



UNITY ON JOINT AIDS PLAN – NOW THE REAL WORK BEGINS

The R45 billion, 5-year National Strategic Plan (NSP) for HIV/AIDS and sexually transmitted diseases is 'easily the most ambitious and complex intervention South Africa has ever attempted', and will need unprecedented accountability and monitoring to succeed.

This was the key message from 5 top speakers, representing HIV clinicians, human rights activists, government health officials and social anthropologists at this year's third and most optimistic - yet South African AIDS Conference held in Durban from 5 to 8 June.

The spat was cheerfully regarded as a hiccup and hangover from a protagonistic era that delayed consensus and cost countless lives and which South Africa's world-class, committed and experienced AIDS worker cadre are now praying is finally over.

The historic and ambitious plan comes after 8 years of bitter infighting between government, scientists and civil society organisations, court battles over slow treatment interventions and increasingly embarrassing gaffes by a defiant national health minister.

The last 18 months have seen the sidelining of Dr Manto Tshabalala-Msimang on AIDS matters, via ill-health and cabinet pragmatism, and the emergence of her engaging deputy, Nozizwe Madlala-Routledge, creating a sea-change in the political climate.

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Yet another Manto conference spat

However, in a show of political muscle flexing, a fully recovered Tshabalala-Msimang snubbed the conference entirely, in spite of what organisers said



were repeated invitations for her to take part in the official opening. Her deputy, according to Professor Jerry Coovadia, the chairperson of the conference organisers, was actively prevented from making her official presentation. Both ministers were listed as speakers

in plenary sessions, the minister to speak on 'Progress in implementing the comprehensive HIV/AIDS plan', and her deputy to outline the latest NSP.

Speaking at the opening Deputy President Phumzile Mlambo-Ngcuka, who chairs the South African National



Francois Venter (left), President of the HIV Clinicians Society with Mark Heywood, Treasurer of the Treatment Action Campaign and deputy chair-elect of the South African National AIDS Council at the joint civil society monitoring forum briefing in Durban last month.

AIDS Council (SANAC), expressed open displeasure at Tshabalala-Msimang's 'relegation to a less prominent position' (as a plenary speaker the following morning). Coovadia described this as 'an inaccurate perception of a slight' that detracted from the important objective of reaching consensus on 'critical and life-saving interventions'.

He reminded delegates that only a quarter of a million South Africans were accessing health care (20% of those needing it) and that 300 000 people currently still needed ART.

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The multi-stakeholder NSP was repeatedly touted at the conference as the health equivalent of the national Constitution, with speakers exhorting audiences to 'get familiar' with it and to recognise where they fitted in.

SOME NATIONAL STRATEGIC PLAN TARGETS (2007 – 2011)

- Post-exposure prophylactics for sexual assault survivors: 30 - 90%
- Pregnant women tested for HIV: 70 - 95%
- HIV-positive women given PMTCT: 60 - 95%
- Adult population tested annually: 7 - 25%
- New adult initiates on ART: 120 000 - 420 000
- Adult initiates started on ART outside of hospital setting: 30 - 70%
- Adult initiates started by nurses on ART: 10 - 80%
- HIV-exposed children screened by PCR: 45 - 90%
- New child initiates on ART: 17 000 - 40 000
- TB patients screened for HIV: 40 - 90%

Source: Francois Venter, president HIV Clinicians Society

It drew heated debate as delegates fine-tuned a Conference Declaration on HIV and AIDS and argued the NSP's 23 goals, 66 objectives and 214 interventions.

'It's all a bit pally-pally at the moment,' he cautioned.

Many top TAC activists and coal-face clinicians took opposing sides, the former calling for 'urgent prioritisation' and the latter cautioning that a more holistic, multipronged engagement with the pandemic was needed.

Speaking at a packed Joint Civil Society Monitoring Forum (JCSMF) meeting, Mark Heywood of the TAC (now deputy chairperson-elect of the revamped SANAC), said a mere 4 years between national AIDS conferences had seen movement from a civil disobedience campaign to 257 000 patients on public sector ART.

No time for warm fuzzies

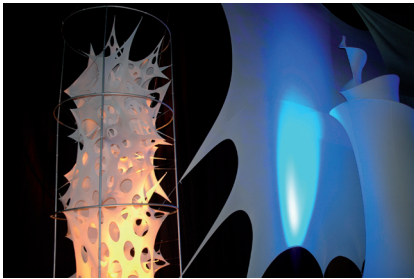
Echoing Francois Venter, President of the HIV Clinicians Society, he said the altered political framework and joint approach should not 'lull us into any kind of complacency' because horrific daily death and infection rates remained virtually the same.

'We must get on with the challenge rather than having distracting debates about prevention and treatment. Also, unless we treat our health care workers with dignity and respect and create a new dispensation for them, we can forget about NSP targets.'

He said the huge cadre of informal health care workers needed to be formalised and paid properly, citing the 60 000 adherence counsellors currently outside the system.

Labelling the NSP the 'RDP of AIDS', he said civil society needed to 'own it' this time around, unlike previously, when the RDP had 'disappeared from under people's noses'.

The NSP created a unique opportunity to 'repair our communities',



as it would address gender violence, poverty alleviation, chronic disease grants, human rights and expand access to legal services.

He and several other speakers warned that, in order to gain the confidence of global funders, the country would first have to show that it could spend the R14 billion set aside in the health medium-term expenditure framework, let alone the R45 billion NSP money.

Cati Vawda, Chair of SANAC's Children's Sector, cited SANAC's dismal record in accessing global funding, terrible minute keeping and history of lack of accountability and appealed for civil society to consolidate its newly found influence.

Heywood highlighted the urgency of setting up an efficient Monitoring and Evaluation Unit and an NSP operations centre where vital research and information could be processed and shared. He also called for much greater representation of health professionals on SANAC. 'Without this we're looking at a paper tiger,' he warned.

Deputy Minister – 'return to struggle tenets'

Speaking at the same non-official civil society briefing Deputy Health Minister Madlala-Routledge saluted civil society for shining a light 'on government's blind spots'.

She said the struggle against apartheid had 'taught us the value of collective leadership and partnership' and she re-affirmed the value of democratic participation in health policy formation.

She emphasised that urgent expansion of the human resources pool, increased production and retention of health care workers (with private sector assistance), and better patient reach were vital to the NSP's success. Her speech ended with Heywood presenting her with a large bunch of flowers 'as a tribute to your courage', and the pair hugging warmly.

Venter told the JCSMF meeting that a fundamental flaw in the current health care system was that it was centred on the convenience of health care workers and not patients.

He reminded delegates that only a quarter of a million South Africans were accessing health care (20% of those needing it) and that 300 000 people currently still needed ART.

Heywood said that with the NSP as a touchstone, 'we must get ready to do the hard work on AIDS which should have been done 10 years ago'.

Parodying this 'patient-unfriendly' system, he spoke of 'fat nurses leading support groups on nutrition'.

Venter called for a fundamental restructuring, adding that by 'simply capacitating' antenatal clinics, PMTCT would be able to 'take care of itself'.

Authoritative research has shown that only 14.6% of pregnant women in South Africa received PMTCT services in 2005 (Shisana, *et al*). Venter said the commonest cancer among women was not breast or cervical cancer but Kaposi's sarcoma, while the biggest killer of women during pregnancy was 'not eclampsia or haemorrhage, but AIDS'.

'We have to take on this reality when we look at NSP programmes. We need to stop putting energy into the "lucky few" patients and get more of them on care,' he said, alluding to, among other things, the national DoH's

painfully slow ARV site accreditation programme. Only 270 ARV sites have been accredited (the NSP target calls for an additional 800 sites with 1.3 million more people on ARVs, representing 80% of demand, by 2011).

Biological interventions 'over-emphasised'

Venter slammed what he termed an over-emphasis on biological interventions and asked: 'When are we ever going to come to terms with human behaviour?'

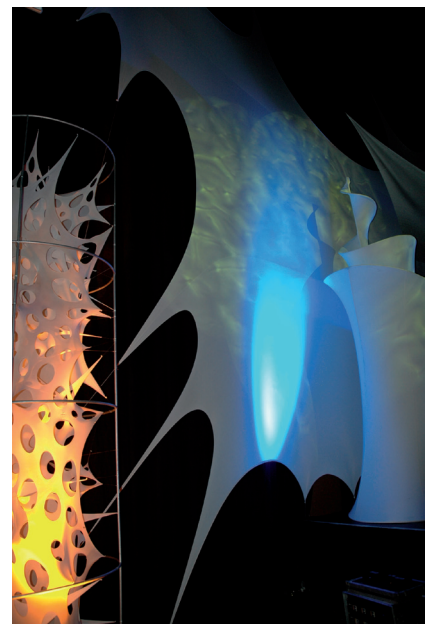
Speedy interventions were essential 'and we must be prepared to make mistakes'.

Provinces, districts and councils should be held accountable when they fail to meet their (NSP) targets.

'It's all a bit pally-pally at the moment,' he cautioned.

Lillian Dudley of the Health Systems Trust, said that while everyone was trumpeting the inclusiveness of the NSP, she was more worried about 'who had been left out', citing conversations she had with senior human resource staff in the national DoH.

'It seems many of them were not included,' she warned.





Suzanne LeClerc-Madlala, Professor of Social Anthropology at the University of KwaZulu-Natal, said South Africa had 'not even begun' to address the social drivers of HIV/AIDS in 'any concerted scientific way'.

She cited frightening behaviours that had 'become the norm', such as inter-

generational sex, unprotected sex with people of different or unknown status, gender-based violence, sexual coercion, and lack of emphasis on mutual faithfulness (versus solo faithfulness).

'Just a small difference in the mean number of sexual partners has a dramatic effect on prevention – we have to move from treatment action to prevention action,' she said.

LeClerc-Madlala slammed the oft-cited 'cultural barriers' to AIDS prevention, pointing to a highly effective educational intervention among young men at the KwaZulu village of Nkandla (home of ANC deputy president, Jacob Zuma).

She said gender issues lay 'at the heart of HIV prevention'.

Speaking at the final press briefing, Coovadia said the conference represented a 'critical threshold', with evidence of consensus, Heywood the deputy chairperson-elect of SANAC, vital consolidation of state and civil society and a revamped SANAC.

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Chris Bateman

Blood Banking and Transfusion Medicine, 2nd edition Basic Principles and Practice

By **Christopher D. Hillyer; Leslie E. Silberstein; Paul M. Ness; Kenneth C. Anderson and John D. Roback**
ISBN 0443069816 / 9780443069819 · Hardback ·
912 Pages · 195 Illustrations
Churchill Livingstone · Published November 2006

Health & Medical Publishing Group
Private Bag X1, Pinelands, 7430
Tel: 021 – 6578200 - Fax: 086 695 0461
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