funding in KwaZulu-Natal, Mpumalanga and the

Eastern Cape, with the Tshepang Trust as the primary ART delivery partner.

Now reaching most of the country's 9 provinces, the programme stakeholders include all the major local teacher unions, the USA-based Academy of Education Development and the America Federation for Teachers and the closely aligned Solidarity Centre.

***She said that with AIDS decimating the ranks of teachers, 'we are nowhere near meeting the need, but it's a start' (the 283 teachers on Tshepang ART).***

Pumla explained that the local unions popularised the programme among their members and channelled patients to GPs via the Tshepang Trust which did veracity checks and treated teachers and any immediate family members under 18 years old, plus a spouse.

'If Tshepang doesn't have a doctor in a particular area we call their own GP and expose him or her to the programme. We began with 104 GPs and its grown to 218.'

About 40 GPs were recruited via their existing patients.

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Denial played a major role and it remained a major task convincing teachers to come forward for VCT.

'This is a function of failed advocacy,' Pumla added.

*Izindaba* was told of one Eastern Cape teacher union leader who recently died of HIV/AIDS, never having admitted he was HIV positive.

The Trust has 3 'patient managers' who advise or refer doctors and patients, plus a specialist HIV physician who reviews cases that treatment managers see.

Funding of the Trust is via the Nelson Mandela Foundation, Reckitt and Benckiser, the Anglo Chairman's Fund while written proposals are being made to the Centre for Disease Control and the Foundation for Professional Development.

*Izindaba* learnt that one of the biggest difficulties has been aligning government priorities with the Trust's objectives.

'They want to beef up their own health care facilities and can easily take umbrage at "outsiders" coming in and making a sudden difference,' revealed one doctor.

The GP, who requested anonymity, said that if government wanted more health care staff, it should pay its doctors, nurses and pharmacists 'what they're worth'.

Over the past 24 months, of the Tshepang Trust partnership hospitals and clinics, George Mogare has 95% of all its ART patients initiated by private GPs, Daveyton 85%, Tembisa 48%, Far East Rand Hospital 42% and Sebokeng 5% – all eloquent testimony of the efficacy of public/private health care partnerships.

\* There are an estimated 230 000 AIDS patients currently receiving public sector ART and an estimated 500 000 new HIV infections annually.

**Chris Bateman**