

HEALTH & DISEASE - V. D.

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CALCULATING THE ODDS

AM 22/3/96

The world's first life cover product for people who are HIV-positive was launched this week by Metropolitan Life. It's aimed at the 1m people who have the killer virus but do not yet present Aids symptoms.

Until now, life assurers have considered Aids an uninsurable disease. Metlife senior GM Peter Doyle says the key variable is the annual rate of mortality and Metlife has enough information to price the product correctly, relative to the risk.

The assurer began Aids research in 1989 and developed an actuarial model to predict the local growth and spread of Aids. The model has been adopted as the standard by both the assurance industry and medical fraternity. Doyle says SA's life assurance industry is the most well-developed of those countries facing a major Aids epidemic.

The policy is targeted at people who have been declined life cover after testing HIV-positive — about 2% of all those HIV-tested for insurance purposes. The figure almost doubles each year.

To qualify for the policy, applicants must be asymptomatic and at stage one

or two of infection, according to World Health Organisation definitions, and meet certain other clinical criteria agreed on after wide consultation with Aids organisations.

Metlife's statistics show that 80% of SA's HIV-positive population is currently asymptomatic — a potential pool of about 1m clients.

Monthly premiums start at R125 for a guaranteed minimum death benefit of R10 000 and increase to around R600 for the maximum death benefit of R50 000. In general, HIV-infected people have a life expectancy of eight to 12 years.

Metlife expects the investment value of each policy to start to exceed the value of the life cover after six to nine years. Thereafter, it will continue to grow to the benefit of the policyholder. Should the policyholder die, the beneficiaries are guaranteed the specified death benefit or the accumulated investment value, whichever is greater.

Metlife expects to sell between 50 and 100 policies a month in the first year, with the numbers increasing dramatically towards the end of the century as SA experiences an HIV explosion. ■

Zuma mum on Aids play refund

Health Minister Nkosazana Zuma has refused to comment on reports that the European Union has demanded the return of R14-million spent on the controversial Aids play *Sarafina 2*.

EU ambassador Erwan Fouere confirmed on Friday he would be asking for the EU's money back and stressed there had been no prior authorisation for the use of the union's funds for the play.

The EU has contributed R100-million to the Health Department, of which R48,73-million was allocated to Aids programmes. However, only R6,9-million was ear-

marked for mass media communication.

Fouere said *Sarafina 2* constituted serious misuse of the money. EU rules on donor spending stipulated consultation on the choice of tenderer in contracts involving its money. This had not been done.

"If all the investigations under way support what we already believe to be true, then we will ask for a refund," Fouere said.

Zuma declined to comment at the weekend "because I haven't been approached about this. I will respond to him (Fouere) when he talks to me." - Staff Reporter

(92) Star 1/4/96.

Door-to-door sex education, health tips

ARG 1/4/96

MICHELLE LERNER
Staff Reporter

A PILOT project, to kick off in the townships, will put the spotlight on "sexual responsibility" and "reproductive health"

Community health workers are going door-to-door in the squatter areas of Khayelitsha, Crossroads and other townships - distributing free condoms and oral contraceptives - with a strong educational message included in the packaging

Recipients will get counselling on pregnancy, Aids and other sexually-transmitted diseases (STDs)

Cape Town has been chosen as one of several regions in the country to test the new concept, designed to make access to sex education and contraceptive means more available to people in disadvantaged and rural communities

The project has the full backing of the Health Ministry and, if successful, could be incorporated into a government family planning scheme, said Anna van Esch, branch director of the Planned Parenthood Asso-



Pictures: OBED ZILWA, The Argus

SAFER SEX. Thembeka Dyantyi demonstrates the principles of human reproduction while promoting the use of condoms and oral contraceptives in a pilot project for the

creation, a project co-sponsor

The project's strength comes from its community-based approach. It relies on the know-how of residents trusted and esteemed in their communi-

ties

In the past only certified nurses were qualified to dispense treatments, information and prescriptions, including oral contraceptives. Now lay

people elected by the community have the training to do the same

"It's a great way to reach people," said Ms Van Esch. "The idea is to make things

as accessible as possible in areas where existing facilities are not meeting the demand"

Community health workers, trained to spot and treat common health problems, have completed a six-week training course in reproductive health

And the past six months have seen project sponsors popularising the notion in communities to ensure a smooth launch

"People know us," said health worker Thembeka Dyantyi. "They trust and appreciate us"

Backing the project financially is a British government agency which was "most surprised we had not incorporated it already", said Ms Van Esch

Although new to South Africa, it has been used to combat unwanted pregnancies and STDs in the developing world for about 20 years, she added

The pilot project, which will also operate in selected regions of the Eastern Cape, Northern Province, KwaZulu-Natal and Gauteng, will run for about three years. Co-sponsors include the SA Confederation of Labour, Zibonele and PPA

CHRISTINE NESBITT

'Sarafina 2' is packing 'em in

Star 2/4/96

(92)

MEDICAL CORRESPONDENT

Audiences are flocking to *Sarafina 2* as Aids workers combine efforts to revise the most problematic aspects of the script in a "damage control" exercise

According to publicist Bev Brown, an average of 1 800 people has been packing out the 1 400 seats and standing room at Soweto's Eyethu theatre since the Health Ministry's R14,2-million Aids musical opened there this month

Brown said weekday matinees for schoolchildren were free. Weekend performances were open to the public at R15 an adult ticket, though the health ministry was expected to scrap the charge soon.

Aids workers have taken a pragmatic view of the problematic production, and are now hoping to be able to help rewrite the script

Aids Consortium, an affiliation of more than 100 organisations working to combat the disease, said members would be holding a workshop within the next 10 days to go through the script and make suggestions on how important how messages could be integrated into it

"It would be a waste of time and money to try to dump *Sarafina 2*," said co-ordinator Morna Cornell

"We are focusing on damage control now. It is tacked together, putting across wrong messages, and needs urgent and desperate reworking"

Once suggestions were com-

plete the consortium would make formal representations to the health ministry, but if response was slow, would go directly to playwright Mbongeni Ngema, she said

Cornell added that the consortium, which had called for a public inquiry into the debacle, was satisfied the Public Protector and Auditor-General were investigating the allocation of European Union funds to *Sarafina 2*

Gauteng Director of Infectious Diseases Dr Liz Floyd said that the play had the basic Aids messages, but lacked depth on practical implications on a relationship, and the way an HIV-positive person was portrayed

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Aids workers revise script in a damage control exercise

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"We've put something together on our main concerns, and have had informal talks with Mbongeni

"We'll also be taking it up with the national department," she said

The Department of Health

has formed a committee to evaluate the content of *Sarafina 2*

It is understood it will hold back on changes until the Public Protector's report is released

The Public Protector's office would be hearing evidence on *Sarafina II* for at least another two weeks, and could not say when its report would be complete, a spokesman said yesterday

Sarafina 2 moves to Daveyton, Benoni, today, and will play in Mamelodi, Atteridgeville, Soshanguve, all near Pretoria, and Sebokeng in the Vaal Triangle before going to Mpumalanga



Message across ... the character played by Leleti Khumalo comforts an HIV victim in *Sarafina 2*.

Decision soon on police with HIV

Political Correspondent

ARG 3/4/96 (92)

A DECISION on whether people who were HIV-positive would be allowed to join the police was pending, the national assembly committee on safety and security has been told.

Regulations promulgated in November 1994 include a requirement that applicants to join the police submit themselves to "any medical examination as required by the commissioner".

Neels Steenkamp, divisional commissioner in charge of human resources management, was asked by Jenny Schreiner (ANC) whether this included testing for HIV and whether an applicant would be refused if HIV-positive.

Mr. Steenkamp said the question of medical fitness was "very contentious".

It was expected that police should have a certain standard of health.

A police delegation which visited the New York Police Department, which had an excellent success rate in combating crime, had found that the NYPD's medical examination was much stricter than that used by the South African police service.

He said the police had a constitutional duty to be able to respond to crime situations. "Especially operational police personnel should have a certain state of fitness

we have to have people who are healthy and fit"

No more HIV tests for SAPS applicants

Kathryn Strachan

THE SAPS has agreed to end its practice of testing people for the HIV virus before they are accepted into the service, after more than 400 applicants who had been rejected by the SAPS threatened legal action.

Wits AIDS Law Project director Mark Heywood said the project took legal steps on behalf of the 400 people who came forward, and was heartened that the SAPS had changed its approach. But the next task was to tackle the SANDF which stood by its policy of pre-employment HIV testing.

Popcru organiser Temba Nxumalo said 300 of the SAPS cases were from KwaZulu-Natal.

Only a small percentage of the people who had been turned away came forward, he said, and there were many more people affected by this policy.

Popcru was also demanding that the SAPS compensate people who had been turned away in the past on the grounds that they were HIV positive.

At present there is a moratorium on recruiting people into the police force, and the practice of pre-employment testing referred to members of the temporary force who were applying for posts in the permanent force.

The project began litigation against

the SAPS on the grounds that pre-employment testing was unconstitutional. It went against people's rights to privacy and confidentiality, and it discriminated against people on the basis of their disability.

The project was also planning to take steps against the SANDF for its insistence on retaining pre-employment testing. The project's attorney Ian Dutton said the Australian army had banned pre-employment testing as it created a false sense of security among the corps.

The SANDF argued for testing as it claimed there was a high risk of passing on the virus in combat situations where people were wounded.

But the Australian army said people could contract HIV after they entered the force, or the virus could only show up after they were accepted, and the pre-employment testing policy gave soldiers the impression that everyone who got into the force was free of HIV. This false sense of security made them lax in following routine protection measures such as using gloves when dealing with people who were bleeding.

It was far better to educate soldiers that anyone they dealt with could have HIV, and that it was important they follow these measures at all times.



Popcru's Temba Nxumalo and AIDS Law Project's Ian Dutton and Mark Heywood welcome the decision to stop HIV tests. Picture ROBERT BOT

Bosses face court over HIV sackings

(92) ST 7/4/96

By CAS St LEGER

A YOUNG factory worker thought his financial problems were over when his boss offered him a permanent post — but he lost even his part-time job when he tested HIV-positive.

"Vusi", a 25-year-old semi-skilled fitter, had been employed on a temporary basis at a Vaal Triangle factory when he was offered his dream job. But he had to go for a medical check and blood test so he could be signed up as a member of the company's medical aid scheme.

Vusi's boss fired him after hearing the results of the blood test.

Vusi has spent the past two years searching in vain for work, yet he remains perfectly healthy, without a single symptom

of AIDS-related illnesses.

His is one of more than 80 cases of hardship resulting from AIDS discrimination now being handled by Wits University's AIDS law project.

"The fact that Vusi is HIV-positive was the sole reason for the termination of his employment," said project leader Mark Heywood. "His capacity to perform his duties has not been affected."

Mr Heywood said there would be no clarity on the legal rights of an employee with AIDS until the Labour Relations Bill was passed and then tested in court.

At issue is whether "discrimination", which will be outlawed by the new Act, will be interpreted by the courts as discrimination against those who test positive for the human

immunodeficiency virus that causes AIDS.

The first foot in the door was achieved this week with the announcement that the police would now appoint HIV-positive men and women to the permanent force.

This concludes a battle the AIDS law project launched in 1994 — which is technically still legally pending — challenging the police's former policy as unfair discrimination in breach of the interim constitution.

The defence force still refuses to recruit those who test HIV-positive.

The law project is fighting a range of cases, from ones on behalf of domestic servants fired by their bosses to medical aid schemes denying HIV-positive people full benefits.

The police case had been destined for the Constitutional Court. Cases involving alleged unfair dismissal are bound for the industrial court, and cases where medical aid discrimination is alleged for the Supreme Court.

"There is dire need for the industrial court to condemn discriminatory conduct against HIV-positive workers," Mr Heywood said.

Use of faulty Aids test kit will affect few in SA, say experts

By ADAM COOKE

The distributors of an Aids testing kit have poured cold water on an international scare brought about by the discovery of a fault in the kits

It was discovered last week that the Abbott Laboratories test kit was giving incorrect negative results where patients were actually carrying HIV, the virus that causes Aids

Weekend reports claimed thousands of people would have to be retested for Aids after the

test was found to be defective

But Abbott Laboratories general manager, Urs Wiederkehr, said very few would need to be retested "Only those who were tested after July last year should phone their doctors and check which particular test they were given," he said

The test represents only 2% of all Abbott HIV tests used in South Africa

Few Gauteng pathologists have been using the test kit One of Gauteng's largest pathology practices, Pretoria-based Du Buis-

son and Partners, claimed they had not used this specific Abbott test

Pathologist on duty yesterday, Dr Bernie van Rensburg, said Abbott tests were known to be the most reliable on the market "They are very good tests - you may find false negatives, but then you get that in just about any test for antibodies," he said

A spokesman for Mauff, Brunt and Partners confirmed reports that few Gauteng practices used this specific test kit, but added that patients should try various

different test laboratories if they were uncertain of the result

This particular test is used for diagnostic purposes alone so blood banks have not been effected "The possibility of HIV-infected samples entering the blood supply or insurance screening market can therefore be excluded," said Wiederkehr

The testing kits were taken off the market last month after scientists in Britain and Sweden found they were producing false negatives They have been sold in South Africa since July last year

(92) Star 8/4/96

Aids law project and police clash over employment requirements for HIV

BY SUSAN MILLER

The Aids Law Project (ALP) of the Centre for Applied Legal Studies and the South African Police Services (SAPS) have clashed about the situation facing "temporary" SAPS staff members who test HIV-positive.

At a news conference, ALP representatives announced that the management forum of the SAPS had decided in January to offer permanent employment to

staff members who had previously been relegated to temporary employment because they had been tested HIV-positive.

But Senior Superintendent Strini Govender, spokesman for the SAPS national human resources management, said the SAPS did not employ any temporary staff.

He said those staff members who had been employed as "assistant constables" on a temporary basis for some years, had been ac-

commodated by the SAPS even if it was found they were HIV-positive.

Govender said the police had a screening process for any new applicants and did not accept new personnel with HIV.

He said this was not an unconstitutional process as the CAL had alleged but a "quite normal procedure" for a large organisation, which was acceptable by international standards.

"A new policy document is

being drawn up for the SAPS and will include guidelines on how to deal with applicants with life-threatening diseases."

Govender said members of the SAPS who had tested HIV-positive were retained and would be given "lighter duties" if their health was affected.

Ian Dutton, head of litigation for the Aids law project, said they welcomed the new move from the police management forum, but were concerned that this reported

change was temporary.

"We want pre-screening to be abolished and those temporary staff who did not receive benefits such as pension and medical aid to be compensated," he said.

He said they were amazed that the decision had not been passed down to "middle-management".

ALP said they represented many clients, including assistant constables, who felt they had been refused permanent employment

by the SAPS because they had tested HIV-positive.

They said they viewed with concern the attitudes of the SAPS, the SANDF and the Department of Correctional Services towards those employees who tested positive for HIV.

"Government and business accepted the National Aids Plan drawn up in 1994 - which gave guidelines for dealing with those who tested positive for HIV - but this attitude is diminishing, which

sufferers

is especially sad coming from Government departments," he said.

ALP said they had been approached by "several hundred" temporary members of the SAPS who felt they had been discriminated against because of their HIV status.

The majority of these came from KwaZulu Natal.

Political Correspondent Clive Sawyer reports that the National Assembly committee on

safety and security was told that a decision on whether people who were HIV-positive would be allowed to join the police was pending.

Neels Steenkamp, SAPS divisional commissioner in charge of human resources management, said regulations promulgated in November 1994 include a requirement that applicants to join the police submit themselves to "any medical examination as required by the commissioner".

Life insurers 'need not retest for AIDS'

Samantha Sharpe

CAPE TOWN — The life insurance industry would not retest policyholders for AIDS following the recall of a defective Abbott Laboratories AIDS test used for screening life insurance applicants, industry spokesmen said yesterday.

Abbott Laboratories recalled one of its several AIDS tests last month after scientists in Portsmouth and Sweden found it to be inaccurate. It was distributed in Europe, Australia, SA and some countries in Asia and Latin America.

Southern Life chief actuary Paul Truyens said although the Abbott test kit was one of the kits used by

BD 10/4/96 (172) (92)
the insurer, the overall effect on the industry would be negligible.

"Any positive result would have been confirmed by different tests from different laboratories, thus eliminating the chance of an applicant being incorrectly deemed to be infected," he said.

Metropolitan Life product development actuary Spencer McNally also said that the Abbott test would have had a negligible effect on the industry and the incidence of false negative tests should be extremely low.

He said it was unlikely Metropolitan Life would retest its insurance client base. This would be logistically and financially unviable and practically unnecessary, with only 628 kits sold in SA.

Old Mutual chief medical officer Ivan Lockyer said the insurance group had not used the defective test "for screening or any other purposes".

Abbott Laboratories GM Urs Wiederkehr said the possibility of HIV-infected samples entering the SA insurance screening market could be excluded.

"The IMx HIV-1 HIV-23rd Generation Plus is the only Abbott test affected, and thus represents fewer than 2% of all Abbott HIV tests used in SA," he said.

Abbott had informed customers and health authorities that the test in question had reported inaccurate results on a very small number of patient samples tested in Europe. Only four samples had been confirmed worldwide.

Wiederkehr said that the company would suspend distribution of the test until the matter had been fully resolved.

FRENCH BISHOPS DIFFER

Will Aids change mind of Pope on condoms?

THE CATHOLIC CLERGY are no longer unanimous in their condemnation of condoms — some feel they should be condoned as a prophylactic against Aids.

CT 10/4/96 (92)

religious convictions and would never interfere with the teachings of a church or call on its followers to go against what their leaders suggest"

WITH Aids steadily increasing and convincing evidence that condoms combat the spread of the disease, will the Pope reconsider his ban on the use of contraceptives?

With no word from Rome on the question, a group of French bishops have rekindled the contraceptive debate in the church by acknowledging the condom's prophylactic role

The French bishops made their statement after doctors said condoms of "reliable quality" offered the only effective means of preventing the spread of the virus

A recent article in the British Medical Journal said the churchmen, headed by Bishop Albert Rouet of Poitiers, generally supported the church's condemnation of birth control for its own

sake, but acknowledged the preventive medical role of the condom. They also rejected the view that Aids is the result of "deviant behaviour", or is "divine punishment"

But the bishops also warned that the report should not be seen as a break with the church's teaching or as opposition to it

The vicar-general for the archdiocese of Cape Town, Monsignor Donald de Beer, disagrees

"The Catholic Church in South Africa does not support the use of condoms to stop the spread of the Aids virus because artificial birth control is wrong and encourages promiscuity," he said

Dr Johan Schutte, the spokesman on ethical issues for the Medical Association of South Africa, said "We respect people's

A Cape Town Catholic doctor said he advised his patients to use contraceptives if they were promiscuous — especially if they faced a risk of falling pregnant and then wanting an abortion

He said the debate had not been settled within the Catholic Church, which had not made it clear what its policy was when a husband or wife contracted Aids through a blood transfusion and wanted to use a condom to avoid passing the disease on to the partner

Quoting a recent article in the SA Medical Journal, he said nuns working in the rural areas of KwaZulu-Natal were in a quandary because people were asking for condoms to prevent Aids

Workshops were being held for the nuns in a bid to find a solution to the problem — Staff Writer

Doctor puts confidentiality of HIV testing under spotlight

By JEAN LE MAY

The confidentiality of HIV testing for insurance purposes has been questioned by Cape Town doctor Gwyn Griffiths

Before providing life cover, most assurance companies ask for HIV tests, which must be carried out according to a procedure laid down by the Life Offices Association. The LOA keeps an encoded register of positive and borderline HIV test results, and this is accessible to all underwriters.

LOA director Jurie Wessels said the register was a computerised record of "people with exceptional risk". A written document was needed to decode it, he said.

"The information in the register is very basic," he said. "No underwriter can make a decision based only on it

It warns underwriters that there is something they should know about. As far as I remember, it says only that a blood test disclosed an additional risk and gives the name of the company that made the entry. The underwriter, through his company's medical officer, can get the medical records of the person concerned from the medical officer of that company."

There were different levels of confidentiality, said Wessels. "We don't want to keep information in the register secret from assurance companies, we only want to keep it secret from people who are not concerned."

Southern Life's chief medical officer, Richard Barker, said registers were accessible to his underwriting department but that the HIV reference was "hidden" so that no underwriter would know that the person con-

cerned had tested positive. "The only instruction to underwriters is to refer to the medical officer."

Barker said the utmost confidentiality was observed with regard to all medical records. According to the LOA's HIV testing protocol, positive and uncertain results had to be sent by the laboratory, in a sealed envelope, to the insurance company's chief medical officer or, in his absence, to the senior underwriter. On receiving positive results, the "necessary entry" was made in the LOA register, and the client was told he or she could not be insured and that medical evidence had been submitted to the doctor.

Griffiths said that apart from the lack of confidentiality, he was concerned about the take-it-or-leave-it attitude of insurers when a test result was negative and the client was not

likely to develop Aids.

He had recently taken blood from a patient who needed an HIV test for insurance purposes. The test turned out negative, "but I didn't get the result - it went straight to the company", he said. "If a test result is negative and my patient asks for it, I have to go to the company's chief medical officer for special permission to have it released to me. That laborious process would not have to be gone through if the patient had been tested for leukaemia, which is potentially just as life-threatening as Aids."

"The company seems to take the approach that since they're paying for the HIV test, they are entitled to keep the results to themselves."

This put unnecessary strain on people who might have been refused cover for a different reason, he said.

(92) Star 13/4/96

Bid to rework Aids play invokes anger

By JENNY VIALL

Star 13/4/96 (92)

Aids activists are up in arms over what they see as an attempt to rewrite the script of the controversial R14,2-million Aids play *Sarafina 2* without proper consultation

Activists Gary Lamont, of Wola Nani, and Wilfred Jewel, from the Aids Training, Information and Counselling Centre, have withdrawn from a meeting scheduled for next week, saying its validity and brief is at odds with the mandate of the independent committee appointed by the Health Department last month to evaluate the musical

Lamont and Jewel were asked to review the script, along with five representatives from the Health Department, one from the National Aids Committee of South Africa (Nacosa) and one from the National Association of People with Aids and HIV (Napwa), on Monday and Tuesday Lamont said he had refused to participate in the meeting because he felt it circumvented the independent committee's probe

"The Aids Consortium, made up of 60 to 80 non-government and government Aids agencies, knows nothing about this. Nacosa knows nothing, nor does the independent committee This is another attempt to clean up the play without going through the right channels," said Lamont "Now I'm told the meeting brief was all a big mistake and it is actually a consultation for a video

But that should also go through the independent committee What are they doing? "By instituting such a hastily and ill-conceived meeting to review the script, the department must take full responsibility for jeopardising its reputation and good faith in the minister and the Aids/STD department"

Jewel said his brief for next week's meeting was the same as Lamont's to review *Sarafina 2* ahead of a meeting with playwright Nbogem Ngema to change the script "There's something very wrong with this process I'm pulling out as I refuse to be used," he said.

The independent committee had not been consulted about rewriting *Sarafina 2*, said Nacosa lobbyist Pooven Moodley, who sits on the committee, made up of representatives of Nacosa, Napwa, the Aids Advisory Committee, the Medical Research Council and the Aids Consortium. The committee's brief was to evaluate *Sarafina 2* and look at repairing its content

At a meeting last month, the committee decided it was not appropriate to evaluate the play before the public protector had reported on it, and that if the play was continued, a national workshop, with representatives from all major associations involved with Aids education, Ngema, actors and dramatists would look at rewriting the script on condition there were no further cost implications and that Ngema undertook to make the proposed changes

Sarafina 2 'rewrite' causes a stir

JENNY WALL
Health Reporter

AIDS activists are up in arms at what they see as an attempt to rewrite the script of the controversial R14.2-million Aids play Sarafina 2 without proper consultation

Activists Gary Lamont and Wilfred Jewel were asked to review the script of Sarafina 2 next week along with five representatives from the Health Department

One was from Nacosa (National Aids Committee of South Africa) and one from Napwa (National Association of People with Aids and HIV).

Mr Lamont of Wola Nani - an Aids outreach programme - and Mr Jewel from the Aids Training, Information and Counselling Centre (ATTICC), have decided to withdraw from the meeting as they say it is at odds with the mandate of the Independent Committee appointed last month by the Department of Health to evaluate the musical.

"The Aids Consortium, made up of 60 to 80 NGO and government Aids agencies, knows nothing about this National Nacosa knows nothing, neither does the Independent Committee," said Mr Lamont.

"This is another attempt to clean up the play without going through the right channels," he added "And now I'm told the meeting brief was



□ MR SARAFINA: Mbongeni Ngema

all a big mistake and it is actually a consultation for a video. But that should also go through the independent committee. What are they doing?"

"By instituting such a hastily and ill-conceived meeting to review the script, the Department of

Health must take full responsibility for jeopardising its reputation and good faith in the minister and the Aids/STD department," said Mr Lamont

Mr Jewel said his brief for next week's meeting was the same as Mr Lamont's - to review the contents of Sarafina 2, then meet playwright Nbogeni Ngema to change the script.

"I haven't seen the play or the script There's something very wrong with this process I'm pulling out because I refuse to be used," he said. The Independent Committee has not been consulted on rewriting Sarafina 2, says Nacosa lobbyist Pooven Moodley, who sits on the committee. The committee is made up of representatives from Nacosa, Napwa, the Aids Advisory Committee, the Medical Research Council and the Aids Consortium The committee's brief was to evaluate the effectiveness of Sarafina 2 and look at repairing its content.

At a meeting in March the committee decided it was not appropriate to evaluate Sarafina 2 before the public protector's report on the play, due in the last week of April.

It also decided that if the play is continued a national workshop - with representatives from all major associations involved with Aids education as well playwright Ngema, actors and dramatists - will look at rewriting the script.

(92) ARG/13/14/198

Aids test secrecy in question

JEANLEMAY
Staff Reporter

■ In a shock finding, SATURDAY Argus has established the existence of a register of Aids and borderline HIV test results kept by the Life Officers' Association, an association of life insurance companies, which is accessible to all underwriters.

THE confidentiality of HIV testing for insurance purposes has been questioned by a Cape Town doctor Gwyn Griffiths, a Cape Town general practitioner, told SATURDAY Argus that in his experience, insurance companies were more interested in the insurability of clients than in their health.

"The confidentiality issue is a serious one," he said. SA TUDAY Argus has discovered that an encoded register of all positive and borderline HIV test results is kept by the Life Officers' Association (LOA).

The register is accessible to all underwriters.

However, insurance companies claim that uncoded medical reports are handled only by "designated" or medical staff in the utmost confidentiality.

Two major insurance companies, Metropolitan Life and Fedlife, are now offering life and investment insurance to people who are HIV-positive, although Aids sufferers still cannot get life insurance.

However, most companies ask for HIV tests, which must be carried out according to a procedure laid down by the LOA, for cover above a cer-

tain amount.

The LOA, an association of life insurance companies, has a number of agreements which govern members' behaviour in a wide range of activities, including the treatment of confidential medical information.

LOA director Jure Wessels told SATURDAY Argus the register was a computerised record of "people with exceptional risk".

It was in code and a written document was needed to decode it, he said. Asked who had access to the register, he said all underwriters in all insurance companies had access to it.

"The information in the register is very basic," he said. "No underwriter can make a decision based only on it. It warns underwriters that there is something they should know about. As far as I remember, it says only that a blood test revealed an additional risk."

"The register gives the name of the company which made the relevant entry. The underwriter, through his own company's medical officer, can get medical records of the person concerned from the medical

officer of that company."

There were different levels of confidentiality, said Mr Wessels.

"We don't want to keep information in the register secret from insurance companies, we only want to keep it secret from people who are not concerned."

Metropolitan Life's senior actuary (product development) Spencer McNally said that people who applied for its "Inclusive" policy knew they were HIV positive and were prepared to share confidentiality with the company.

He emphasised the policy also offered cover to people who had been refused insurance for other medical reasons. There was nothing in the policy which indicated the holder was HIV positive.

All information about HIV positive applicants was restricted to the minimum number of staff, he said.

Southern Life's chief medical officer Richard Barker said registers were accessible to the underwriting department but that the HIV reference was "hidden" to the extent that no underwriter would know the person concerned had tested

positive.

"The only instruction to underwriters is to refer to the medical officer," he said.

When that happened, he or one of the nursing sisters in his department telephoned the medical officer of the company which had entered the client's name on the register.

Dr Barker said the utmost confidentiality was observed with regard to all medical records. The LOA HIV testing protocol lays down a special procedure for the communication of HIV test results.

Positive and uncertain results must be sent by the laboratory, in writing in a sealed envelope, to the insurance company's chief medical officer or, in his absence, to the senior underwriter. The electronic mail system may not be used, says the protocol. On getting HIV positive results, "the case is declined."

The "necessary entry" is then made in the LOA register and the client is told he or she cannot be insured and that medical evidence has been submitted to the doctor. A copy of the laboratory report is sent to the doctor by registered mail.

The protocol says the company will pay for one counselling session and if clients want more tests, they have to pay for them.

"No result must ever be given to any sales person or other unauthorised person," it says.

Dr Griffiths said that apart from the lack of confidentiality, he was concerned about the take-it-or-leave-it attitude of insurers when a test result was negative and the client was not likely to develop Aids.

He said he had recently taken blood from a patient who needed an HIV test for an insurance policy. The test turned out negative but I didn't get the result - it went straight to the company," he said.

"If a test result is negative and my patient asks for it, I have to go to the company's chief medical officer for special permission to have it released to me."

"The company seems to take the approach that since they are paying for the HIV test, they are entitled to keep the results to themselves."

The SA Law Commission last year published a working document on an investigation into the law as it affected people who were HIV-positive. It recommended the law be overhauled to ensure confidentiality and to stop insurers discriminating against clients because of HIV.

ARG 13/2/96 (gr)

Aids figures 'not a true reflection'

Cape Town - A total of 1 472 Aids cases had been officially identified in 1995 compared to the 3184 reported in 1994, Health Minister Dr Nkosazana Zuma said in the National Assembly yesterday.

However, the figures were a gross understatement of the true

situation as data was collected only by voluntary and anonymous Aids reporting, she said in written reply to a question by Mike Ellis (DP).

KwaZulu Natal had 625 reported cases in 1995, the highest of all the provinces - Sapa

(92) Star 16/7/96

Aids is not an ethnic weapon

(92) CT 16/4/96

THE anguished graveside cry earlier this month by Zimbabwean Vice-President Joshua Nkomo that the Aids virus which killed his son had been "harvested by whites to kill blacks" was flashed by international news services around the world.

Thus a thoroughly discredited — but highly successful — remnant of the political propaganda campaigns dating back to the Cold War era was given a new lease on life by a bereaved father grieving for his son.

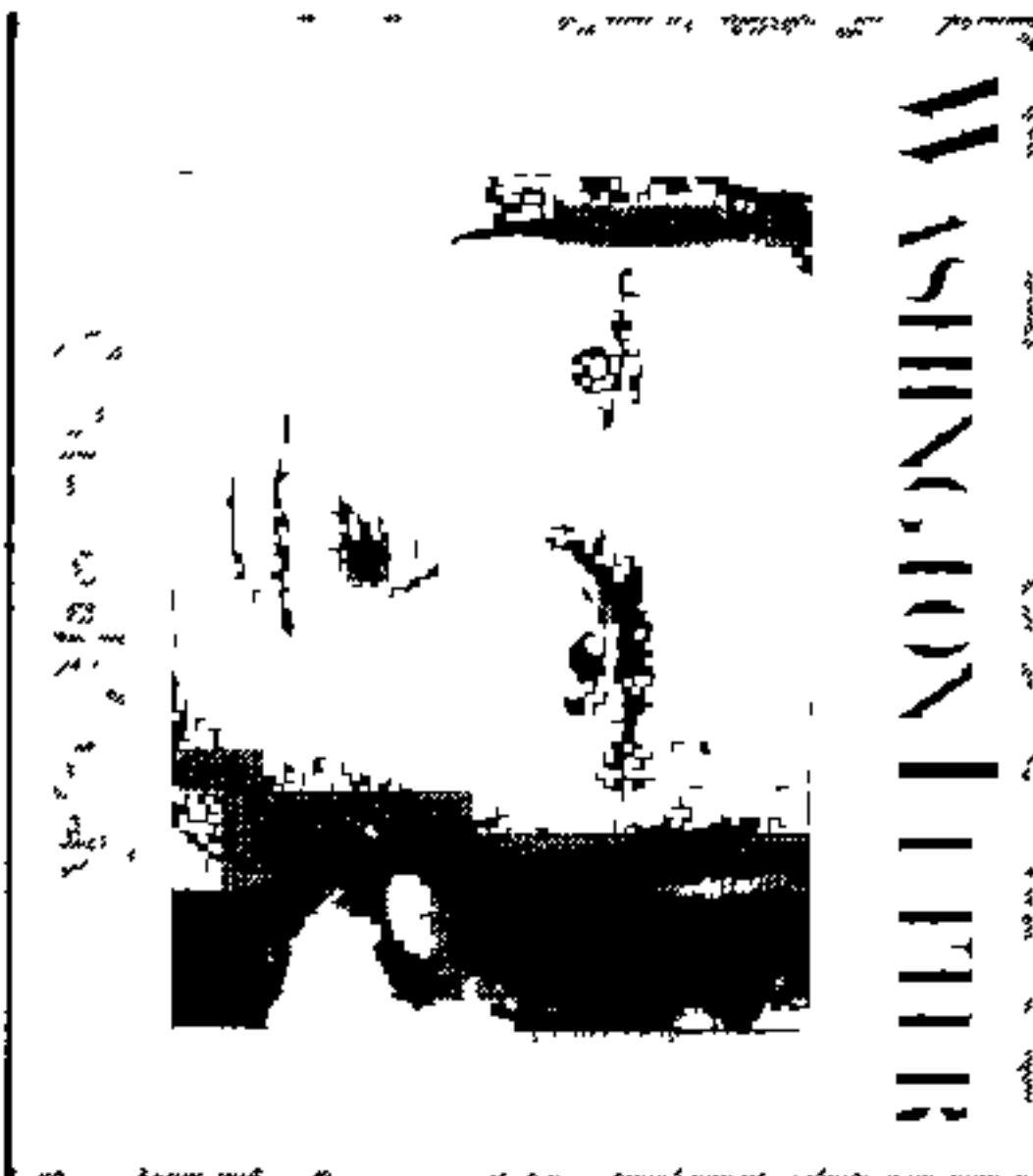
Like the terrible disease itself, the phony Soviet-inspired story of the origin of Aids keeps on spreading — with the potential to exacerbate tensions which already exist in race relations in many parts of the world.

Aids is an extremely serious public health problem in Zimbabwe, as it is in many other parts of Southern Africa. According to one estimate, as many as 10% of Zimbabwe's 10.4-million people may be infected with the HIV virus which causes Aids.

When Nkomo disclosed at the funeral that his son, Ernest Thutani, a 41-year-old Bulawayo businessman, had succumbed to the disease, he was being unusually frank in a country where the effects of Aids have not always been acknowledged.

He charged that Aids had backfired on whites because they, too, were dying of it. "But they still have the knowledge of its origins and how it can be cured. But they just do not want to share that knowledge."

What is surprising is that a top-level official of a relatively modern country with a relatively modern communications system has apparently not been informed that this particular version of the origins of Aids was



shot down in flames nearly a decade ago. Respected biological scientists of the former Soviet Union were refuting it even as their compatriots in Moscow's propaganda services were spreading the story in an operation known then as "Active Measures" (translated from the Russian *aktivnyye меры*).

The Soviets, of course, were not the only big power to use propaganda as deceptive support for their foreign policy goals. But they were arguably the busiest, the most vicious and the most imaginative — especially during the 1980s when the growth of rapid communications provided new opportunities to sway public opinion their way in the Third World.

Africa became a prime target and Washington's policy of constructive engagement with South Africa (trying to encourage reform while retaining relations with the apartheid regime) was a useful tool for the Soviets in their effort to drive a wedge



MISLED: Joshua Nkomo, who says the Aids virus was developed by whites to kill blacks

between Africa and the West.

One of the stories distributed through Active Measures at that time was the myth that the US was co-operating with South Africa in the manufacture of an "ethnic weapon", a biological device which would kill only blacks. One version included Israel in that evil partnership.

The ethnic weapon story has proved to have a long shelf life and still surfaces from time to time — just like the story about the deliberate manufacture of Aids.

Another was that the plane crash in South Africa which killed Mozambican President Samora Machel in October 1986 was the result of an imperialist conspiracy involving the US and South Africa.

Sometimes Soviet operatives would purloin the official letterheads of their target governments or institutions and fabricate authentic-sounding but fraudulent letters which would then be leaked to sympathetic or naive journalists, typically in countries such as India and Ghana.

On one occasion they got their hands on a letterhead from the South African embassy in Washington and forged a letter supposedly from a senior diplomat there to Mrs Jeanne Kirkpatrick, who was the American ambassador to the United Nations at the time.

The purpose was to show a close relationship between Kirkpatrick and the embassy and thereby discredit her. But the letter was quickly exposed as phony.

More commonly, however, Active Measures planted false stories in newspapers in Third World or non-aligned countries. Propagandists in Moscow would then spread the story by quoting the newspapers in their international radio broadcasts and wire services. They did this frequently in their Zulu-language broadcasts to South Africa.

The story of the origin of Aids provides an interesting case history of how they operated.

Nkomo may have heard it for the first time at the Non-Aligned Movement summit in Harare in 1986 when a lengthy study written by three East Germans was released. It purported to show that the US was

responsible for creating the Aids virus and planned to use it as a racial weapon in Africa. According to records kept in Washington, the first report based on this paper appeared in Harare's *Sunday Mail* on August 24, 1986. In following weeks, newspapers in Ghana and Tanzania repeated the story with the help of writers from the Soviet news agencies, Novost and Tass, followed by publications in Zambia and Nigeria.

In fact, the very first report that the disease had been deliberately created in the West appeared in 1983 in the *Patriot*, a pro-Soviet journal published in New Delhi.

It surfaced three years later in the letters columns of newspapers in Lagos, Kampala, Nairobi and Dakar, and also in the French-language *Afrique Nouvelle*, published by church authorities.

Even as Soviet propagandists were relaying the story every time it appeared in print, Soviet experts — worried about the potential spread of Aids in their own country — were agreeing with their international colleagues at a World Health Organisation conference in Geneva that the growth of the disease was a little-understood natural event which demanded international co-operation and research.

The international co-operation and research continues. Unfortunately, so does the disease. And so does the story that evil and mad white scientists concocted it in a test tube.

It is sad that, in his sorrow, the vice-president of an important country should have given new impetus to a wicked myth which will not help in the effort to wipe out this scourge.

Life cover for people testing HIV positive Aids awareness through film

(92) Arcy 18/14/92

In a world first, Metropolitan Life is offering life cover to people testing HIV positive and others generally considered to be uninsurable

Methlife's new inclusive policy has been designed for HIV-positive clients in consultation with Aids interest groups.

The company expects between 3 500 and 4 000 HIV positive applicants for its Inclusive Life policy this year

Peter Doyle, senior general manager, said just under half of all Aids cases reported in South Africa were reported in 1994 and there were currently 1.5 million people in South Africa infected with HIV. Research indicated that about 200 000 people with HIV could show symptoms of full-blown Aids by the end of the century. Doyle said the number of

prospective policy holders testing positive for HIV-infection was growing rapidly and that their needs could no longer be ignored

Not every HIV-positive person would be accepted as a policy holder. The conditions are

■ People must be either in stage one or two of the infection, as defined by the World Health Organisation

■ They must have a CD4 cell count of 350 or more, which is an indicator of the health of a person's blood

■ Their P24 antigenemia test must be negative, which means the chances of their cell counts improving are increased

While Methlife is emphasising that it wants to avoid creating false expectations about the extent of who it will be able to cover, its research statistics indi-

cate that 80% of South Africa's HIV population is currently asymptomatic and would thus potentially be eligible for the product

Minimum premiums would be R125 for R10 000 worth of cover

The product has been designed in such a way that, after six to nine years, its investment value will start to exceed the value of the life cover and continue to grow to the benefit of the policy holder

Should the policy holder die before that time, their beneficiaries will still be assured the specified death benefit

The new product in no way places either existing policyholders or shareholders at a financial risk as Methlife has prepared for the advent of the disease by structuring

The Film Resource Unit (FRU) launched their Mobile Video Education Project at the beginning of the month with an HIV awareness campaign at schools with the semi-documentary film, *More Time*, for senior students and the animated film, *Karate Kid*, for juniors

At the same time FRU will screen the Zairian feature film, *Life is Rosy*, which stars legendary Zairian singer Papa Wemba and deals with polygamy, in Alexandra and Soweto.

"The goal of the project is to use audio-visual material in the forms of feature films and documentaries to involve communities in discussion in order to create a greater awareness around pertinent health and social issues," says Melinda Stokes, coordinator of the project

"The films are being shown in community centres and schools in Alexandra and Soweto initially, but later the rural areas will be included

"Relevant organisations are invited to participate in a discussion after each screening. And all the screenings are free of charge," she adds

With three screenings a week of each of the films it is estimated 3 600 adults and 6 400 students will be reached every month

FRU is a non governmental film distribution and educational agency, specialising in development communication. The unit currently holds distribution rights to over 400 films from southern Africa

For more information contact Inet Strydom or Melinda Stokes at telephone (011) 838 4280/1/2 or fax (011) 838 4451

EU working on Sarafina II settlement

(92) M+G 19/4/96

Jacquie Golding-Duffy

THE European Union says it hopes, within the next couple of days, to reach a settlement with the Health Ministry on the R14-million *Sarafina II* scandal.

"There have been far too many media reports on the issue and the EU hopes that it will be speedily settled and put to rest in an amicable way," said an EU source.

Another source said the EU will await the outcome of the findings of the Public Protector's office, which is investigating the scandal.

A Health Ministry representative said it will refuse to pay back any EU funds unless the union makes a formal request via the correct channels.

An assistant in the Public Protector's office, Dr Tinus Schutte, said interviews with all the relevant people have been concluded, and a finding will be made soon.

Sweat taskforce starts street talks with sex workers

(92) ARG 20/4/96
 GLYNNIS UNDERHILL
 Staff Reporter

WITH sex workers living in fear of a serial killer who is stalking prostitutes in Cape Town, a helping hand has never been more needed

For years, prostitutes had no one to whom they could turn for advice about health, disease or the law

The Sexworker Education and Advocacy Taskforce (Sweat) was formed to address the problems of prostitutes, strippers, massage-parlour workers and others in the industry

Working with the "indoor and outdoor" sex industry is not always an easy task for clinical psychologist Ilsa Pauw, who helped set up the taskforce with Shane Petzer, a social worker

This week, she took to the streets of Woodstock at night, to introduce two new field workers to prostitutes in the area

Handing out condoms - and advice which is not always welcome - presents its own dangers

But, 32-year-old Ms Pauw finds the job rewarding, in spite of the harrowing nature of the work

"We did some research and found there was a clear need for some kind of organisation that would address the needs of sex workers whether it was legal concerns or health and safety matters," she said

Existing organisations were not addressing all the needs of sex workers

"Sex workers felt they had no one to whom they could turn, up until now," she explained

Struggling for finances to fund the organisation Sweat has been given some money by the Department of National Health Plans for the organisation to go national have been put on hold until further funds can be found

The Department of National Health has realised prostitution is not something which is going to go away said Ms Pauw

Ensuring condoms are stocked at garages, shops and other outlets and readily available for sex workers at all hours of the day and night is part of the task

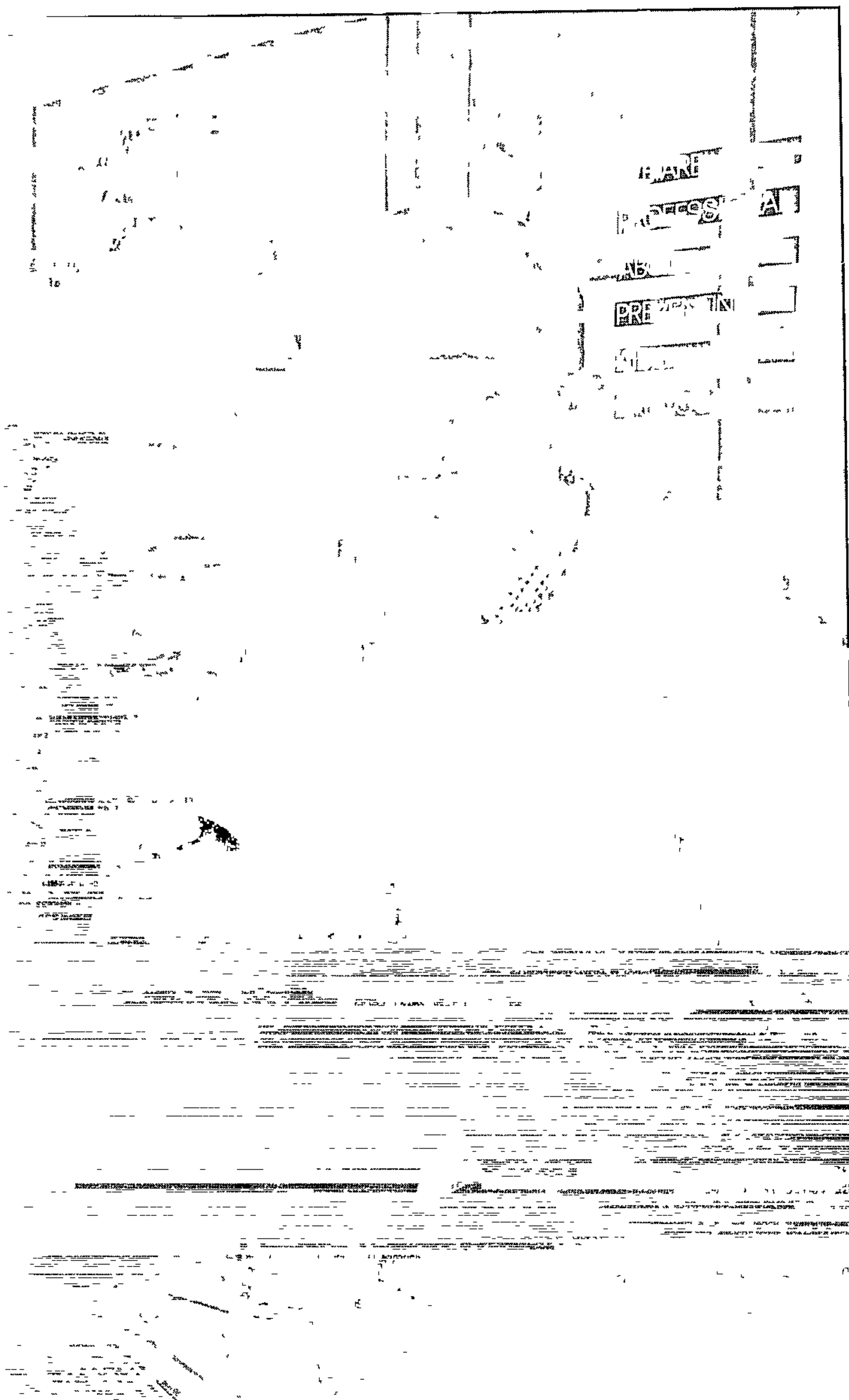
Sex workers drop in at the Sweat centre in Salt River for disease screening and treatment, drug and rape counselling, legal advice and support medical support and workshops on safer sex

Many want to talk about unwanted pregnancies or abusive clients said Ms Pauw

"People are very scared. Everybody is aware of the serial killer and everybody is talking about it. Many people think their abusive clients are the serial killer or that the person they were with last night could have been him," she said

Some of the field workers working with Sweat are former prostitutes who are trying to help by putting something back into the industry

Sex workers have such a raw deal and we don't like seeing it happen. In a way it is better to feel part of something which is making the world a better place for them," said Ms Pauw



Picture DOUG PITHEY, Staff Photographer

PING HAND: Ilsa Pauw and Shane Petzer are making a difference by helping sex workers

Puppet play takes on Aids in jails

(92)
Sowetan
24/4/96

By Lulama Luti

WHETHER OR NOT Aids exists in prisons is no longer an issue – what is at stake is how to prevent it from spreading, says Aids awareness educator Nyanga Tshabalala. And, he adds, he has just what the doctor ordered.

Tshabalala, co-producer of *Puppets in Prison* – an Aids puppet play focusing on HIV, Aids and sexually transmitted diseases among prisoners – believes his project could help curb the spread of the disease.

“I believe it will cost the Government more (money) to take care of prisoners who are sick (and dying from HIV and Aids) We should be looking at preventive measures,” he says.

“And there is definitely a need to train as many prisoners as we can to be Aids educators so that they can help teach their peers about HIV and Aids.”

Pilot project

Tshabalala says the play, staged as a pilot project at Diepkloof Prison recently, focused on making prisoners Aids-literate through puppetry.

This entailed supplying them with facts about Aids while involving them in the overall production of the play.

“Through this project, I discovered that they are creative – their human element shone through. They were able to write their own scripts, paint and sew the puppets’ costumes, and finally they performed the show – all by themselves.”

“It is important that they be encouraged to pursue these rehabilitative measures to help them when they leave prison.”

In the past Tshabalala worked for eight years with Puppets Against Aids, a project that uses puppetry to educate people about Aids. He has since teamed up with producer Gary Friedman, and *Puppets in Prison* is their first project together.

“We’d been asking for funds from the (Department of) Correctional Services and the Health Department for about one

Prevention of HIV stressed in show



Aids awareness educator Nyanga Tshabalala ... believes he has just what the doctor ordered.

PIC MOTLAPELE SEGALE

“Young boys turn to prostitution as it ensures survival”

and a half years,” he says.

“This year the Health Department gave us a R90 000 grant. This helped us stage the play.”

The puppet play was the culmination of Aids awareness workshops conducted at the prison in February and March. Among those who came to speak was Simon Nkoli of the Township Aids Project.

Tshabalala is confident that the play managed to break down many of the myths surrounding Aids and sexuality in prison.

“After they (the prisoners) saw it, some of them felt at ease and they spoke freely. They acknowledged that sodomy, drugs and prostitution all take place in prison,” he says.

Prison life hard

“It came out in our discussions that because they didn’t get visits (especially from families), prison life was difficult to cope with.”

“They said nobody provided them with such basic things as a toothbrush, comb and other necessities. This has a big psychological effect on them.”

Tshabalala adds that since prisoners are not exposed to education and do not have recreational activities, sex becomes a natural act to engage in.

“Young boys turn to prostitution as this ensures survival. In prison, nothing’s for *mahala*,” he says.

“The younger prisoners give themselves to the older ones in exchange for certain favours – and, in some instances, if they don’t, they get raped.”

Aids threatens the Zambian education system

By MOSES CHITENDWE
Lusaka

The prevalence of HIV/Aids in Zambia will have a devastating effect on the education system within the next 10 years, says the latest issue of *Impact*, the newsletter of the Zambia Catholic Secretariat in Lusaka

Father Michael Kelly of the Jesuit Centre for Theological Reflection, says in *Impact* that he foresees a tragic scenario where many breadwinners would be sick or dead. Noting that HIV/Aids is

having a chilling effect on the education system, Kelly says "There will be a great loss of teachers, managers and educational personnel"

His statistics show that the testing in 1992 of almost 400 teachers and government officials found that 42% were HIV positive

"If this applies across the country and converts to full-blown Aids, it means that more than one third of the current stock of teachers could become sick or die from Aids within the next 10

to 15 years. Replacement numbers from the training colleges would be much smaller than such losses," he says

Kelly adds the loss of skilled human resources and use of personnel and national resources for consumption rather than investment are expected to lower the national income by as much as 10% by 2000

"This means that fewer national resources will be available for education, leading to continued

shortages of places and poor quality of schooling"

He notes that as many family breadwinners will be sick or dead, there will be fewer in the active age-group (15-55) to take up income-generating activities

"The consequences will be almost no money to pay for children in school, with the result that fewer children will attend school," he says

"It looks as if school education as we know it may not be possible in 10 years' time," Kelly says - Independent Foreign Service

(92) (258) Star 29/4/96

Half of some African armies infected with HIV

ET 25/4/96 (92)

MANGOCHI, Malawi: Half of the soldiers in some African armies are infected with the HIV virus which causes Aids, according to UN estimates, a conference on the disease was told here yesterday.

Malawian Defence Minister Justin Malewezi told the conference for high-ranking military officers from 13 south and east African states that highly trained army and air force officers seemed to be particularly at risk and that countries might find it hard to train enough men to replace them.

"When the military is weakened, so too is the security of the country it is intended to defend."

The World Health Organisation director for Africa, Mr Ebrahim Samba, said soldiers were a high-risk group because they were young, mostly 15-24, sexual-

ly active and away from home for long stretches at a time.

"They are often in search of recreation to relieve stress and loneliness. Off-duty soldiers can be counted on to have money, but not necessarily condoms, in their pockets," he said.

Mr Stuart Kingma, a UN adviser on Aids in the military, said afterwards that Zimbabwe's army had HIV infection rates three to four times higher than in the civilian population.

One in two of the nearly 20 million people infected with the virus worldwide were in sub-Saharan Africa, he said.

Kingma listed Congo, Uganda, Gabon, Kenya and Zimbabwe as African countries where the situation in the military was particularly bad — Reuter



NOT ALL IS LOST
... Aids sufferers can leave something behind for their families when they die, thanks to Metropolitan Life's policy that caters specifically for them.

Metlife - insurance for those who are HIV-positive

(92) *sowetan*
29/4/96

By Lilith Bruce

A NEW insurance policy specifically designed for HIV-positive people is now on the market

The product provides death benefits for an estimated 8 percent of South Africans who are infected by the virus which causes Aids

"South Africans who are infected with the virus may expect to live between 10 and 12 years from the time of infection," said Smith

"We believe that in South Africa and in our markets there's a large number of people who would have been excluded. It's to meet the needs of those who are positive," he said

The number of HIV-positive South Africans varies region by region. In some areas it is eight percent of the population. In some areas it is 16 percent and in other areas it is less than two percent.

Aids is still a young disease in South Africa, Smith noted. Therefore the company was able to calculate the risk of insuring infected individuals

The maximum death benefit of the policy is R50 000. It has been designed for applicants who have not been able to secure other life cover because of their HIV-positive status

According to the company's research, 80 percent of those infected are still in stages one and two, which qualifies them for coverage in the scheme.

The criteria for coverage is symptom-based. The criteria used in the policy are those set by World Health

South African assurance giant a pioneer in the field of Aids cover

Organisation standards.

They must show a CD4 cell count of 350 or more, a CD4 percentage greater than or equal to 23 percent and a negative p24 antigen result

The confidentiality of applicants' details will be assured, said Smith. This detail is managed by separating the statistical and administrative data of policyholders from the mainstream policy. Discretion is further ensured by confidentiality clauses signed by all involved, he added

The chairman of Metropolitan Life, which has 85 percent black policyholders, said the company had seen dramatic returns as a result of its association with business leaders Jonty Sandler and Nthato Motlana.

"Over the months of our association, the company has reaped the benefit of the leadership of Nail in our products"

Facts about the policy

- Metropolitan Life's policy for HIV-positive people covers sufferers who are asymptomatic and are still at stage one or two of infection, according to World Health Organisation definitions

- They must show a CD4 cell count of 350 or more, a CD4 percentage greater than or equal to 23 percentage points and a negative p24 antigen result.

According to Metlife's research

statistics, 80 percent of South Africa's HIV-positive population (representing about 1 million people) are currently asymptomatic

- Applicants who are declined a traditional Metlife life policy on medical grounds will be advised by letter to contact their doctor to establish the reason for rejection

The letter will also indicate other options open to such an applicant. These will include application for the new Inclusive Life whole life policy or investment in unit trusts

- The new product has been developed after extensive consultation with Aids interest groups, such as the Aids Consortium, as well as various Aids-counselling organisations

- It is a whole life assurance with a maximum death benefit value of R50 000. It was developed in conjunction with Cologne Reinsurance

- The product has been designed so that after six to nine years, its investment value starts to exceed the value of the life cover and it will continue growing to the benefit of the policyholder. Should the policyholder die before that time, beneficiaries will be assured of the specified death benefit.

- Despite the markedly lower life expectancy of people infected with HIV, Metlife has priced the product affordably, with premiums starting at

R125 for R10 000 life cover

- The confidentiality of applicants' details will be assured by separating the statistical and administrative data of HIV-infected policyholders from mainstream policies and strictly limiting the number of staffers designated to administer the details of HIV positive clients. All involved will have to sign an undertaking of confidentiality

- In those cases where the HIV-positive cover is purchased through a broker, the broker will know only that the product was purchased from the Inclusive Life range, which includes a life cover product offering benefits for HIV-positive people and those with other historically uninsurable conditions

- According to Metlife senior general manager Peter Doyle, who is a leading member of a research team on the impact of Aids on future mortality and morbidity rates, the number of prospective policyholders testing positive for HIV is growing rapidly

National antenatal statistics for 1994, which are the most recent available, indicate that 7,6 percent of women in South Africa are HIV-positive. In KwaZulu-Natal this figure is as high as 14,4 percent

Doyle says even conservative projections of the course of the epidemic anticipate that these figures will increase significantly before they begin to stabilise

- Doyle said that just under half of all Aids cases reported in South Africa were reported in 1994 and that there are roughly 1,5 million HIV-

infected people living in the country. Research indicates that as many as 200 000 of these could present with symptoms by the end of decade

- The actuarial model developed by Metlife to predict the local growth and spread of Aids and its impact is considered to be the most accurate and had been adopted as the industry standard by the local assurance industry and the medical fraternity

Metlife started as early as 1989 to reserve funds for Aids and to price its product to accommodate increasing incidence of the disease

- Metlife is rated the most financially secure life insurer in the industry. At 42 percentage points its surplus expressed as a percentage of policyholder liabilities is nearly three times the industry average

- According to Metlife AGM and marketing actuary Riaan van Dyk the new product does not place existing policyholders or shareholders at risk as Metlife has prepared for the advent of the disease by structuring its business to accommodate the impact of Aids without jeopardising stakeholders

- Not only does the launch of the new product acknowledge the very real need of HIV-infected people to create a measure of security for themselves and their families, but it also allows Metlife to maintain a growth in premium income in the face of the Aids epidemic

Until now prospective policyholders testing HIV-positive represented a loss of premium income

Government must 'face facts'

(92) *Sowetan 18/3/96*
HIV-positive former political prisoner throws down gauntlet to politicians about sexual experiences in jail

By Simon Nkoll

LAST WEEK ON THURSDAY I went back to prison for the first time since I was released in 1988. At that time, I had spent several years in Modderbee Prison as one of the Delmas treason trialists. This time I went to Johannesburg Prison as an educator.

This prison, especially its section D, I also knew from the many months I had spent there before being charged in 1985.

The Aids workshop that I conducted last week was

held in section D. My experiences while holding the workshop matched those I had had when I was a prisoner myself. It is on the basis of that experience that I would like to expose the ignorance of the government as to what is actually happening behind bars in terms of sexual activity.

I had sex with two warders in Modderbee Prison. One black, one white.

Minister of Correctional Services Mr Sipo Mzimela and, no doubt, well-meaning others do a lot of damage with ill-founded assertions that there is no sex in prison or, simply, that prisoners are not allowed to have sex. There are those who know very well that it is happening, but still deny it.

There is sex in prison and we shouldn't be too surprised about it either. Wherever people of the same sex are thrown together, same-sex bonding occurs, just as mixed bonding occurs in cases where the sexes do mix with each other.

When women were left alone in the homelands while their men migrated to the cities to look for work, they bonded with each other. They would support each other, bring their children up together and talk about their husbands together; those who were able to write would even write love letters for the ones who didn't possess that skill. In this process of caring for each other, deep bonding occurred.

Male bonding happens more or less in the same way when men are thrown together, for instance, in prison.

One could argue that male bonding does lead more often to sex than the female bonding described here.

It is not known why, although women seem to be better able to suppress their sexual drives in times of "drought" than men, and men tend to equate emotional desires with sexuality.

Sexual release

In addition, prison is a tense, harsh and frustrating environment, which might bring out in both sexes a stronger urge for sexual release than would occur in a relaxed environment.

Homosexual activity among female and male prisoners has been documented internationally, and I know from my experience that same-gender sex happens in prison.

When I had just been detained, a man who was about 60 years old and who had been convicted for 20 years insisted on having unprotected sex with me. I was young and afraid to say no. I had also seen what happened to another prisoner: he had been raped repeatedly by several men on the night I was brought into that prison.

After that, I gained a clear insight of how sexual activity was systematically organised by prisoners and warders alike. For instance, the "boss" of the prison, the most powerful prisoner, would identify a new, young prisoner as his "wife".

Sexual favours

And sexual favours were granted by prisoners to more powerful prisoners and warders alike in return for the little things that make prison life more comfortable.

I had sex with two prison warders in Modderbee Prison. One was black, one was white. Mzimela has said he will not allow us to take HIV-Aids education into prisons, unless it is proven beyond doubt that sodomy is taking place there. The fact is that it exists and that it is one of the major causes of the spread of Aids in the country, as, after doing time, most prisoners go home and resume their normal sexual activity with wives and girlfriends, thus infecting them.

Prevention doesn't need to cost much. We don't need plays like *Sarafina 2* which cost millions. We just need to inform and distribute condoms where it matters, such as in prisons.



Simon Nkoll ... outspoken.

Before it's too late

We also need the support of those whom we see as our leaders. President Mandela has called on the nation to take the Aids issue seriously. As an ex-prisoner, now infected with the Aids virus, I urge the Government to do something now, before it is too late.

Had I known about the basic facts of HIV-Aids, I would not have had unprotected sex with the two warders I would have chosen safe sex.

It is up to the Government and our leaders in the communities, institutions and workplaces to protect society, families, wives, children, warders, and prisoners from the unsafe sexual practices that happen in jail.

● *Simon Nkoll, of the Township Aids Project, is an Aids educator for gay men and men who have sex with men.*

A haven for Aids patients

(92) ARTS/18/3/96

In the heart of Woodstock there's an oasis, a place of caring for those with full-blown Aids who need to catch their breath and take a break from the daily toil of caring. Health Reporter JENNY VIALI visited the centre.

PETER and Pierre are both in their 40s, an age when most people are strong and healthy. They're both very, very thin and Peter walks with a stick. Pierre's eyesight is going.

They have full-blown Aids and have agreed to talk to me, but Peter asks that I don't use his surname while he'd prefer to be open, his family wouldn't cope, he says.

"This business of hiding mystifies the disease," he says with irritation. "What's the difference between Aids and cancer?" But for the sake of his elderly mother, who finds it difficult, he'll stay anonymous.

Pierre doesn't have the same problem. He'd like people to become aware of Aids.

"What is there to hide? They must ask me questions, I encourage it." For both of them the Eleanor Murray centre is a haven, a place of rest. It's a second visit for both of them. "The first time I knew I was coming here for rest. This time I came because I was feeling awful," says Peter.

Peter lives with his lover, but a lot of his day is spent alone. "You can't expect people to do a day's work and come home and wipe your bottom."

"I wasn't coping alone at home. I was falling, and couldn't get up. I'm losing more and more weight and developing diarrhoea."

"It's difficult to live life when you're so thin. I'm sensitive, I ache, I'm not so good on my legs and I end

up falling all the time."

While it is a terminal illness, Aids is different in some way from other terminal illnesses. "It's a crippling disease," says Peter. "It's long and drawn out and you get it relatively young. And whatever funds you have run out quite soon. I'm lucky, I have a pension. But my medical costs until recently were R5 000 a month."

Pierre has to live on a R410 a month disability pension. He stays with his mother. Says Peter: "This place represents hope for those without money. At least it's a bit of comfort, and it's better than being condemned to a tin shack or a back room."

The standard of caring is very high, and there's love and compassion. Staff here are marvellous. It's a difficult job, especially because you're dealing with the young dying." But Peter says he hasn't come here to die. He's not that far advanced, although it's difficult to see others who are. "I don't want to become a bedbound vegetable. I don't want to be kept going artificially." When that happens, he wants help to die. It's not about giving up, he says. "I'm just facing reality. Nobody must make a moral judgment on me."

Peter and Pierre both speak of how difficult it is when your body can no longer do what it used to. "Aids breaks you down completely, you can't control anything," says Peter. "It's so demeaning. I keep on overestimating myself. I have to

year were for a place of care for the terminally ill, it soon became evident that there was a great need for Aids care.

Explains Fadia Davids, nursing services manager. "There has been such a demand, we've had referrals from HIV (Human Immuno-deficiency Virus) clinics, hospitals and private doctors. We work closely with others in the Aids field, such as the Red Cross home-based care project. What we're finding is that

people attending HIV clinics are often too sick to go home. So they come here for a short time while

COMPASSION AND CARE: Fadia Davids, nursing services manager at the centre, with Pierre Schoonraad, on his second visit to the centre



Picture BRENTON GEECH, The Argus

continuously remind myself to take a stick. I can't walk very far. Loss of control is a bitter pill to swallow.

Peter says that since he told people three years ago that he had Aids he's had only compassion and caring. Not everyone is that lucky. Both have similar tales to tell of the progression of diseases. "Five years ago I had no problems," says Peter. "Then I got the cytomegalovirus, a nasty piece of work that can cause blindness. Then onto pneumonia, that's the usual scenario." Pierre, who heard through the blood bank that he was HIV positive, said he didn't go for care until two years

ago. "I got a cold and developed bronchitis. Then severe diarrhoea and pneumonia. I was told I wouldn't make it."

A while later, TB, diarrhoea and circulation problems can follow. Pierre said he was reluctant to come to the centre at first.

"I've been twice to St Luke's Hospital. I didn't want to come here, but when I saw it, I changed my mind."

He came because he was feeling tired and run down. "The pressures at home were getting me down and I couldn't cope. The care here is absolutely fantastic."

begin deteriorating, there's nobody to look after them."

Mrs Davids says a lot of young mothers now have Aids. Ideally, since most patients come from the Cape Flats, there should be a centre there.

"But there's still a lot of fear and discrimination. However, Aids is reality. This is happening and we can't keep putting it aside."

The Eleanor Murray Centre adjoins Aberdeen House, an old age home. It's the result of a unique partnership between the Presbyterian Church, which provides the

Now there's aid for those exhausted by caring

FULL-BLOWN Aids is not easy to cope with. Caring for somebody with endless diarrhoea, falling eyesight and growing weakness involves dedication and strength. Caring for yourself in these circumstances is even more difficult. Fortunately, there's a place to take time out. It's called the Eleanor Murray Centre and it's the first Aids respite care unit in Cape Town.

On entering, you feel the peace of the place, with its shady lawn and well-kept garden. Although initial plans when it opened last

facility, and St Luke's Hospice, which funds the care section and supports the work of the centre.

Two of the nine beds are available for frail care for the old age home.

All seven available beds for Aids patients are full. That's capacity for this small centre. What will happen when demand increases as more and more people develop full blown Aids?

"We'll take it as it comes," says Mrs Davids. The reality, she says, is that many Aids patients have nowhere to go

Aids 'could raise benefits costs fivefold'

(92) ET(BR) 18/3/96

By LLEWELLYN JONES

Johannesburg — The spread of Aids in the workplace could cause the costs of employee benefits to rise fivefold over the next 10 years, said Janina Slawski of Southern Life's Aids consultancy unit

Slawski said those suffering from the disease would require financial support during their illness and dependants might need assistance after their death

"There would be some offset in costs because fewer employees would reach normal retirement age who require financial support in their retirement," Slawski said

"The combined effect would, in the absence of corrective action, be a significant increase in costs"

She said the expected hike in costs could be illustrated by looking at group life benefits "In Malawi the costs of death and disability benefits without pre-benefit HIV testing has increased five-fold as a result of Aids

"The effect of this increase is that group life benefits costs have risen to 5 percent of the annual salary bill from 1 percent. Alternatively, costs can be maintained at historical levels by reducing benefits 20 percent of their pre-Aids level, or by introducing HIV test-

ing for members"

Employers may face further reduced profits due to a loss of skills, lower productivity, increases in costs such as training and recruitment, and strains in their target markets

Slawski said the bearer of the increased costs may vary between companies and different schemes within a company

"If the employer pays a fixed percentage of the salary roll toward retirement and group life benefits, then employees would have to fund increased group life costs by reducing their allocation towards retirement benefits"

Sarafina 2 a 'bloody disaster' says NUM

ET(BR) 18/3/96 (92)

By ROSS HERBERT

Pretoria — The controversial Aids education play Sarafina 2 was harshly criticised as ineffective by Fleur Plimmer, the head of health and safety at the NUM, at the union's annual congress on Friday.

Mineworkers are plagued with Aids at rates significantly higher than the general population and Plimmer has been working to develop Aids education programmes for the union's members.

Sarafina has been criticised for its high ticket price (R20) and for the tendering process for the production. Plimmer also slammed its

educational effectiveness.

"As a musical it was mediocre. As an Aids education tool it is a bloody disaster. It is scandalous that so much money was spent on something so ineffective," said Plimmer, who went to the play's opening last weekend in Soweto.

"It was quite clear to me that the health department went into this with their eyes closed. They never did any research. I was shocked," she said.

Plimmer said Sarafina offered no information on how the disease is transmitted. She said past efforts to promote the use of condoms failed to change behaviour because

workers do not understand how the disease is transmitted.

"I talk to mineworkers who say they have sex with three women in one night but only use a condom with the first one," she said.

The situation is compounded because most workers have never seen anyone die from Aids and do not believe the disease exists.

The Blue Moon industrial theatre company developed an Aids education play for Eskom at a fraction of the cost of Sarafina. Blue Moon based its play on what Aids educators told them, focusing on how the HIV virus is transmitted and what it does to the body.

Metlife starts

HIV policy

BD 19/3/96
Samantha Sharpe

92

CAPE TOWN — Metropolitan Life yesterday launched the world's first life cover product for HIV-positive people.

The product is available to HIV-infected applicants who have no AIDS symptoms and are still at stage one or two of infection in terms of criteria set by the World Health Organisation — about 80% of SA's HIV-positive population

Metlife AGM and marketing actuary Riaan van Wyk said there was an increasing number of prospective policyholders testing positive for HIV-infection. This prompted the group to launch the new product, which acknowledged the need to provide life cover for HIV-positive people and allowed Metlife to maintain a growth in premium income in the face of the epidemic

"We expect the investment value of each policy will ... exceed the value of the life cover after six to nine years, and will continue to grow to the policyholder's benefit"

ACCORDING to Southern Life, more than 1.5-million people in SA have the HIV virus, which has a relationship with AIDS as firm as that between smoking and lung cancer. It is not yet possible to say with absolute certainty how one causes the other, but in each instance the correlations are so strong that causality is nigh impossible to refute — not to mention irresponsible.

What may still be open to question is the prevalence of HIV in SA and the rest of the continent.

Southern Life has said that more than 1 000 South Africans are being infected every day, meaning that the total population carrying the virus could double by early next year. The onset of AIDS comes five to 12 years after infection with HIV, under current measurements and thinking. As AIDS is expensive to treat and invariably fatal, it appears that the long-term burden on SA's economy will be substantial.

The life assurance industry is especially worried, Southern Life has warned it may have to raise premiums by a factor of between four and 10 if it is not allowed to test customers for HIV before selling them policies. Such increases would likely kill the industry, which depends on a steady supply of healthy people to offset the claims of the less healthy.

Before any drastic steps are taken — and before the AIDS panic leads to any further squandering of public treasure on favoured theatre troupes — it would be useful to know how widespread HIV really is and whether Southern Life's statistics are based on empirical research rather than mathematical modelling, which in turn relies on data from test techniques that are not unerringly accurate.

According to World Health Organisation statistics, the total number of South African AIDS cases — the number of people whose HIV infections had turned into full-blown sickness — was 3 489 on July 27

Life assurers grapple with suspect data on AIDS in Africa

SIMON BARBER in Washington

92
19/3/96

1994 Of these, 1 891 had developed symptoms (and presumably died) between 1979 and 1992. In the 1993 reporting year there were 1 567 new cases, clearly betokening an explosive increase. All the more extraordinary, therefore, that the tally registered for 1994 should have fallen to 391. In the space of a year, the rate at which South Africans were developing AIDS symptoms seems to have fallen from 4.2 to 1 per 100 000 cases.

There is something fishy about these numbers. At face value, and on the standard theory of HIV's progression, they seem to suggest a radical falling off in infection in the mid-to late '80s. There is, however, no evidence that the government of PW Botha started dishing out condoms in those years, let alone set its already busy security establishment to enforce their use. The simplest answer is that the statistics are so poor as to be meaningless.

That would certainly seem to be true of Tanzania's numbers, which went from 3 327 new AIDS cases in 1993 to 219 in 1994, according to what it told the World Health Organisation. Africa as a whole witnessed a remarkable decline from

81 736 in 1993 to 56 929 in 1994. Supposedly. But country by sub-Saharan country, the figures look too scatter-shot to form a basis for any useful judgment, other than that they depend on who counted what, when, and how.

If you cannot trust the data for AIDS cases, how can you place much faith in the statistics for HIV infection? We simply do not know how many of the AIDS patients alleged to have been diagnosed by the organisation's sources actually had AIDS — that is, who suffered from hallmark AIDS diseases and symptoms ranging from Kaposi's sarcoma to tuberculosis and various forms of wasting, and had HIV antibodies in their systems, without which, in the West at least, AIDS cannot be officially diagnosed.

Africa is not, by and large, a healthy place. Its 660-million people are generally poor, malnourished and, even in relatively rich countries like SA, lack sanitation and basic health care. Their immune systems face a disease load that is gargantuan by developed world

standards, their lymphocytes — immune cells — are under stress with or without HIV.

To declare an AIDS pandemic in Africa, one has to be doubly careful that African patients are genuinely infected with HIV when they fall prey to the viruses, bacteria, fungi and parasites legion in their environment. It is not enough to say they are dying of the diseases that are killing victims in the US or Europe, therefore they must have AIDS. Those diseases had almost disappeared in the developed countries before the appearance of HIV, only HIV could explain their re-emergence. In Africa they had never actually disappeared.

The trouble is that the World Health Organisation and others have been only too happy to diagnose AIDS in Africa on the basis of symptoms alone.

For one thing, it helped build the politically necessary case for the transmission of HIV by heterosexual means. For another, AIDS in Africa offered yet another marketing tool for the development set to win funding for their projects.

One project that might usefully be undertaken would be to deter-

mine just how many Africans really have HIV. An awkward fact about most of the standard HIV tests — Ehsa and Western Blot, for example — is that they give false positives in the presence of many of the microbes and parasites to which Africans are prey. While AIDS heretics in the West pass fervid notes to each other over the Internet asserting these false positives show that HIV and AIDS are unconnected, the real message may be that HIV is far less widespread in Africa than is generally supposed.

The numbers given to the World Health Organisation are weird enough that a few hard questions need to be asked before SA taxpayers finance Sarafina III and Southern Life either convinces government to let it test customers or quadruplet rates.

Southern Life needs to answer these questions where did you get the 1 000-new-infection-a-day number, what tests were used, how many were tested, in what conditions were they living and what was the state of their health when their blood or saliva was sampled?

In the meantime, by all means send out the message that promiscuity is bad and drugs are harmful. That is true whether or not HIV is involved; but do not waste money on delivering a message that most people already understand and believe. Spend it on basic nutrition, health care and sanitation, and concentrate on creating an environment in which the diseases that make up the AIDS syndrome would be so out of place as to be explicable only in terms of an agent like HIV.

Heretics like Berkeley's P. of Peter Duesberg are wrong. Their claim that HIV and AIDS are not intimately connected is untenable, based on a blinkered reading of the data. It is, however, fair to ask upon what the widespread and chilling assertions of African HIV infection are based, beyond a racist view of Africans as organisms.

MIPs hear about sex in prison

By Rafiq Rohan
Political Correspondent

IF the Minister of Correctional Services doubts that prisoners engage in sexual activities behind bars, he should have been at the Portfolio Committee on Correctional Services meeting in Parliament yesterday where an Aids activist presented evidence that sex does indeed take place in prison.

"We can prove that sex in the form of rape, abuse and sodomy takes place on a big scale in prison," Mr Gary Friedman, head of an Aids education

programme, *Puppets in Prison*, said. Friedman has been involved in an eight-year project that gets prisoners trained as Aids educators through the medium of puppets.

In his presentation Friedman also highlighted the ironical situation that currently exists in prisons where it is acknowledged -- by everyone except Correctional Services Minister Dr Sipho Mzimela -- that sexual activities take place on a very large scale, that Aids is largely transmitted through sexual practices but the use of condoms is outlawed.

"We may teach the prisoners about HIV and Aids and the use of condoms but we cannot distribute condoms," Friedman said. This dichotomy, he said during his slide presentation, creates difficulty and is cause for "great frustration". One of the things the Government could look at as a means of lessening sexual activity among prisoners is the question of granting prisoners conjugal rights with spouses or, alternatively, allowing prostitutes to ply their trade inside prisons. This will help to combat rape and sodomy. "I will support anything that lowers

the risk of Aids or HIV," he said. He said that nowhere in the world has it been possible to wipe out sexual activity where people are kept behind bars for extended periods of time.

He told the MPs about his programme. He has a select group of 15 prisoners at Diepkloof Prison who have been engaged in a puppet programme that serves to educate prisoners about Aids and HIV.

Friedman invited the parliamentary committee to be the guests at the premiere of *Puppets in Prison* in Diepkloof Prison at the beginning of next month.

Powerlan 20/3/96

92

Life cover for HIV-positive people hailed

A world first for local insurance company — and it is hoped the move will spark competition

By NIKKI WHITFIELD

Aids workers have given insurance giant Metropolitan Life guarded praise for offering life cover to HIV-positive people, a global first in a world where people testing positive for the deadly virus have always been denied policies.

It is hoped the move, which comes with certain conditions, will spark competition between insurance companies which will, in turn, increase life cover and bring down monthly premiums.

Metropolitan Life hopes to attract between 3 500 and 4 000 people with its Inclusive Life policy this year, and it is be-

lieved that a second corporation will be launching a similar package soon.

And, while cover is not as comprehensive and premiums higher than offered to HIV-negative people, it has nevertheless been heralded by the Aids Consortium as an affordable, meaningful and transparent policy.

The conditions are:

- People must be healthy — either in stage one or two of the infection, as defined by the World Health Organisation in either stage, people testing positive for the virus could live for years as perfectly well beings.

- They must have a CD4 cell count of 350 or more. This, in the words of MetLife's Spencer McNally, "is an indicator of

how many good guys are floating around in your blood"

- Their P24 antigenemia test must be negative. In layman's terms, people who test positive to this test are expected to have a diminishing of their CD4 cell count and are on the rocky road to illness. If the P24 test is negative, the chances of their cell counts improving are increased.

People applying for the policy are assured of the strictest confidence.

McNally, MetLife's product development actuary, said the company had worked closely with the Aids Consortium in developing the policy.

He said minimum premiums would be R125 for R10 000

worth of cover, compared with R110 for people entitled to normal insurance products. People can enter at between 15 and 55 years and are entitled to withdraw accumulated benefit funds.

Morna Cornell, co-ordinator of the Aids Consortium, said the policy was "not the answer to everybody's prayers" but was a genuine effort to include people previously shunned by insurance companies.

"Although the cover is not nearly as much as given to someone who is HIV negative, it does at least ensure that they are entitled to something."

"And MetLife is the first to have done it and they've done it in a remarkably open way."

And hopefully it will lead to competition, which will see cover increasing and premiums decreasing."

This was a sentiment shared by a representative of the National Association of People Living with HIV and Aids.

"But R10 000 is not very much cover, so in order to get more you'd have to pay about R600 a month for around R50 000," he said. "And there are many people in this country who cannot afford this, so it might be better to go into something like unit trusts instead."

"But, even given its limitations, it's a welcome move and is bound to throw up a challenge to other insurance companies."

22/9/96

(92)

Facing up to Aids with hope

(92)
MTG 22-28/3/96

A home for abandoned babies of HIV positive mothers has shown that corporate involvement can help to ease the suffering brought on by Aids, writes **Simon Segal**

SOUT AFRICA'S growing Aids crisis is a costly and sensitive burden, not only for the state, but for the economy and corporations willing to take on social responsibility

Adcock Ingram's home for abandoned babies of HIV positive mothers is an interesting contribution towards a seemingly insoluble health crisis. It is a fitting social investment intervention for a health-care group

The home, Ethemben, or Place of Hope, opened in November last year. It is run by the Salvation Army which pioneered this type of home when it established Bethesda, a home for 20 such babies, in Soweto in 1993

Ethemben cares for HIV positive babies who can live for up to eight years. HIV negative babies are screened and then sent to homes for adoption. There are 36 babies currently in the home, ranging in age from a few weeks to almost 3 years. The capacity of 60 babies is expected to be reached within the next six months

The firm cites figures that estimate the incidence of HIV to be around 10% of the population. Fur-

thermore, about 30% of the babies of HIV positive mothers will themselves not be HIV positive. Some 10 000 babies are thought to be HIV positive in South Africa

As they carry their mothers' antibodies for many months after their birth, the babies need to be tested several times before it can be confirmed whether they are HIV positive

Since Ethemben opened, two babies have died. But there are positive stories. One baby, found abandoned under a freeway when only one week old, has been declared free of the virus and has subsequently been adopted. Another baby girl, left in a bag on a bus, has also been found to be HIV negative and is awaiting a home

An existing Salvation Army facility in Doornfontein, Johannesburg, was identified as a suitable location for the new home since it is close to a hospital, central and easily accessible. It was renovated and equipped at a cost of R400 000, paid for by Adcock. The Salvation Army pays for the running costs. In addition to financing the home, Adcock maintains its links by donating medicine. The company says it is involved in



Positive vision - Public relations manager for Adcock Ingram Pharmaceuticals Division Carrie Smith with two children from the Adcock Ingram house, Ethemben

the project beyond merely providing the funds. "The enthusiasm of our employees is unbelievable," says Human Resource director Jonathan Yudelowitz. "Toys, baby clothes, push chairs, and all sorts of other things started arriving from employees. People talk about our babies' and many have visited the home. Corporate pride has been given an unexpected boost."

For the company, this has proved a practical way of educating its staff about the Aids virus. The Adcock Ingram group spends 1% of its pre-tax profits on social investments, which are concentrated in education and health-care

Govt pledge on HIV prisoners

CT 22/3/96

EUNICE RIDER
STAFF WRITER

THE government "may well" address the grievances of HIV-positive prisoners about being kept apart from other prisoners and its refusal to supply them with condoms if the recommendations of a health committee were accepted.

Department of Correctional Services Koos Gerber was reacting yesterday to complaints by HIV-positive prisoners which were put to the committee

The committee, set up by the department in October, consisted of representa-

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tives from organisations such the Red Cross, the SA Nursing Council, the Medical Association of SA, Lawyers for Human Rights, the Aids Law Project and the Department of Health.

Gerber said his department supported the national health policy and "the only issues in dispute" were the separation of HIV-infected prisoners and "the non-issue of condoms".

He said the committee's recommendations, which may not yet be made public, "may well lead to policy changes" if the department accepted them. He could not say when this would exactly happen.

TB incidence rises with HIV infection

Kathryn Strachan

BO 22/3/96

(92)

THE incidence of tuberculosis in SA has risen dramatically over the past few years, spurred on by the HIV epidemic. With an increase of more than 30% over the past eight years, it is estimated that one person dies from TB every 40 minutes in SA.

The health department also estimates that the growing HIV epidemic will increase the number of TB cases 10% to 20% in the next year — and to spread awareness of the disease it has joined with the rest of the world to mark Sunday as World TB Day.

Emergence of new multidrug-resistant strains of the disease threatens to make TB incurable again. About 80% of the people who have died from TB in SA have been infected with a multidrug-resistant strain.

Inconsistent or partial treatment is creating the new strains which are resistant to existing and affordable drugs.

In an effort to combat the new emergence of TB, the National Tuberculosis Control Programme in SA, which is run by the health department, has adopted the World Health Organisation's control strategy where patients are given a short course of treatment directly administered by a nurse. At present, patients are given a wide array of medicine to take at home over a long period. Once the symptoms subside, most patients stop taking the medication, and the underlying virus recurs — each time with a stronger resistance to the medication.

A pilot project was launched in Mpumalanga in January, where 300 nurses have been trained in the new method of treatment. It is expected that other provinces will be able to gain from this experience.

When people are infected with both TB and HIV, TB is much more likely to become active because of the person's weakened immune system. As more TB cases become infectious, it means larger numbers of people carry and spread TB. WHO estimates that by 2000, HIV infection will annually produce at least 1.4-million active cases of TB that would otherwise not have occurred.

Truth body debates status of information

Wyndham Hartley

BO 22/3/96

(SAB)

complete its work.

This meant it would have to look for themes in the history of abuses in SA such as the incidence of torture, train attacks and cross-border raids. Any pattern that emerged would have to be verified.

He stressed that complaints from victims would be investigated. However, he conceded that some perpetrators could indeed "get away with it", for example in cases where documents had been destroyed.

Sixty people — divided into four regional teams and a fifth national team — would handle the investigations. There would be two foreign policemen on each regional team and four on the national team. The 12 foreign policemen would have their salaries and living expenses paid by their home governments; the truth commission would cover their working costs.

Five senior investigators from the police forces of Holland and Denmark are already at work for the commission.

Ntsebeza said he did not know whether the 60 investigators could complete the brief of the commission in the time available. He said there was an inherent contradiction — the commission was asked to develop the most complete picture possible but was then put under a time constraint.

Some interviews among lawyers, policemen and others for the investigative teams had already taken place, he said, adding that they would get under way in the regions early next week. Serving officers in the SAPS would be "screened" to ensure they were suitable for the sensitive work of the commission. He said part of the problem being faced in the recruitment of investigators was that many had been swallowed up by the special task unit in KwaZulu-Natal and the D'Oliveira investigation into third force violence in Gauteng.

CAPE TOWN — Incriminating information on human rights violations coming before the truth commission may be passed to an attorney-general for criminal prosecution.

This emerged in a media briefing with the head of the commission's investigative unit, Dumisa Ntsebeza, who said there was a debate within the commission about the status of information supplied by victims of human rights abuses.

Ntsebeza stressed that information given to the commission by perpetrators in applications for amnesty would be privileged and could not be passed on to attorneys-general for prosecution.

He emphasised that if a person was accused of a crime by a victim during commission hearings the accusation would have to be put to the alleged perpetrator to give him an opportunity to put his side of the story. Any possibility that information about perpetrators of human rights violations could be sent to attorneys-general would increase the pressure on offenders to apply for amnesty and raised the possibility of a flood of applications in December.

Perpetrators have the rest of this year to make up their minds about applying for amnesty. Those implicated in evidence this year will have the decision made for them, but those hoping to escape detection could be implicated after the period for amnesty applications has closed.

They will have to decide whether witnesses could blow the whistle on them.

Ntsebeza indicated that not all 100 000 reports made to the commission could be investigated. The commission, charged with developing as complete a picture as possible of human rights abuses spanning a 33-year period, had only 18 to 24 months to

stand a chance of being elected

The new struggle for HIV sufferers

In spite of epidemic, SA life insurers first to address socially crucial illness

BRUCE CAMERON

SOUTH Africa's life assurance industry has again set world firsts in product development - this time in providing life and investment assurance for people who are HIV-positive

Until now HIV-positive people have been considered uninsurable, leaving them to face the prospects of enormous medical costs and destitution for surviving family members

This week two companies, Metropolitan and Fedlife, launched HIV products and Old Mutual is likely to come to the market soon with its version

Metropolitan Life is providing death cover up to R50 000 and the Fedlife maximum is R250 000. The premiums for the cover are expensive compared with life assurance for healthy people but the assurance is considered to be "affordable" by the companies

The life assurance and investment products will only be made available to people in the earlier stages of recording HIV-positive symptoms and will not be available to people with AIDS

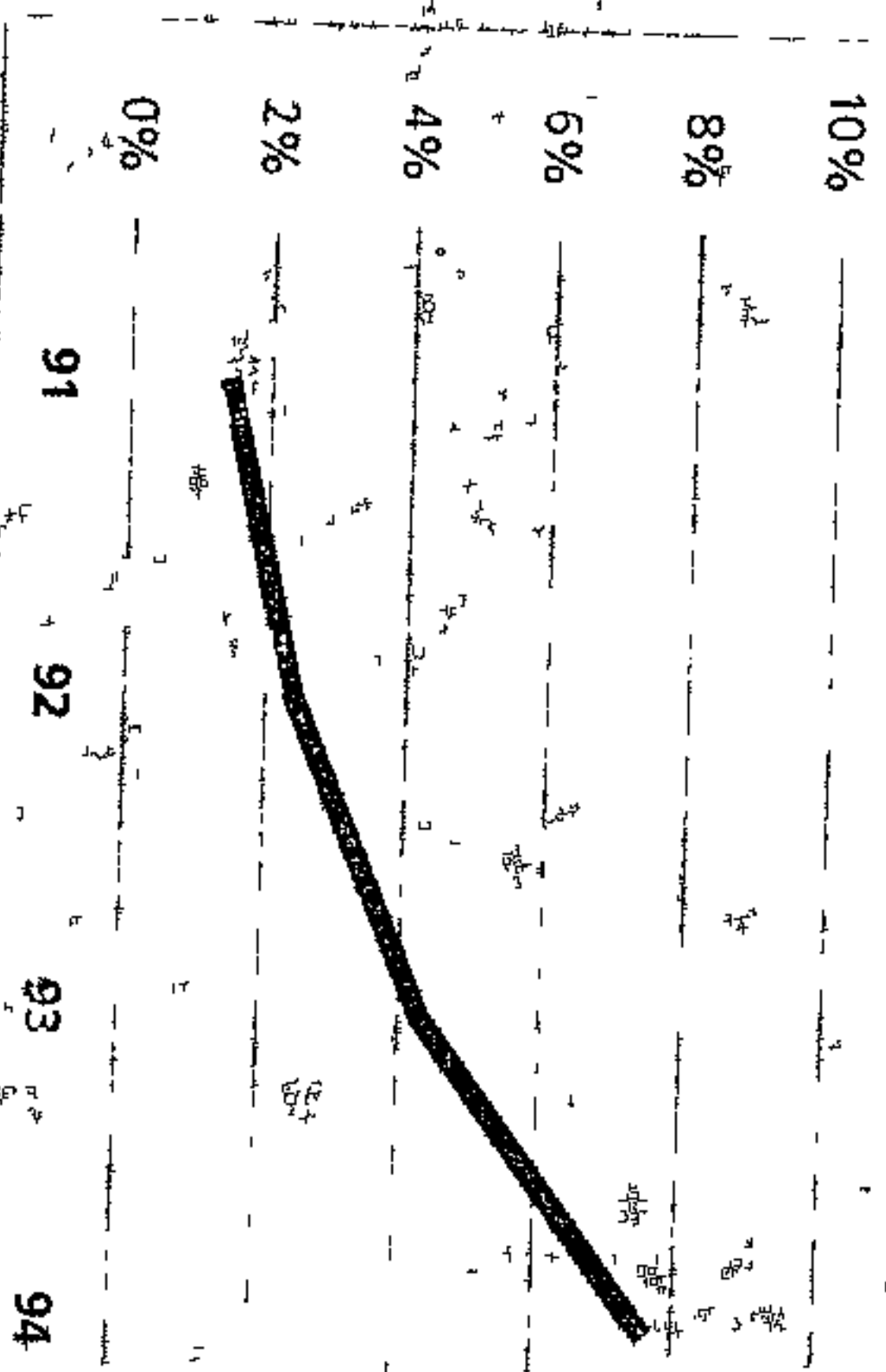
HIV positive people at these levels have a life expectancy of about 10 years. Both companies have had the risk in the policies guaranteed by re-insurers as part of assurance to non-sufferers that their investments will not be undermined, placed at risk or subsidise the policies of people with AIDS

Metropolitan Life has been in the forefront of Aids research with one of its actuaries, Peter Doyle, considered the industry expert. It was the first to recognise the high risk of Aids to life assurers by making reserve provisions for earlier-than-normal-claims from policyholders dying of Aids

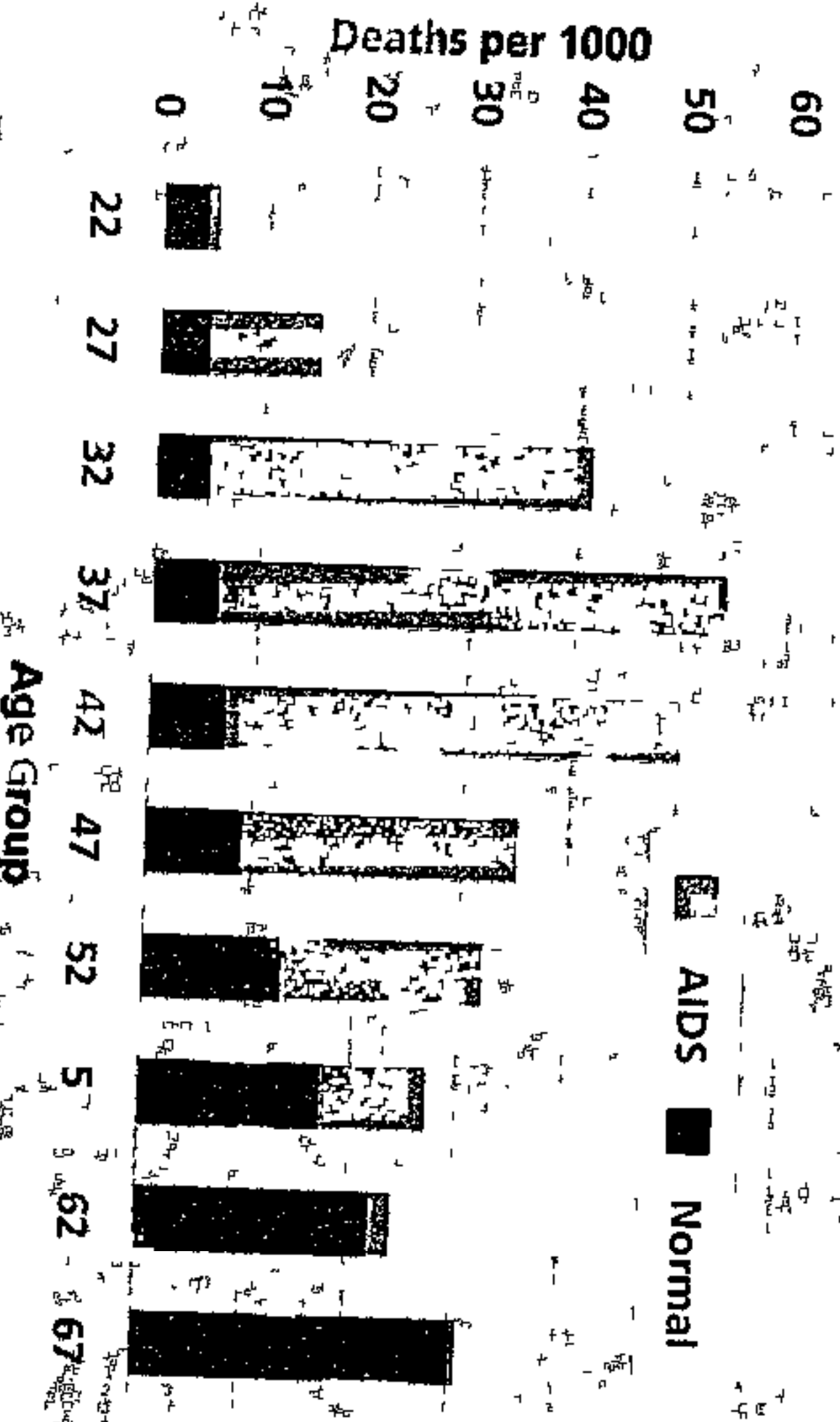
Managing director of Metropolitan, Marius Smith, said in developing the product, in close co-operation with Aids organisations, his company had sought two priorities - one was to ensure that other policyholders would not be at

The new struggle

Percentage HIV+ Women Attending Antenatal Clinics



The proportion of Aids to normal deaths in the year 2010



financial risk and the other was to ensure confidentiality for HIV sufferers

Metropolitan has added the HIV product to another product which provides cover for other "uninsurable" people, such as some forms of cancer and heart disease, to help ensure confidentiality

The Fedlife policy, called Positive Care Plan, has an option designed to pay out on the insured person reaching the final stages of full blown Aids or at death, while the Metropolitan policy

(Inclusive Life) will pay out on death, with consideration being given to payment on development of Aids

Fedlife has also launched a product similar to the successful but controversial Southern Life Exclusive Life policy, offering policyholders a premium discount for undergoing voluntary HIV testing every five years. However Fedlife has added an additional element with a further premium discount for people who keep their cholesterol limits "within healthy norms"

For people who were initially healthy but contract HIV, a number of options are provided by the insurer to maintain their insurance but at a limited level

Fedlife's head of individual life, Dave Avnir said assurers had to continually find ways to give policyholders a fair deal by recognising health risks by ensuring that healthy lives are not forced to subsidise the unhealthy while recognising that the country's constitution demanded there was no dis-

crimination against the unhealthy

Metropolitan Life has established a special section to deal with the sale and administration of the HIV products to ensure confidentiality

Old Mutual's assistant general manager marketing, Dave Hudson, said they had been ready to come to the market with a new HIV product for the past six months, but they were involved in the most intensive training programme for staff and intermediaries ever undertaken for a new product

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'Control sexual

CHRISTINA STUCKY

Own Correspondent

BEFORE the outbreak of the AIDS epidemic, sexually transmitted diseases (STDs) were virtually ignored.

More recently, as the link between STDs and the human immunodeficiency virus (HIV) was established, STDs were given "a new priority and resources became available," says Glenda Fehler, a medical dentist and project co-ordina-

tor for the National STD Reference Centre in Johannesburg. The World Health Organisation (WHO) estimated that in 1993 the annual prevalence of STDs was 11 percent among the sexually active population in South Africa.

Each year, three million cases of STDs are diagnosed, with many people contracting more than one STD.

The consequences of these diseases are grave: abortions, infertility, still births, cancer

and life-long effects on children born to mothers infected with an STD. Some STDs, such as certain forms of genital ulcers, can increase the risk of contracting HIV tenfold, says Ms Fehler.

"If we can control STDs we will reduce the burden of STDs

and life-long effects on children born to mothers infected with an STD. Some STDs, such as certain forms of genital ulcers, can increase the risk of contracting HIV tenfold, says Ms Fehler.

"If we can control STDs we will reduce the burden of STDs

on society as well as slow the spread of HIV," she says, pointing out that detecting the diseases at an early stage, encouraging the use of condoms and improving treatment all benefit the fight against AIDS.

The Reference Centre was established in 1994 on a three-

year contract as part of a national effort to fight STDs and AIDS. The R7 million allocated to the centre will enable it to continue its work for another three years.

In the short term, the goals of the centre are to monitor the surveillance of STDs throughout Southern Africa in order to

diseases' (92) (92) ARC 23/3/96

detect patterns of resistance and determine the extent of the influence of HIV, and to conduct research on prevention, control, treatment and management of infected patients as well as their contacts to form a basis for making national recommendations.

Two of the most important objectives, however, are the provision of information to the provinces and training health workers.

Because of the stigma

attached to these diseases, it is vital that patients feel that doctors and nurses will treat them without prejudice. If patients are can trust the health workers they are more likely to visit clinics, consequently improving the cure rate.

As part of their mandate, representatives from the Reference Centre have visited every province to speak to roleplayers - a task made difficult by the fragmentation of health services, Ms Fehler said.

The Cover for South Africa's

In spite of epidemic, SA life insurers first to address socially crucial illness

BRUCE CAMERON

SOUTH Africa's life assurance industry has again set world firsts in product development - this time in providing life and investment assurance for people who are HIV-positive

Until now HIV-positive people have been considered uninsurable, leaving them to face the prospects of enormous medical costs and destitution for surviving family members

This week two companies, Metropolitan and Fedlife, launched HIV products and Old Mutual is likely to come to the market soon with its version

Metropolitan Life is providing death cover up to R50 000 and the Fedlife maximum is R250 000. The premiums for the cover are expensive compared with life assurance for healthy people but the assurance is considered to be "affordable" by the companies

The life assurance and investment products will only be made available to people in the earlier stages of recording HIV-positive symptoms and will not be available to people with Aids

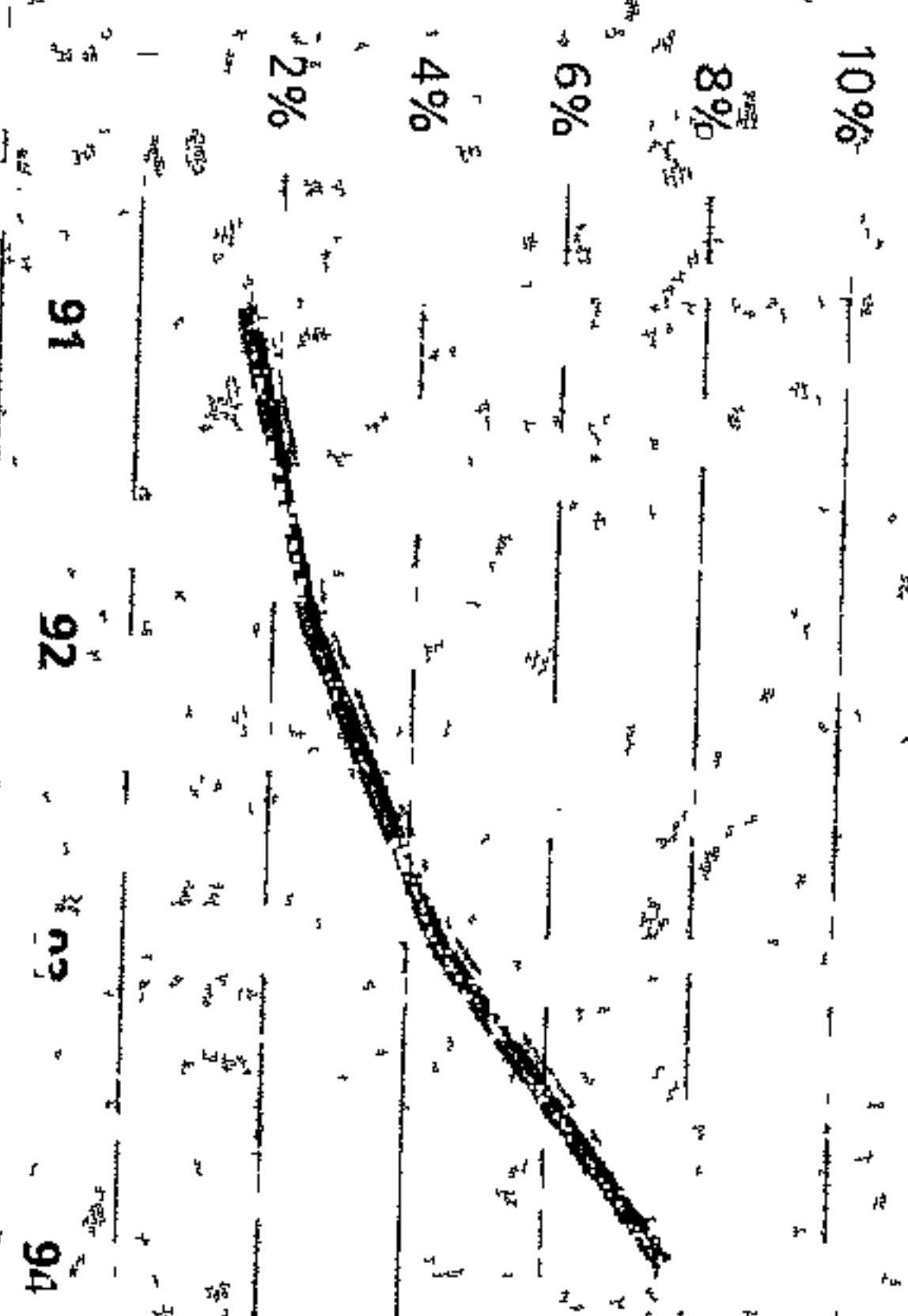
HIV positive people at these levels have a life expectancy of about 10 years. Both companies have had the risk in the policies guaranteed by re-insurers as part of assurance to non-sufferers that their investments will not be undermined, placed at risk or subsidise the policies of people with Aids

Metropolitan Life has been in the forefront of Aids research with one of its actuaries, Peter Doyle, considered the industry expert. It was the first to recognise the high risk of Aids to life assurers by making reserve provisions for earlier-than-normal-claims from policyholders dying of Aids

Managing director of Metropolitan, Marius Smith, said in developing the product, in close co-operation with Aids organisations, his company had sought two priorities - one was to ensure that other policyholders would not be at

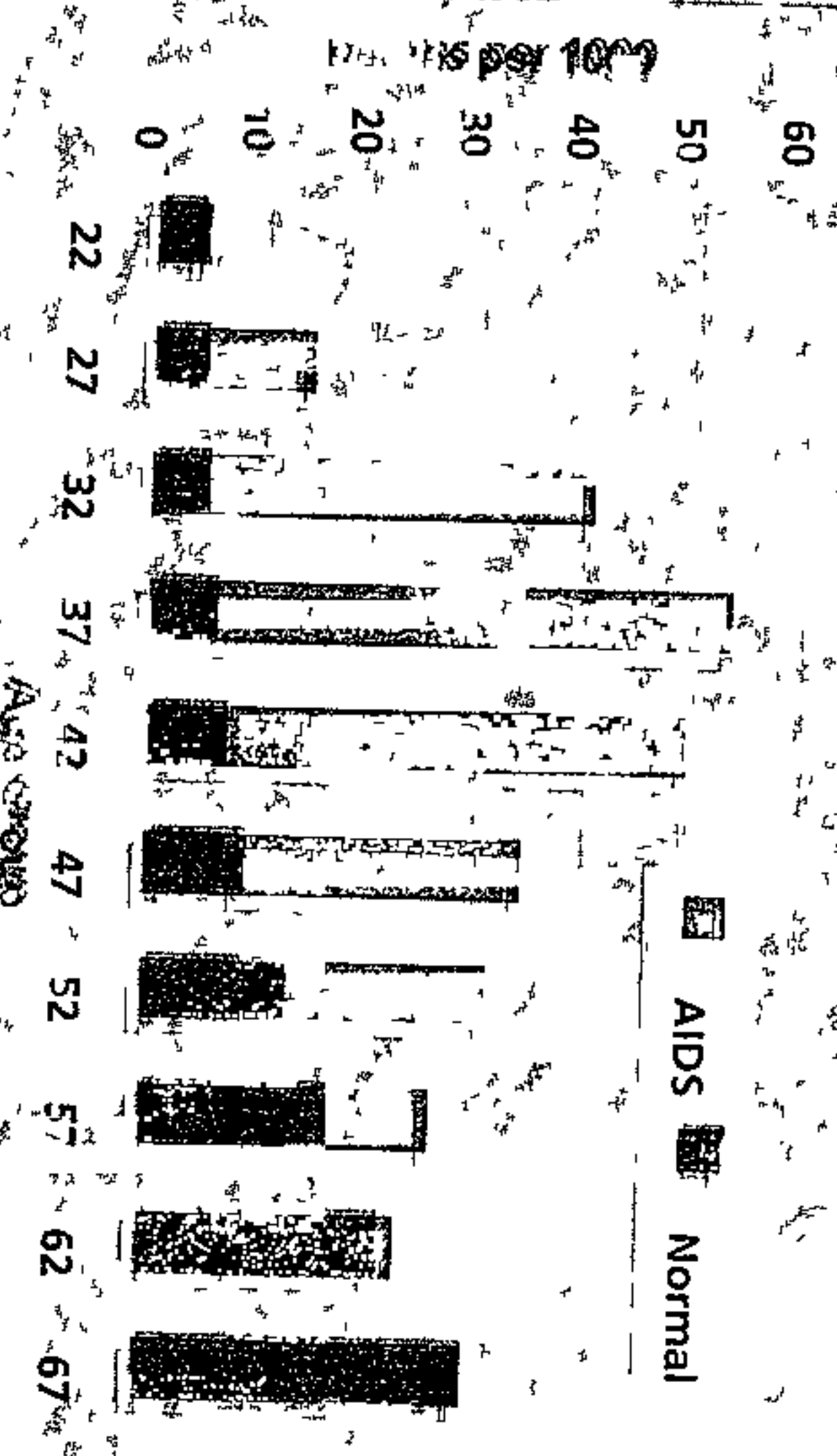
AIDS The new struggle

Percentage HIV+ Women Attending Antenatal Clinics



Source: METROPOLITAN LIFE

The proportion of Aids to normal deaths in the year 2010



financial risk and the other was to ensure confidentiality for HIV sufferers

Metropolitan has added the HIV product to another product which provides cover for other "uninsurable" people, such as some forms of cancer and heart disease, to help ensure confidentiality

The Fedlife policy, called Positive Care Plan, has an option designed to pay out on the insured person reaching the final stages of full blown Aids or at death, while the Metropolitan policy

(Inclusive Life) will pay out on death, with consideration being given to payment on development of Aids

Fedlife has also launched a product similar to the successful but controversial Southern Life Exclusive Life policy, offering policyholders a premium discount for undergoing voluntary HIV testing every five years. However Fedlife has added an additional element with a further premium discount for people who keep their cholesterol limits "within healthy norms"

For people who were initially healthy but contract HIV, a number of options are provided by the insurer to maintain their insurance but at a limited level

Fedlife's head of individual life, Dave Avnir said assurers had to continually find ways to give policyholders a fair deal by recognising health risks by ensuring that healthy lives are not forced to subsidise the unhealthy while recognising that the country's constitution demanded there was no discrimination against the unhealthy

Metropolitan Life has established a special section to deal with the sale and administration of the HIV products to ensure confidentiality

Old Mutual's assistant general manager marketing, Dave Hudson, said they had been ready to come to the market with a new HIV product for the past six months, but they were involved in the most intensive training programme for staff and intermediaries ever undertaken for a new product

(92)

AR 4 23/3/96

HIV victims offered new life by Metlife

ST(BT) 24/3/96

By MARCIA KLEIN

PEOPLE testing HIV positive will, for the first time, be able to get life assurance following the launch this week of Metropolitan Life's HIV policy

The new policy has a maximum death benefit of R50 000 and is designed for applicants who have tested HIV positive but do not yet show AIDS symptoms, as defined by the World Health Organisation

Research indicates that about 80% of HIV positive people in South Africa, representing about 1-million people, will be potentially eligible for cover

Given the lower life expectancy of HIV-infected people, the premiums are loaded, starting at R125 for R10 000 life cover. This compares with a starting price of about R110 for traditional life cover

Riaan van Dyk, Metlife's acting general manager and marketing actuary, says Metlife was the world's first insurer to offer AIDS cover under its health endowment and dread disease benefits

He says Metlife has gone to lengths to

ensure confidentiality. These applicants' statistical and administrative data will be separated from other policyholders', and a limited number of staff will administer their details. If the product is bought through a broker, the broker will know only that the product is part of the Inclusive Life range, which includes another "historically uninsurable" conditions besides AIDS

Peter Doyle, Metlife's senior general manager, says there are about 1,5-million HIV infected people in South Africa, and as many as 200 000 of these could present with symptoms by 2000


Mr van Dyk says Metlife helps HIV-infected people "to create a measure of security for themselves and their dependants". After six to nine years, the product's investment value will exceed the value of the life cover



Puppets push safe sex in jail

But behind bars it's still a no-no

TYRONE SEALE
Political Staff

RRG 26/3/96 (92) 

A GROUP of MPs will spend a few hours behind bars at Johannesburg's Diepkloof Prison on April 3 for first-hand experience of one of the greatest, and potentially disastrous, romances in the fight against HIV and Aids in prisons.

Members of the national assembly portfolio committee on correctional services will be guests of honour at a performance of a puppet show conceived by internationally renowned puppeteers Gary Friedman and Nyanga Tshabalala, and written and performed by a group of 15 prisoners aged 18 to 24, who also made the puppets.

Funded as a pilot project by the Department of Health's directorate of Aids and sexually transmitted diseases (STDs), the production deals with issues such as sexual violence, STDs and preventative measures and the implications of such for the estimated 111 000 prison population.

Predictably, one of the lifesaving measures suggested by the young group of puppeteers in training is the use of condoms, a message about which the Department of Correctional Services has no qualms - as long as no-one actually tries to practise safe sex behind bars.

Correctional Services Minister Sipo Mzimela repeatedly has gone on record as refusing to accept that certain prisoners regularly have consensual sex with fellow inmates, saying the only people to seek physical comfort in jail are rapists, who should not be encouraged by means of access to condoms.

Briefing members of the correctional services and health portfolio

committees at parliament last week, Mr Friedman illustrated his presentation with a slide show depicting the work that has gone into the pilot project during the past few weeks, from scriptwriting to the carving of the styrofoam puppets.

In the course of devising their production, members of the 15-strong Diepkloof puppeteer group simulated, while fully clothed, sex between male prisoners, with violence as a recurring theme.

Mr Friedman told MPs it was clear from his work with this group that sexual activity took place "a lot" in prisons, especially among the youths presenting the education programme. Even so, he said, condoms were not freely available in prisons.

"It was made quite clear to us (Gary Friedman Productions) that we may teach these people about HIV education and condom use, but that we may not at any stage distribute condoms inside prisons in South Africa."

He said his production was anxious to see the Diepkloof group develop into a company that could share their experiences with prisoners in other jails where similar groups could be launched to pursue Aids and HIV education.

He raised a few legislative eyebrows when he referred to a debate in the United States about the feasibility of allowing married prisoners conjugal visits with other prisoners obtaining access to prostitutes.

Meanwhile, he said he hoped the Puppets In Prisons programme would succeed.

It was funded to the tune of R90 000, which could grow to about R700 000 if the pilot programme was extended to a one-year project involving the country's 250 jails.

Aids play entertains and educates – for just R5 000

MEDICAL CORRESPONDENT

Extravagant musicals might be of questionable value, but tailor-made industrial theatre has an important role to play in efforts to cope with the HIV/Aids epidemic, say Aids workers.

Yesterday about 100 representatives from some of SA's leading companies gathered in Lonehill, Sandton, to consider how one of these productions, The Blue Moon Company's Aids industrial theatre presentation, might be used in their workplaces.

The play, originally produced for Telkom, has been adapted with the help of Dr Ruben Sher of the National Aids Training Outreach Programme.

"We tried to dramatise the medical/technical information and put in positive role-models and a way of behaving, how to live with it," said director Claire Stopford.

But, she said, in response to suggestions from the floor, the production could work in many

different ways, including breaking it up into modules and using the intervals for a workshop, or question-and-answer sessions with Aids educators.

The hour-long play, which can be bought for companies for about R5 000, works with props of just two black fold-up screens, two plastic chairs, and an assortment of everyday costumes.

It is targeted at a blue-collar, largely male workforce, and charts the lives of Sam and his factory-floor buddy.

The staging is smart and the script witty but blunt, and the players slip neatly from scene to scene. Technical detail comes from the mouths of two T-cells, Blob and Glick, soldiers in the body's defence force.

Pierre Brouard, acting manager of Hillbrow's Community Aids Centre, says a vital point of the play is how it deals with caring for Aids sufferers. "We need to promote care and support, and how we deal with people who are sick and how we care for them."

(92) Star 27/3/96

ANC outvotes bid to launch Zuma probe

(92)
POLITICAL STAFF

Star 28/3/96

Cape Town - The ANC has outvoted a bid by opposition parties to launch an official investigation into claims that Health Minister Nkosazana Zuma deliberately misled a parliamentary committee in a briefing on *Sarafina 2*.

Last night, by 174 votes to 77, the ANC defeated a draft resolution by Democratic Party MP Mike Ellis calling for the appointment of an ad hoc committee to investigate whether Dr Zuma deliberately misled the national assembly committee on health.

Ellis said last night's debate revolved around the critical issue of whether or not Parliament would succeed in establishing a culture of functioning democracy and ministerial accountability.

Referring to the February 28 briefing, he said: "What proceeded was a tangled web of half-truths which were designed to do nothing more than mislead members of the committee and the wider public via the media."

Manto Tshabalala, chairman of the portfolio committee on health, said it was entirely legitimate for statements by public officials to be scrutinised as part of the democratic process.

She said Dr Zuma had also made it clear that she had nothing to hide and that debate on matters of policy was welcome.

However, while *Sarafina 2* was being investigated by the Public Protector and the Auditor-General, it would be inappropriate for the proposed ad hoc committee to pre-empt any findings that might result from the other two investigations.

New deal for HIV-positive and AIDS convicts urged

(92) (253) Star 28/3/96

Cape Town - The correctional services and health committees have urged Minister of Correctional Services Dr Sipo Mzimela to implement resolutions on the treatment of HIV-positive prisoners and prisoners with Aids.

A joint statement by committee chairmen Carl Niehaus and Dr Eddie Tshabalala said the committees

also wanted recommendations by the department's working-group re-

port on health care services in South African prisons, which were the same as the resolutions, to be adopted as official departmental policy and implemented immediately.

The resolutions and recommendations include that:

■ Condoms be made available to prisoners as part of an integrated Aids-prevention and education programme

■ A comprehensive Aids and sex education programme be developed and implemented as soon as possible

■ Special attention be given to ensuring the privacy of all prisoners, with knowledge about whether a person is HIV positive being treated as privileged medical information that may not be divulged

to anyone without the formal consent of the prisoner.

■ Special attention be given to ending the segregation of HIV-positive prisoners.

The department must provide the committees with time frames for ending the segregation of these prisoners.

■ Mzimela must report to the committee on progress made within 21 days.

Mzimela's spokesman Bert Slabbert said the Minister would make a decision "as soon as possible". - Sapa.

Prisoners to get more privacy

Sarafina 2

COVER-UP (92)

alleged

CR 28/3/96

The Bill No. 7 of 1992, titled 'The
Cover-up of the Controversial
RFF Millions' matter, was
discussed in detail during
its passage in Parliament. All
opposition parties and
members

The DP, DSA and DP
and DP made a pointed
statement on the cover-up
by 17 votes to 77 of a
motion calling for a Select
National Enquiry Committee

to investigate into the
circumstances leading to the
murder of the late Minister
of Education, Dr. M. Nkomo.
The Government's failure to
do so is a gross violation of
the democratic principles of
the country.

The Government is
not a democratically elected
body and does not have the
right to cover up the truth
about the death of a
Minister.

The Government has
interfered with the
process of the media and
the parliament to prevent
the truth from coming out.

We are left with the only
option of holding an
investigation into the
circumstances surrounding
the death of the late
Minister.

Zim army

bridles at

Aids tests

28/3/96
(2) (92)

HARARE: With Aids reportedly rampant within the Zimbabwean army, the ministry of health is seeking permission to conduct anonymous tests on new recruits — an idea that has not gone down well with the top brass

Health Minister Timothy Stamps says the HIV prevalence rate is close to 30% among the sexually active population in Zimbabwe. Although not providing the data, Stamps believes the figure is higher within the armed forces.

Unconfirmed reports of a seropositive rate of 70% within one battalion which donated blood to the national transfusion services have been hotly denied by the army

And the defence ministry's failure to leap at the initiative of random anonymous testing among new recruits has been matched by the concerns of civil liberties groups here.

For Mr Mike Auret, director of the Catholic Commission for Justice and Peace, it's a double bind: On one hand there is a need to protect individual rights and on the other "the army is one of the main contributors to the growth of HIV sufferers in the country".

But while the army acknowledges the gravity of the Aids problem nationwide, it feels it is being unfairly singled out. — Sapa-IPS

Move to distribute free condoms to all serving prisoners

THE Correctional Services and Health committees have urged Correctional Services Minister Sipo Mzimela to implement resolutions on the treatment of HIV-positive prisoners and

(92) ~~(22)~~

prisoners with Aids
A joint statement by committee chairmen Carl Niehaus and Eddie Tshabalala said the committees also wanted recommendations by the depart-

ARC 28/13/96

ment's working group report on Health Care Services in South African Prisons to be adopted as official departmental policy and implemented immediately.

These include a recommendation that condoms be made available to prisoners as part of an integrated Aids prevention and education programme - Sapa

POLITICS

EU set to seek refund of AIDS play money

BD 29/3/96 (92)

Wyndham Hartley

CAPE TOWN — The European Union will, once the investigations into the R14,2m Sarafina 2 débâcle are complete, request the refund of its money spent without approval on the AIDS play.

The health department's lax handling of the EU funds and the ANC's brutal defence of its actions in parliamentary debate on Tuesday night are substantially harming SA's international standing as a destination for foreign funding.

EU ambassador Erwan Fouere told Business Day yesterday he was depressed by the debate. He said he found the use, by Essop Pahad (ANC), of his attendance at Sarafina 2's premiere on World AIDS Day to condone the spending of EU money without authorisation "offensive".

Fouere said he had attended as part of World AIDS Day celebrations.

He stressed categorically that there was no prior authorisation for the use of EU funds on the play, and that this constituted a serious misuse of those funds.

When asked if the EU was about to ask for its money to be returned, he said "Yes, we are". He pointed out that if changes were wanted in the budget then they

should have been requested in writing.

Details of invitations to tender should have been supplied to the EU, also in writing, Fouere said, and this also was not done. Strict EU rules on donor spending also require consultation on the choice of tenderer in contracts involving its money, and this too had not been done.

"If all the investigations under way support what we already believe to be true, then we will ask for a refund," Fouere said. There was space for discussions with government on how this could be achieved.

There are apparently no indications that the health department is attempting to rectify the Sarafina 2 mistakes within the EU's donor rules. Money allocated to other things in the budget agreed between the department and the EU have already been spent on Sarafina 2.

The EU has contributed R100m to the health department, R48,73m of that specifically earmarked for AIDS programmes. But only R6,9m was allocated to mass media communication including drama, radio and TV.

Diplomatic sources, declining to be named, said with the lessons of Sarafina 2 in mind, future and current donations to SA would come under intense scrutiny.

ANC slammed on Sarafina 2

(92) Sowetan 29/3/96
Party is perpetuating cover-up on issue
of R14,2-m musical, says opposition.

THE AFRICAN NATIONAL CONGRESS was perpetuating a cover-up of the controversial R14,2 million *Sarafina 2* Aids musical by abusing its majority in Parliament, all six opposition parties said on Wednesday night.

The Democratic Party, Freedom Front, National Party, African Christian Democratic Party, Pan Africanist Congress and the Inkatha Freedom Party issued a joint statement on the ANC's blocking of a DP motion calling for a select National Assembly committee investigation into whether Health Minister Dr Nkosazana Zuma had deliberately misled the house over the musical.

"Tonight the country witnessed a classic example of abuse of power and the tyranny of the majority party," a joint statement said.

"If the ANC was confident about the honesty of the minister's assertions, why are they so afraid of a parliamentary committee testing the veracity of her statements?"

The ANC may have mustered a majority but in the process had "destroyed the fragile plants of parliamentary democracy,

ministerial accountability and the correct appropriation of foreign aid"

"We are left with the only inference available that the ANC is perpetuating a cover-up and the minister appears to have deliberately misled Parliament and its portfolio committee"

The motion, brought earlier in the evening by the DP's Mr Mike Ellis, was defeated by 174 votes to 77

Dangerous precedent

If the ANC used its majority to reject the motion then it was setting a dangerous precedent in preventing Parliament from insisting on executive accountability to it and the public, Ellis said.

All opposition parties raised the issue of ministerial accountability, with the Inkatha Freedom Party's Mr Elred Ferreira saying that opposing the motion would signal to the public that Parliament was "toothless and the executive can do exactly what it wants"

The Freedom Front's Mr Pieter Groenewald said it would be in the minister's interest for an investigation so that the issue could finally be laid to rest - *Sapa*.

MPs to check jails for condoms

(92) (288)

ARG 30/3/96

TYRONE SEALE
Political Staff

MEMBERS of parliament will be visiting jails around the country during the next two weeks to see whether the department of correctional services has reversed its ban on condoms in jails and its policy on the segregation of prisoners with HIV/Aids

The parliamentary portfolio committees on correctional services and health this week jointly adopted a resolution calling on Correctional Services Minister Sipo Mzimela to authorise

the distribution of condoms in prisons and to stop discrimination against prisoners with HIV/Aids

The committees' resolution flowed from evidence presented recently to the correctional services committee by a departmental work group on health care services in prisons, health care organisations and other institutions

In their resolution, the committees urged Dr Mzimela to implement their proposal immediately and to report back within three weeks

Carl Niehaus, chairman of

the national assembly portfolio committee on correctional services, said today that he had not yet heard from Dr Mzimela on the question of the resolution, but that MPs would be monitoring the situation in prisons during the current parliamentary recess

The committee and Dr Mzimela have been invited to a performance at Diepkloof Prison, Johannesburg, on April 3 of an Aids education puppet show which the producers, Gary Friedman Productions, hope will become a permanent feature in prisons countrywide

Fear of aid cutoff by EU over 'Sarafina 2'

By JACQUI REEVES

Fears that overseas investors may hold back future funds to South Africa have been sparked by the European Union's announcement yesterday that it has demanded back the R14-million of its aid money used by the Department of Health for the controversial Aids play *Sarafina 2*. The EU says the depart-

ment used too much of the funds for the drama, and that the department did not follow correct tendering procedures before allocating the money. The Department of Health has, however, lashed out at the EU, accusing it of not informing the department before going to the media with its decision.

There are very specific channels of communication that should be followed and as yet we have not officially been informed by the EU," said Vincent Hlongwane, spokesman for the department. Health Minister Nkosazana Zuma said she had not been informed by the EU "and I won't comment until they officially inform my department".

The EU said any changes to the allocation of its funds should have been officially requested in writing by the department. An EU spokesman said strict rules on donor spending demanded consultation on the choice of the tenderer, another of the stipulations ignored by the department.

Out of the R100-million donated by the EU to the Department of Health, almost half of it was specifically allocated to Aids programmes, but only R6,9-million was set aside for mass-media communication. The DP's Mike Ellis said South Africans should not underestimate the importance of overseas funding and urged the Government to take firm action. The ANC this week outvoted a bid by opposition parties to launch an official investigation into claims that Zuma deliberately misled a parliamentary committee in a briefing about *Sarafina 2*.

922 Star 30/3/96

EU demands back money for Sarafina 2

ART 30/3/96

JACQUI REEVES
Staff Reporter

(92)

THE European Union has announced that too much of the money it allocated to Aids programmes was used to fund *Sarafina 2* and has demanded back the R14 million used for the controversial Aids play.

The EU said yesterday that the Department of Health did not follow the correct tendering procedures before allocating the money.

But the department has accused the EU of not informing it of the decision before going to the media.

"There are very specific channels of communication that should be followed and as of yet we have not officially been informed by the EU," said Vincent Hlongwane, spokesman for the department.

Health Minister Nkosazana Zuma said she had not yet been informed by the EU "and I won't comment until they officially inform my department".

An EU spokesman said there were strict rules on donor spending and that any changes should have been officially requested in writing by the department.

Out of the R100 million donated by the EU, almost half was specifically allocated to Aids programmes, but only R6,9 million was set aside for mass-media communication such as radio and television.

This week the ANC outvoted a bid by opposition parties to launch an official investigation into claims that Dr Zuma deliberately misled a parliamentary committee in a briefing on the *Sarafina 2* Aids play.

The Democratic Party's Mike Ellis, who headed the call for an ad hoc committee to investigate allegations of fund misuse, said the party did not blame the EU for its move.

Mr Ellis said South Africans should not underestimate the importance of overseas funding and called on the government to take firm action.

ST 31/3/96

Immune to AIDS (92)

By ROGER HIGHFIELD: London

IN THE first cases of their kind to be documented, scientists have discovered two homosexual men who are naturally resistant to AIDS

The men, both from New York, have a long history of exposure to the disease. Revealing the mechanism their bodies use to fight off the virus which causes AIDS could have "major implications" for potential new treatments, said Dr Bill Paxton. He and his colleagues reported the find in the journal *Nature Medicine*.

"We are desperately trying to work out this mechanism," he said, "but this is first time white blood cells have resisted the virus."

Dr Paxton's team are regularly testing blood samples from the men and 23 other partially resistant people.
©The Telegraph, London

Zuma mum on EU claim

HEALTH Minister Dr Nkosazana Zuma remained tight-lipped yesterday about reports that the European Union has demanded the return of R14-million spent on Mbongeni Ngema's controversial AIDS play, *Sarafina 2*

"I have no comment to make about that at the moment," Dr Zuma told *Sapa* when approached at an ANC provincial congress in Durban

The union's envoy to South Africa, Erwan Fouere, said the use of EU donor funds to produce the play appeared to constitute a misuse of the funds

The union would demand a refund if investigations into the funding confirmed his suspicions, he said

Dr Zuma said she was declining to comment on the issue "because I have not been approached about this"

"I will respond to him when he (Fouere) talks to me. He hasn't talked to me at all about this matter that has been in the newspapers," she said

Criticism directed against her should be understood within the context of "transformation", Dr Zuma said

"For me this whole thing is about transformation in the health department and transformation in our country"

(92) ST 31/3/96

Baqwa to investigate Sarafina II

By JEFFERSON LENGANE

NATIONAL public protector Selby Baqwa predicts he will use his new post — a position he will hold for the next seven years — to ensure “clean administration” at all levels of government.

He is highly qualified for his post. His qualifications include a B Juris (University of Fort Hare), an LLB with a distinction in Public International Law (Unisa), a diploma in Maritime Law (University of Natal) and a Certificate in Constitutional Law (University of Natal).

He was admitted as a practising attorney of the Supreme Court of South Africa in 1976 and in 1988 was admitted to the Supreme Court as an advocate.

Until 1995 Baqwa has been involved extensively in litigation, drafting of legal documents and legal research.

Baqwa was appointed National Public Protector last October.

As national public protector 34-year-old Baqwa will receive complaints from aggrieved persons against government agencies or officials. He has the power to investigate, recommend corrective action and issue reports.

Baqwa concedes that the *Sarafina II* saga has presented him with his most formidable challenge since his appointment.

“The issue involves the conduct of Health Minister Nkosazana Dlamini-Zuma and her director-general, Olive Shisana and there is R14 m at stake,” he said.

“It has been so widely reported and debated that I consider it now in the public interest to investigate and issue a report to parliament as the issue is no longer just about the principles that underpin our constitution, namely transparency and accountability.”

“The matter, as it currently stands, now also has to do with public confidence in the state administration and public morality.”

“There can no longer be any dragging of feet and the investigations must proceed with all due haste in the next few weeks. I will provide a report.”

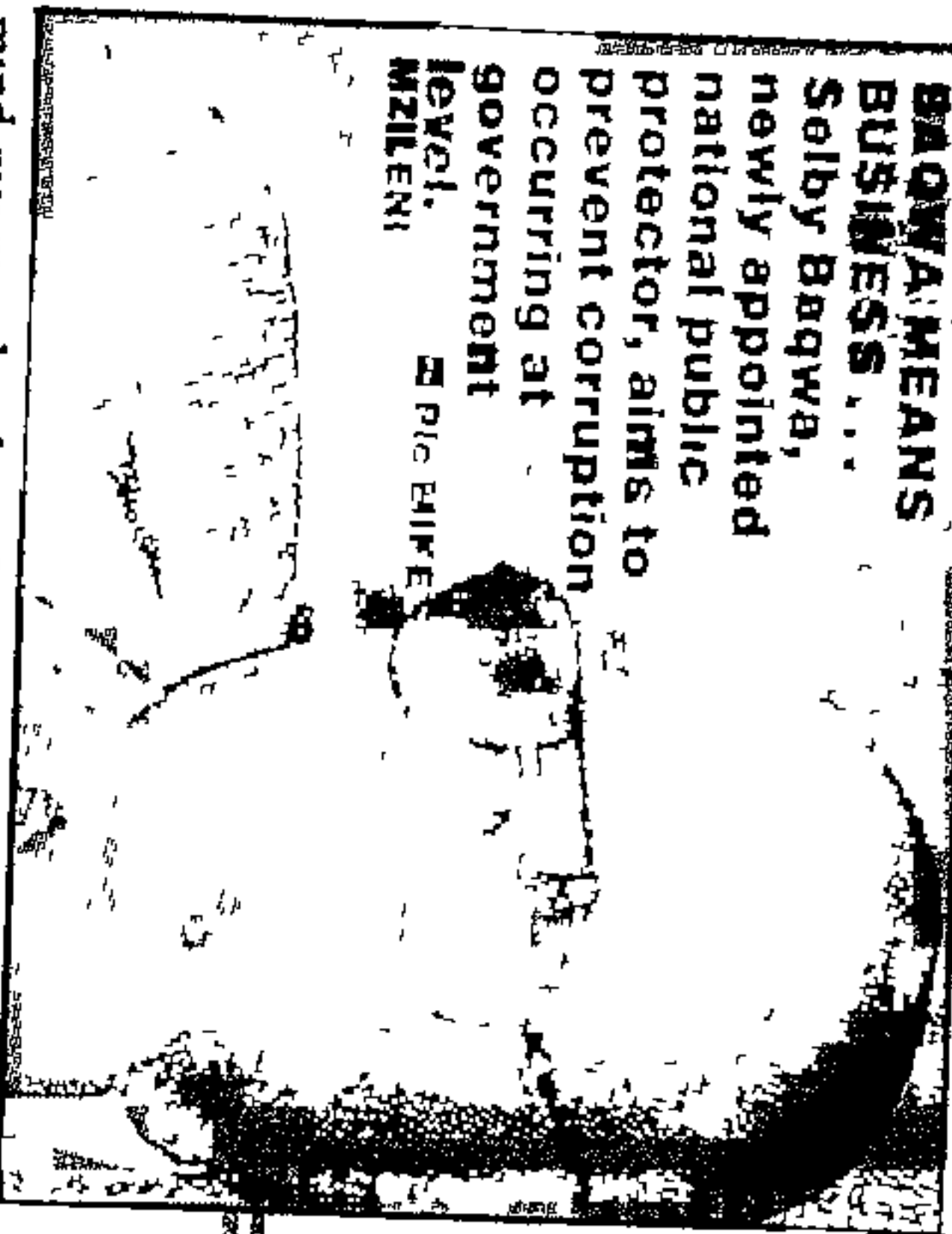
He said if any information may arise to justify the suspension of *Sarafina II* he would not hesitate to do so.

“I work without fear or favour”, he said.

With other more routine matters Baqwa is determined to redress past wrongs, such as unpaid pensions and loss of houses through corruption. “The path to my appointment has not been an easy one bearing in

92) CP 10/3/96

BAQWA MEANS BUSINESS
Selby Baqwa, newly appointed national public protector, aims to prevent corruption occurring at government level.
ZILENI



mind my membership of the ANC. Those opposed to my appointment raised that question and alleged it would be unable to exercise impartiality.

“However, that view is easy to counter. Having fought for your rights does not make you incompetent to serve your country in the manner required of my office,” Baqwa affirmed.

Mbongeni spits fire over Aids play

By JEFFERSON LENGANE

SARAFINA II director Mbongeni Ngema has accused media critics and commentators of "barking up the wrong tree" in criticising him for being awarded the R14 million funding by the ministry of health for his controversial aids musical

As the controversy deepened, Ngema threw the ball in the court of Health Minister Nkosazana Zuma and her department

"I am in the business of showbiz. My contract with government is to produce a quality show and spread

(92) CP 10/3/96
its message throughout the country's townships and rural areas with the allocated budget, period," said Ngema in an interview with City Press on Friday

"Sarafina II is a project of the ministry of health to promote Aids awareness through theatre

"The decision to allocate the money rested with Nkosazana Zuma (Minister of Health) and her administration. They are best qualified to comment on how decisions were reached to award me the contract."

He denied reports that R5 mil-

lion of the total budget of the play had been frozen and that about R1,1 million already spent has not been accounted for

He said the focus must not be lost that the musical is targeting youths who are the most exposed to the Aids scourge "to change sex behavioral patterns of our youth, to promote safe sex and to empower girls to say 'no' to unprotected sex"

He said that critics would have an opportunity to judge if the play was worth the funding today

□ Turn to Page 3

HARM THOSE AROUND YOU

Bagwa to investigate Sarafina II

By JEFFERSON LENGANE

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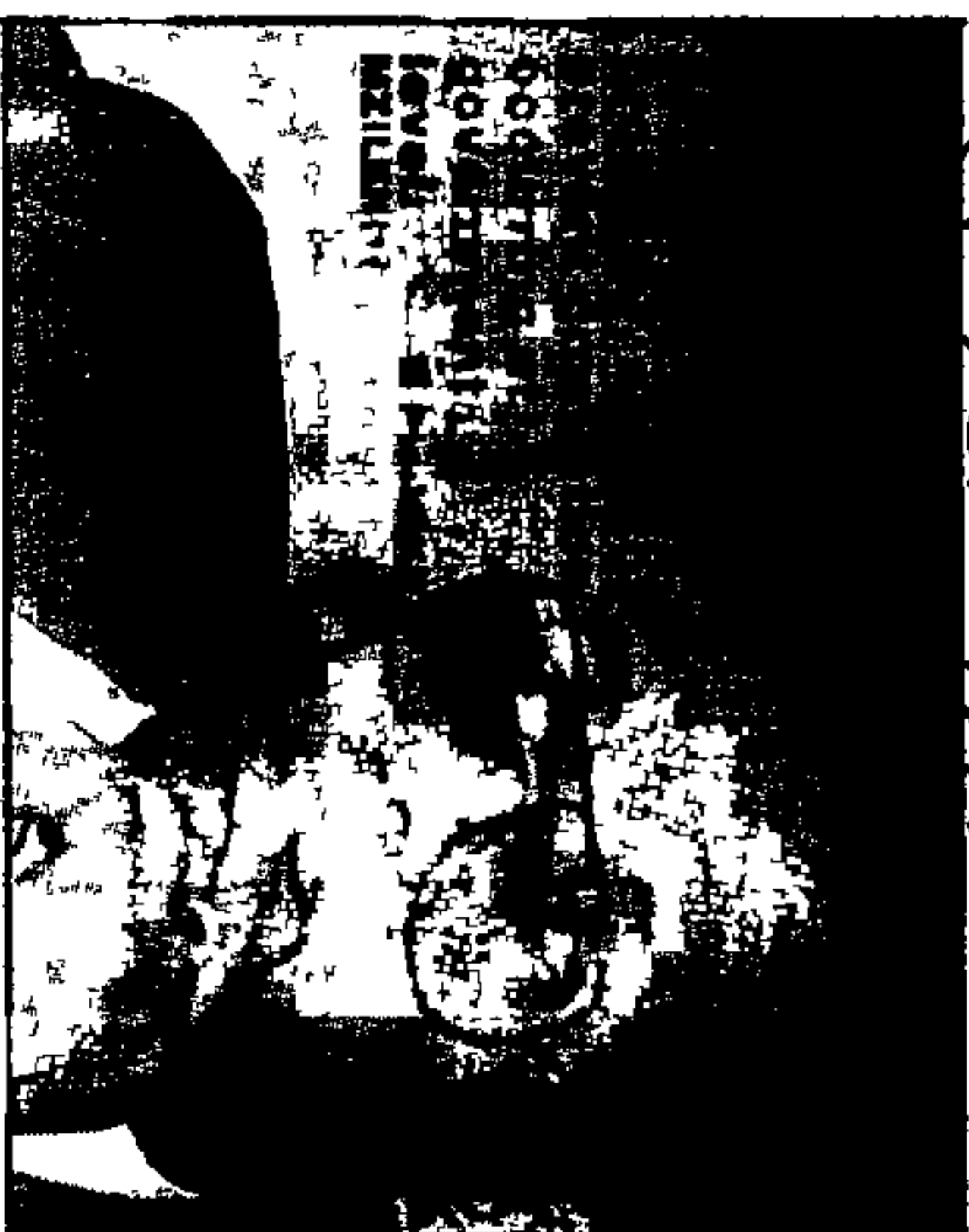
"The matter, as it currently stands, now also has to do with public confidence in the state administration and public morality

"There can no longer be any dragging of feet and the investigations must proceed with all due haste in the next few weeks. I will provide a report"

He said if any information may arise to justify the suspension of *Sarafina II* he would not hesitate to do so

"I work without fear or favour", he said

With other more routine matters Bagwa is determined to redress past wrongs, such as unpaid pensions and loss of houses through corruption. "The path to my appointment has not been an easy one bearing in



(92) CP 10/3/96

mind my membership of the ANC. Those opposed to my appointment raised that question and alleged that I would be unable to exercise impartiality

"However, that view is easy to counter. Having fought for your rights does not make you incompetent to serve your country in the manner required of my office," Bagwa affirmed

tionary' work

Sarafina 2: Line Operated

LINKS TO THE WEEKEND
(92) ST 10/3/96

By IVOR POWELL

THE only tender other than Mbongeni Ngema's received by the Department of Health for its controversial AIDS play was submitted by a company affiliated to Ngema.

Sandra de Villiers, director of Opera Africa, the company which submitted a rival tender for the project which led to the R14.27-million musical *Sarafina 2*, was actually on the board of Ngema's Committed Artists Opera Africa operated under the banner of Ngema's company.

Although, subsequently, the relationship has grown increasingly strained, Ms de Villiers is still a member of the board of a consortium of performers collected together under the umbrella of Committed Artists, the aim was to register the expanded outfit as a Section 21 company.

Ms de Villiers admitted her involvement in Committed Artists, but said she was unaware that Ngema was also tendering when she was contacted by the Department of Health late in June last year.

"I've been put into an extremely bad position," Ms de Villiers said. "I had no idea that Mbongeni was involved. I was contacted by the Department of Health out of the blue."

"Then I forgot about it. But a few days before the tenders had to be in, I got a call from the department to say I must please submit the tender forms, otherwise it won't be legal."

Legal opinion solicited by the Sunday Times said the process was almost certainly not legal anyway.

Although three tenders were required in terms of regulations, only two were in fact received. Moreover, as both Ngema and Health Minister Dr Nkosazana Zuma have confirmed, they had discussed the project in detail before tenders were called for.

The third invitation to tender was made to Pact Windybrov — but only 24 hours before the submissions had to be in.

Last week Windybrov's Walker Chakela said he had suspected that the name of his company was being used to give credibility to a dubious procedure and had thus decided not to respond.

Anomalies in the tender procedures represent just one of the areas that Public Protector Selby Baqwa, appointed by Parliament this week, will be investigating as he sifts through the evidence.

He should also be asking serious questions about the budget and the terms on which the contract with Ngema was entered into.

Why, Mr Baqwa will want to know, was a publicly funded contract entered into which:

- Entitled Committed Artists to buy (rather than rent at a fraction of the cost) a luxury bus for more than R1-million, a truck worth R600 000, sound equipment for R600 000, and spend around R1.4-million on office rentals and equipment — when the show was scheduled to run only for a year?
- Was budgeted to pay salaries four times more than recommended by the theatre union, Performing Arts Workers' Equity?
- Paid a director's fee more than three times higher than any on record in this country, as well as a (unbudgeted) salary for composing and choreography?
- The public protector, assisted by the auditor general, will also have a good deal to query when it comes to accounting.

Of the R9-million already paid out to Ngema by the Department of Health, about R900 000 has yet to be accounted for after internal audits. A substantial 15-page report querying irregularities in Ngema's financial records has been submitted to the government.

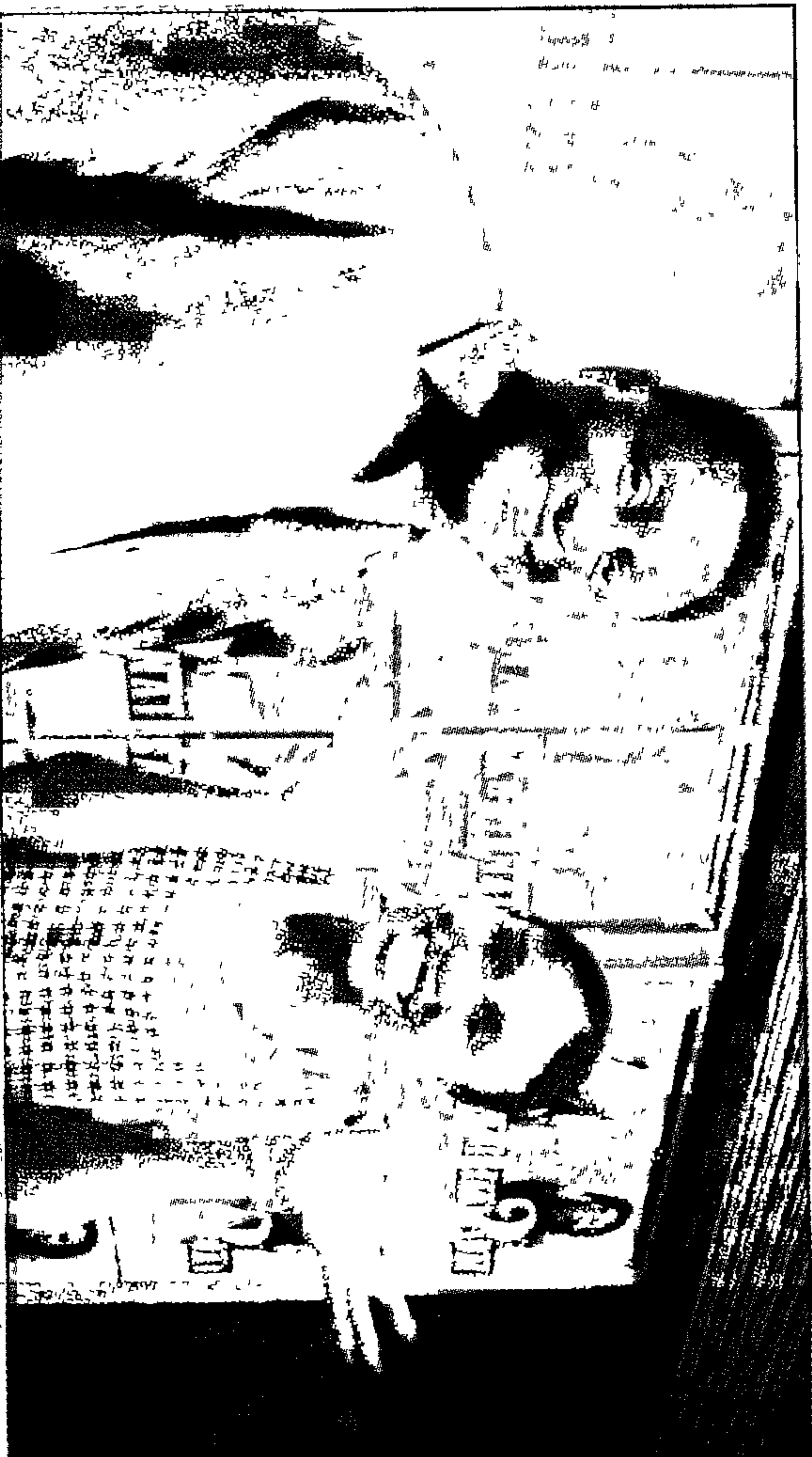
Among the payments which have been queried are:

- Substantial car-lease payments — although no cars are budgeted for.
- Cheques paid out to That Other Music Shop in Johannesburg, where Ngema bought sophisticated recording equipment for his private studio in the second half of last year.
- Payments to an S Rainu who is working in a new recording studio Ngema is setting up in Johannesburg.
- A payment of R594 508.44 — ostensibly for "advance expenditures refundable to the project" — incurred before the first R3-million was paid out in August, and.
- Payoffs to various people with the surname Ngema who are not obviously associated with the play.

Though performers' salaries are apparently not queried in the audit, there are questions about these payments.

Budgeted at between R700 and R2 000 a week, some salaries actually being paid are reportedly far lower.

Moreover, some performers have not been paid at all when the play is not in performance.



PUBLICITY PROUD... bad press has made playwright Mbongeni Ngema and actress Leleti Khumalo work harder on Sarafina 2

Ngema's AIDS show fails to go on

By GILLIAN ANSTEV

THE man at the centre of the *Sarafina 2* storm clearly does not practise the theatre cliché "the show must go on".

The first performance on the national tour of Mbongeni Ngema's controversial AIDS play failed to take place on Friday, leaving about 70 disappointed high school children.

By the advertised 3pm starting time, there was no sign of Ngema, the show's creator and director, or of the cast at Soweto's Eyethu cinema.

On stage, technicians adjusted lights on the bamboo set, while painters spruced up the venue.

The schoolchildren, who had been invited to see the play free of charge, were told at about 3pm that there would be no show that afternoon.

Immaculate Monageng, 18, said: "I want to see *Sarafina 2* because I like Leleti (Khumalo) and I want to know more about AIDS."

Their biology teacher, Kedibone Mokheane, said the school had

been invited to the play on Thursday and the arrangement had been confirmed on Friday.

"I hope if we come back, we won't have to pay. Where's the R10 entrance fee for children going to the European Union or the government? It should be free because the government has already paid R14-million for it," she said.

Only vague reasons were given for the performance's cancellation.

Bev Brown, of the public relations company Motion Picture Marketing, said the cast were exhausted after driving from Durban.

But she declined to go on record for a radio broadcast, saying "I don't know the logistics."

Information about the delay was not communicated to the backstage crew. One lighting technician said he had been told to be ready for a 2pm performance, another said the delay was because the stage was not ready.

When Ngema and his troupe arrived at about 4.15pm, he said it was up to Ms Brown to comment on why the matinee had not taken place.

Then he said "I am waiting for a statement from the tour manager. Today is a rehearsal, Sunday's the press opening."

He said the students would be invited again.

"Have we spent a lot of unnecessary money? Look at the trucks and bus and make a judgment. I have nothing to say," said Ngema, who was dressed in green silk.

"The negative publicity has just made everyone work harder to make sure the show is sharp. Critics haven't seen the show yet, except for one or two who slunk in. We've always said it was a work-in-progress and that's why we hadn't invited the press yet."

Mr Ngema said the banner, which advertised R20 admission for adults and R10 for children, had been printed a long time before. He was waiting for a directive from the minister of health on ticket prices.

"The minister will be here on Sunday and I'm sure we'll know then. Now I must go rehearse."

Rehearsals started an hour later.

Experts slam Aids play

Star 11/3/96 (92)

Gauteng audiences enthusiastic, but experienced health workers as well as victims of disease say Ngema's controversial work 'misses the boat'

DAVID ROBBINS
Health Writer

Widespread doubts about the effectiveness of the Aids-awareness play *Sarafina 2* were expressed following its first Gauteng airing before an enthusiastic audience at a Soweto cinema yesterday.

While more than 1 200 people applauded the high-energy performance by members of the Committed Artists' cast, Aids and theatre experts, as well as people personally involved with the disease, were voicing their opinions.

"I certainly don't want to destroy the whole presentation," said Nikiwe Khena, an Aids educator with the African Research and Educational Puppetry Programme (AREPP), "but the messages about Aids were confusing and ineffective, and some were definitely degrading to women"

Prominent Aids consultant Dr Clive Evian remarked that the controversy surrounding the play was undoubtedly doing more for Aids awareness than the play itself.

The controversy has centred on the provision by the Department of Health of a budget of more than R14-million to mount and tour *Sarafina 2* to all the main centres in South Africa.

The lavish musical production opened in Durban late last year.

Department of Health director-general Dr Olive Shisana, who attended yesterday's performance, said she had seen the play in Durban and her department

AREPP acting director Gordon Bilbrough said although the production contained a lot of energy and talent, it did not work as a piece of theatre. "There was no coherent storyline. A strong narrative is an important part of the musical genre. But *Sarafina 2* has only a disjointed story and a confusing educational message which seems simply to have been tacked on to the song and dance."

Evian pointed out that the only message the play seemed to get across was that people should protect themselves against Aids by wearing condoms.

Khena added that nowhere in the play were people depicted as saying "no" to sex. "There was no emphasis on this at all."

David Patient, who tested HIV-positive 13 years ago said Mbongeni Ngema, the originator and producer of the play, needed to receive a course of Aids education before rewriting the play.

"I think he's enormously talented, but I do believe he has totally missed the boat. So has the Department of Health. The play should be withdrawn. It should be rewritten. Then we should send it abroad to see if it can recoup some of the money."

Television personality Charl Blignaut, who is HIV-positive, said he had recently returned from rural KwaZulu Natal, where he was shooting a documentary about the play.

"*Sarafina 2* misses the boat because where awareness is needed, this production is not going," he

Aids play

Star 11/3/96

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"These suggestions have now been incorporated, and I find a significant improvement in the content of the message," Shusana said. "But whether it's worth R14-million is going to be up to the target audience to decide. A proper investigation is going to be conducted into its effectiveness."

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Television personality Charl Blignaut, who is HIV-positive, said he had recently returned from rural KwaZulu Natal, where he was shooting a documentary about the play.

"*Sarafina 2* misses the boat because where awareness is needed, this production is not going," he said. "The play was not being taken to rural areas, as specified in Ngema's contract, he added."

Ngema said he was unaware whether the play was funded by the Health Department or the European Union and dismissed allegations of misappropriation of funds. "I have no reason to bother with that," he added.

Melbourne yesterday. Brundle walked away from the horrific crash and restarted the race in a space on which later a hill runs in Melbourne...

It's rock, roll and bop as Sarafina 2 celebrates people power in Soweto

REVIEW
CAVALT MACLAIN
Theatre Critic

Set in the cavernous space of Soweto's Eyethu Cinema, Mbongeni Ngema's *Sarafina 2* is a magnificent assault on the senses, with music so well-shaped that one almost has the sense of being able to reach out and caress individual notes, some with jagged edges, some perfectly rounded.

The controversy which has dogged the R14-million production has, seemingly, done little to dampen the exuberance of the near 60-strong cast, mostly youthful, and musicians, who rock and bop their hearts out in a colourful display of song and dance.

At the production's core is the driving force of the music which crosses the range from *mbaqanga* to blues and gospel to jazz, as well as

rock and pop, with a hint of Hawaii in the guitars. Produced on a grand scale, with a Broadway-style musical, with a lighting design not unlike a pop

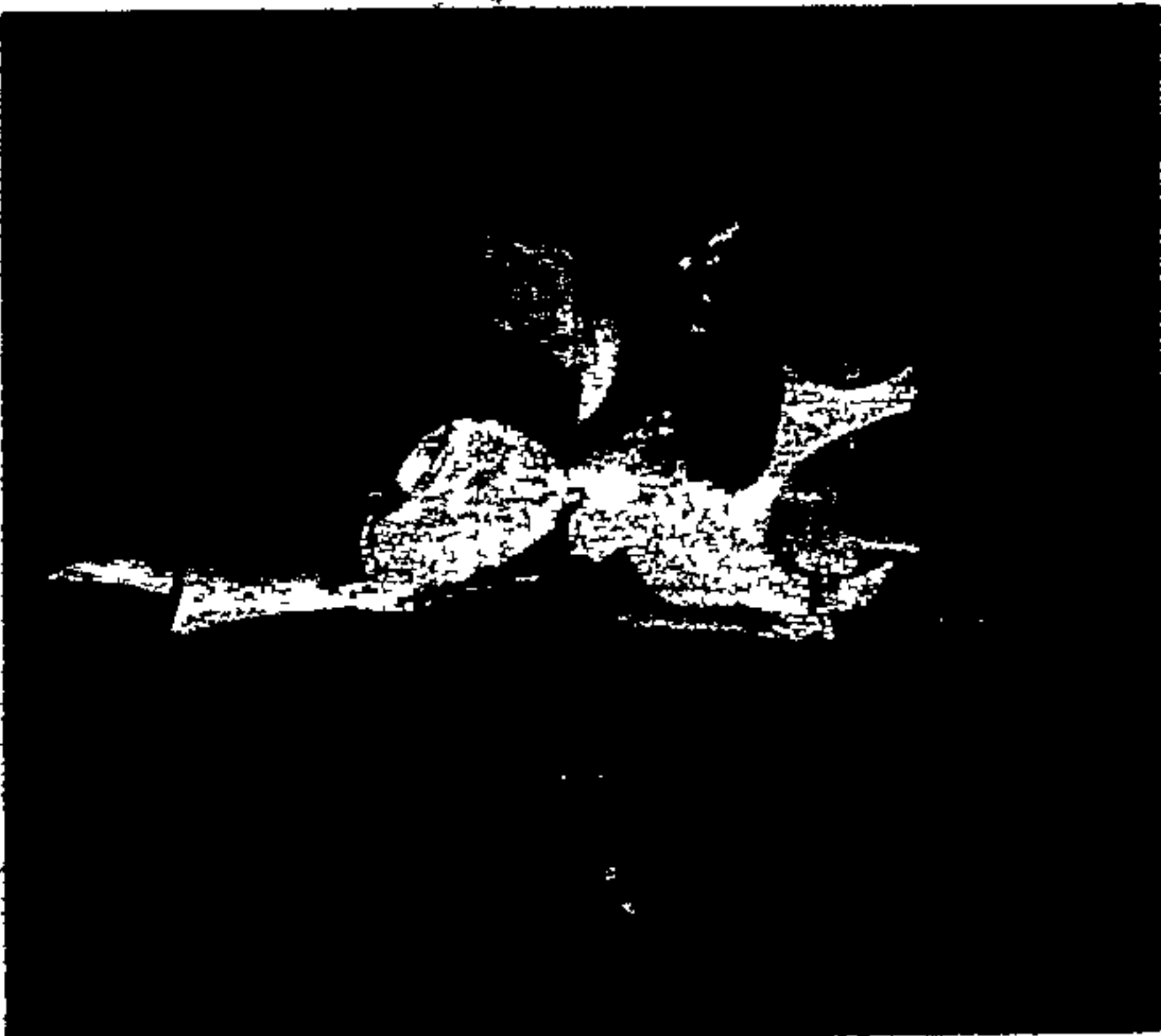
More a concert with a message than a tight storyline

concert, which tops even the original *Sarafina* in its musical impact. The storyline, because of its focus on the prevention of Aids, often deals overtly with the sexu-

al cavortings of schoolgoing teenagers - which may repel and incense the puritanical - but finally, the whole proves to have an ineluctable magnetism.

Despite the morbidity of the subject, there is a joyousness and innocence in these "strolling players", enhanced by physical beauty and soaring talents, which is inspiring.

More a concert with a message than a tightly plotted storyline, it's a work that demands toe-tapping and foot-stomping participation and if the roars of appreciation coming from the



Safe sex... Leleti Khumalo, in *Sarafina 2*, pleads with South African teenagers to use condoms.

Star 11/3/96

Eyethu's more than capacity, non-paying audience yesterday afternoon, are anything to go by, it's a winner, certainly in a theatrical sense.

But having said that... the play needs trimming, by as much as half an hour.

Its ensemble cast bursts with disciplined energy. First among equals must come Leleti Khumalo, the original *Sarafina*, who sets the stage afire with dramatic assurance.

The Colgate character makes a reappearance, as do Mistress and others.

Khumalo is an apt role-model for teenagers, as well as Ger-

eration X-ers. She sends out her message of safe sex with a mixture of hubris and self-effacement which allows her to alternate between being vulnerable and dominant; an attractive combination. The razor-wire of the ghetto, which features so strongly in *Sarafina* Mark I, has been replaced by a yackdrop of the rolling hills of KwaZulu Natal and it works remarkably well.

There are aspects of the show at which one may cavil, but at its best it is a rousing declaration espousing people-power. Its message may not be spelt out in didactic detail, but the advance publicity will leave fans in no doubt that HIV/Aids is the villain; promiscuity a no-no and condoms a valuable preventative.

Angry HIV sufferer walks out in disgust
Page 2



Energetic entertainment ... but experts question whether *Sarafina 2*'s leaping Leleti Khumalo is really educating the audience about the reality of Aids and the most effective way to deal with it.

Angry HIV sufferer walks out of Aids play in disgust

BY ABBEY MAKOE

An HIV-positive member of the estimated 1 300 audience at yesterday's opening of *Sarafina II* in Soweto walked out in anger and disappointment over the controversial play.

David Patient, who has been HIV-positive for 13 years, said he could not cope with "such a blatant downplaying of this serious disease"

He walked out of the packed

Eyethu hall with about 20 minutes of the play still to go. At that time, Patient was clear about one thing: "The whole play needs to be rewritten. Clearly Mbongeni Ngema has no sense of the reality of HIV. He wrote it from a purely abstract viewpoint."

Patient said he was convinced that as long as authorities continued looking at the killer disease strictly as a health matter and not as a socio-economic issue, more government money would end

up in the wrong hands.

He said of *Sarafina II*: "They've taken a topic of genocidal proportions for a musical, thus making a joke of it. It's equivalent to making a musical of the Holocaust."

He praised Ngema's music: "It is brilliant. In all fairness, Ngema himself is great. From an artistic endeavour he has done well. But if you strip down the play to the HIV perspective, it is a failure."

"For starters, it took 40 minutes to identify cast members and

who was playing which part. By recess time, the only thing I had learnt about Aids was that once diagnosed as positive you've to go to church and trust in God."

Patient said he felt offended when a schoolgirl in the play says she sells condoms "along with boerewors and women's towels or pads."

He added: "They didn't elaborate on how to use those condoms. Take away the music, and the content of the play is empty."

(92) Star 11/3/96

Sarafina II not the best medium for Aids issue

(92) Sowetan 11/3/96

By Mojalefa Mashego

THONGENI Ngema's controversial Aids play *Sarafina II* has received yet another slap in the face - this time from playwrights who spoke to *Sowetan* this week.

Adding their discontent to the Health Ministry's allocation of R14 million to the play are playwrights Gibson Kente, Matsimeli Manaka, Jerry Skosana and a KwaZulu-Natal playwright who asked to remain anonymous.

The playwrights' voices come after criticism from Aids bodies, political parties and health workers about the allocation.

Kente who is Ngema's mentor, said: "The play carries an important message. It is beautifully presented but I think the money is a bit too tight."

Risky venture

He also pointed out that there were risks involved in the whole production. "KwaZulu-Natal is risky. Anything can happen when you want to stage a play - there could be riots, floods or other such things."

Kente thought the money should have been used to produce a television series involving many other writers and directors. "For that money, you can produce about 90 dramatic episodes. That could draw many more viewers and the message would reach many people."

Said Manaka "It is shocking that so much money could be given to an individual when there is such a big need to fund the arts." He added that the issue was "sensitive" and would not comment further at this stage.

The KwaZulu-Natal play-



Dr Nkosazana Zuma ... under fire for allocating millions to a

wright said "The money should have been given to directors in all nine provinces. In that way, the message would reach people quicker. As things stand, it could take up to two years for the play to reach all the people it intends to reach."

One playwright

Skosana said he did not see "why so much money" should be given to one playwright, and suggested. "We have institutions rendering (Aids education) services. The money should have gone to them."

"And some of the money should, at least, have gone to schools, where sex education must be implemented."

According to Peter Terry, the Performing Arts Council of the

Transvaal's drama administrative head, their most expensive musical to date - *Buddy - The Buddy Holly Story* - cost them R6 million.

"*Buddy* had 400 performances, with 400 000 people seeing it. The money covered the salaries and the accommodation of our 25-member cast and 15 technicians, equipment and other touring costs."

Asked about *Sarafina II*'s budget, Terry said although touring was expensive, "it's very difficult to spend so much money on a show".

Kente, who saw "part of the play", said it was far from a gripping account "where you give people a story and they come out saying they do not want to be part of that (Aids). Perhaps other people will see it differently."

He said the play started with "about half an hour" of music and dancing. "The music is slotted in the middle of the show as a narration. I think the play should have been dramatised (instead of being a musical)."

Little story

The KwaZulu-Natal playwright, who also saw the play thought a lot of things were left out. "There is lots of music and dancing and little story. There is no drama."

Another aspect that keeps tongues wagging is the R20 entrance fee. Said the KwaZulu-Natal playwright: "The play is supposed to reach poor people, especially in the rural areas."

"So how can we expect them to afford the fee? As it is funded by the Government, I would have thought entrance would be free of charge."

HIV MAN WALKS OUT ON SARAFINA

Aids message (92) 'not effective'

JOHANNESBURG: The controversial Aids play *Sarafina 2* got the thumbs-down from Aids experts yesterday after seeing it on its first airing in Gauteng.

AN HIV-positive member of the estimated 1 300-strong audience at yesterday's opening of the Aids musical, *Sarafina 2*, in Soweto walked out in anger and disappointment.

Mr David Patient, who has been HIV positive for 13 years, said he could not cope with the "such a blatant down-playing of this serious disease".

The musical received its first airing in Gauteng yesterday at a packed Soweto cinema.

Patient, who walked out of the Eyethu cinema with some 20 minutes to go, said "The whole play needs to be re-written. Mbongeni has no sense of the reality of HIV. He wrote it from a purely abstract viewpoint."

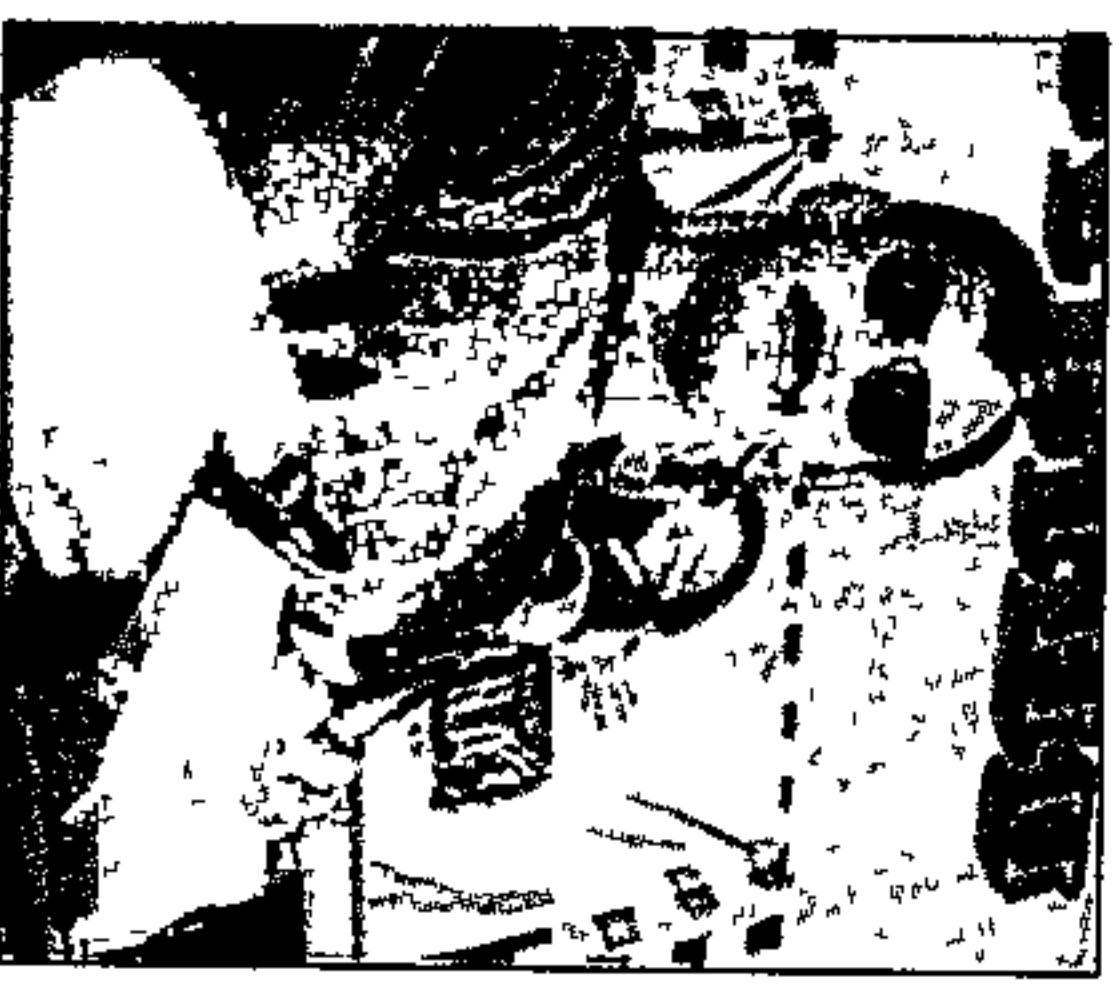
As long as authorities continued viewing the killer disease strictly as a health matter and not a socio-economic issue, more government money would end up in the wrong hands, he said.

"They have taken a topic of genocidal proportions for a musical, thus making a joke of it. It is equivalent to making a musical of the Holocaust," he said.

He praised Ngema's music. "It

is brilliant. In all fairness, Ngema himself is great. From an artistic endeavour he has done well.

"But if you strip down the play to the HIV perspective, it is a failure. It took 40 minutes to identify



ANGRY: Mr David Patient, who is HIV-positive, walked out of *Sarafina 2* yesterday. **PICTURE: THE STAR**

cast members and who was playing which part. By interval, the only thing I have learned about Aids was that once diagnosed as positive, you have to go to church and trust in God," Patient said.

Also present at yesterday's per-

CT 11/3/96

formance was the director-general of Health, Dr Olive Shisana.

Shisana said she had seen the musical in Durban and her department had suggested several changes.

"These suggestions have now been incorporated, and I find a significant improvement in the content of the message," she said.

"The entertainment value is also very good. But whether it's worth R14 million is going to be up to the target audience to decide. An investigation will be conducted into its effectiveness."

Although the audience applauded the high-energy performance by the cast, Aids and theatre experts had their doubts.

Ms Nkwe Khena, an Aids educator with the African Research and Educational Puppetry Programme (AREPP), said "the messages about Aids were confusing and ineffective, and some were degrading to women."

Khena said nowhere were people depicted as saying "no" to sex. "There was no emphasis on this at all. The social context of people's sexuality was neglected."

Mr Gordon Billrough, acting director of AREPP, said "Sarafina has only a distorted story and a confusing educational message which seems simply to have been tacked on to the song and dance."
—Owen Correspondent



DANCING UP A STORM: Cast members of Mbongeni Ngema's controversial musical *Sarafina 2* try to get the anti-Aids message across at Soweto's Eyethu Cinema. Critics have panned the production as a means of spreading awareness about the killer disease.

Reviewers' thumbs-down for Zuma play

FIONA CHISHOLM

JOHANNESBURG: Mbongeni Ngema's controversial Aids musical *Sarafina 2* blasted off yesterday with 140 deebels at Soweto's Eyethu Cinema before 1 300 enthusiastic free patrons at its first Gauteng performance.

It deserves the thumbs-up for being a glibly song and dance show, but the thumbs-down as a means of spreading Aids awareness. The Aids issue is hopelessly confused

(people are said to die of Aids one minute and then to live for 15 years), issues are oversimplified, poignant moments are spilt by audience laughter, and the only message that comes over with any clarity in this R14,24m musical is that the spread of Aids can be prevented by wearing a condom.

Dr Clive Eryan, a public health physician who has worked with Aids for many years, described *Sarafina 2* as a long, roundabout way of making the point about condoms.

"Given the difficulties of getting access to condoms and the impracticality of the youth and their age, this message is inadequate." It implies that it is fine to have sex with as many partners as you like, provided a condom is used, whereas it should be telling the youth to limit their sexual partners and make something special of sex.

"Spending R14m of the state's health money on this show is a slap in the face to Aids health care workers struggling with

meagre resources. Three months from now the only thing people will really remember about *Sarafina 2* is the music."
Cape Town's Gary Friedmann, who has spent the past few years involved in Aids education programmes, said he didn't think a single life would be saved by the show.

"It's obvious that Ngema has never spoken to anyone who is HIV positive or an HIV educator. *Sarafina 2* was appalling."
□ Turn to Page 3

The musical stars Leten Khuma-
lo as Sarafina, the schoolgirl who
has now grown up and become a
social worker in *Sarafina 2*.
Sarafina 2 is played out against
a simple cloth background of a
misty view of the Valley of a Thou-
sand Hills where the inhabitants
of a Zulu village are concerned
with Aids and how to prevent it.
The children of the local
school take up the story and
through the course of a rambling
production, which has Ngema's
hallmark of nubile dancing
girls in gym ships, one of the
and goes to heaven.

Thumbs-down
for *Sarafina 2*
CT 11/3/96
From Page 1

Aids prisoner patients feel humiliated

(92)

Sowetan
11/3/96



Mr Zackie Achmat: "Segregation of HIV-positive people is totally wrong."

Radical change on SA's Aids laws recommended

By Ruth Bhengu

THEMBA NKOSI (not his real name) is a long-term prisoner at Pretoria Central Prison. He is HIV positive.

Nkosi (28), who claims to be a qualified beauty therapist and part-time hairdresser, is serving 11 years after being convicted on three murder charges.

He shares a ward in the prison's hospital section with 18 other prisoners who are also HIV positive.

There are currently 20 prisoners who are either HIV positive or have full-blown AIDS at Pretoria Central Prison.

Last week *Sowetan* managed to get into the prison and interview Nkosi after he sent a letter to the newspaper, appealing for media exposure about the plight of HIV-positive and Aids-suffering prisoners.

Nkosi, who wore dark glasses throughout his interview with *Sowetan*, is good-looking and charming.

Although he said he suffers symptoms like night sweats, swollen glands and sores on his body, when we visited him he was looking well.

Nkosi said he had worked as an agent for a legal firm and is articulate and very knowledgeable about Aids.

He found out that he was HIV positive in 1994 when he went to hospital because he was feeling "weak and unwell".

"When I found out that I was HIV positive, I wanted to kill myself," said Nkosi. "I had escaped from prison and was on the run. I did not believe the doc-

HIV sufferers in prison do not give their consent before they are tested

"I did not believe the doctor who told me I had Aids because he had not even taken my blood for tests"

tor who told me I had Aids because he had not even taken my blood for tests.

"He just felt my swollen glands and decided I was HIV positive," said Nkosi. But a few months later when he was back in prison, he fell ill again. This time the doctor took a blood test.

"They (the prison authorities) take a blood test if you have symptoms of the virus," he said.

Asked if prison authorities obtain permission before doing the HIV test on prisoners, prison spokesman Major Koos Gerber said "Prisoners may not be tested for the HIV virus against their will or without their knowledge.

"Before tests are conducted, the prisoners must give their informed and written consent. Pre- and post-test counselling is compulsory," he said.

But Nkosi said there was no counselling for prisoners. He also said the authorities made HIV-positive prisoners into outcasts by separating them from the rest of the prisoners.

"The fact that we have a separate cell sets us apart from the others," said Nkosi. "Even when you are sent to the charge office for an infraction of the prison rules, the fact that you are HIV positive will be mentioned."

"Our health status is common knowledge. The other day I called a friend who is outside, and I was shocked when he told me he knew I was HIV positive."

Another complaint was that if one HIV-positive prisoner broke the rules, the whole group would be punished.

"For instance, one of the prisoners was caught trying to sell sugar to another prisoner. All of us in the cell were punished. Our high-protein diet, which was prescribed by the doctor, was withdrawn."

"We receive no counselling to help us cope with the trauma of the disease."

Nkosi added that prisoners who were HIV positive were demoralised by being forced to watch other, more sick patients deteriorate and die.

"We watch people dying regularly and it is frightening," he said. "We believe if a man is dying, he should be released because the more we look at him, the more we suffer."

By Ruth Bhengu

THE Aids Law Project, attached to Wits University's Centre for Applied Legal Studies, has been agitating for a radical change of South Africa's laws regarding HIV and Aids for the past few years.

The organisation, which has done a lot of work with prisoners who have the Aids virus, has been lobbying to end the isolation of South African prisoners who are infected.

The Aids Law Project's argument is that segregation of prisoners is not the answer to combating the spread of the virus as the prison authorities cannot tell if those who have not undergone tests are HIV negative.

"We believe that segregation is completely wrong and that it discriminates against people who are HIV positive or have Aids," says the head of the Aids Law Project, Mr Zackie Achmat.

"That is why we have always argued for the provision of condoms to prisoners," he continues.

"It is demoralising for people who are HIV positive to be lumped together with those who are in the advanced stages of Aids (many of whom are physically ill)," says Achmat.

Achmat sits on a task group which is making recommendations to the Health and Correctional Services Ministries to change discriminatory policies against prisoners and adopt

policies in line with international standards.

The task group - which includes Aids training, information and counselling centres and non-governmental organisations dealing with HIV/Aids counselling - is submitting recommendations to the Government.

The group recommends that the following policy be adopted on HIV and Aids:

- Prisoners with HIV/Aids should be given medical, psychological and social treatment on the basis of the relevant clinical guidelines at the same standard as services provided to members of the community.

- All health care workers who treat prisoners should be educated in the management of HIV/Aids. This includes the mandatory implementation of universal precautions in all situations where body fluids (including blood) are present.

- Prisoners are entitled to full information about their treatment and may refuse treatment (preferably in writing) if they so wish.

- No prisoner should be denied work, access to non-contact sports or recreation facilities, permission to study or undertake vocational training, or any other right or privilege on the basis of their HIV/Aids status.

- For contact sport, the guidelines of the relevant sporting bodies should be followed.

Sarafina 2 is not 'forceful enough'

Sowetan 11/3/96 (92)

By Mojalefa Mashego

CONTROVERSIAL anti-Aids play *Sarafina 2*, which opened its Gauteng tour at Eyethu Cinema in Soweto at the weekend, is more a music concert than a play aimed teaching people about the dangers of Aids

When the two-and-a-half hour show ends, showgoers leave without knowing much about the killer disease

Having come under heavy criticism, playwright and director Mbongeni Ngema has, however, vowed to go on with the play

Minister of Health Dr Nkosazana Zuma has been severely criticised for allocating R14,7 million to the play

However, to the non-paying audience that packed Eyethu Cinema yesterday – mostly children – this message is not conveyed forcefully enough

Posters advertise that the entry fee

is R20 for adults and R10 for children. But it could not be explained yesterday why no fee was charged

There are no statistics to illustrate how many people have been affected by the disease, how many have died or how many could be affected. It does not drive home the message enough about the physical and/or psychological effects of Aids

Like in the original *Sarafina*, the characters wear school uniforms. Played by Leleti Khumalo, Sarafina is now a social worker and some of her mates are still at school

The story is based at a school in KwaZulu-Natal. There are two characters with Aids – Dondo, a schoolgirl, and Stimela, a streetwise youth. Though Dondo finally dies of Aids, the effects of the disease are not portrayed in a forceful manner

Stimela, who is still strong, makes reference to HIV-positive American

basketball star Magic Johnson and says he wants to enjoy life. Here we are told that people can live for many years before knowing they have contracted the disease

There is, instead, more emphasis on protection. Sarafina makes reference to the Anglo-Zulu Battle of Isandlwana. She tells the story of the battle and finally says it destroyed the Zulu nation "because our forefathers were without protection". She continues "That is what Aids will do to our nation"

Ngema's energetic cast go through their paces with enthusiasm. The dancing is electrifying and the choreography well-rehearsed

The cast switches from *mbaqanga* to light jazz and gospel with relative ease. Many of the songs – and many they are – are about Aids. They tell the audience that Aids is a killer and people should protect themselves

Play's AIDS message seen as simplistic

Kathryn Strachan

THE Gauteng health department will be meeting representatives of the R14m AIDS play Sarafina 2 today to find ways of getting high school children to attend the production, which opened in Soweto at the weekend.

Gauteng's director of communicable diseases Dr Liz Floyd said following a workshop yesterday of organisations that had attended the production, their ideas on improving the script would be con-

veyed to director Mbongeni Nge-ma Floyd felt it was a very attractive musical, which conveyed a simple key message on protection against AIDS to the youth — its target audience.

However, it did not give much depth on the topic of AIDS or on the experience of someone with AIDS. Long-term relationships or abstaining from sex were also not presented as options, she said.

Set in a Zulu cultural context with a theme of AIDS killing people in the same way as the fighting

(92) BD 12/3/96
in the region, the production was designed for rural people in KwaZulu-Natal. Floyd believed this Zulu focus and its purely English and Zulu delivery would have to be changed for it to reach a wider spectrum of people.

Health ministry spokesman Vincent Hlongwane said yesterday that the ministry was "reasonably happy" with the production.

It was a "work in progress" and would need to improve.

Comment: Page 14

Busy year in prospect for Mandela Children's Fund

Nomavenda Mathiane

(288)
BD 12/3/96
IT WAS exciting to receive a million rand from overseas donors for the Nelson Mandela Children's Fund, but it was humbling to get a pledge of R1 a month from a pensioner, the fund's chief executive trustee Jeremy Racthffe said recently.

The Nelson Mandela Children's Fund, started by President Mandela in June 1994 when he pledged a third of his salary for five years, has received R20m

Of this total, 60% has come from overseas donors — including actor Denzel Washington and tycoon Theodore Forstmann — who each donated \$1m.

More than R1,55m has been spent on children's projects from the Nelson Mandela Children's Fund since its inception, and with R2,56m allocated grants this year to go to 154 projects.

All in all, the fund will spend R4m for this year, and R5m for 1997, of which R1m of that amount is already earmarked for special projects.

Of the money, 65% has been spent on homeless children, 20% on education, 13% on disabled children, 1% on disasters and 1% on children in detention or prisons.

Although the Nelson Mandela Children's Fund administration networks with NGOs, organisations in need of funding can apply directly to the fund.

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Legal action over denied condoms

TYRONE SEALE, Political Staff

(92)

CORRECTIONAL Services Minister Sipo Mzimela and his department face legal action over the denial of condoms to a prisoner who asked for contraceptives on his admission and who became HIV-positive during his imprisonment.

The Johannesburg-based Aids Legal Network, which is handling the prisoner's case, is arguing that the department of correctional services and Mr Mzimela, through "deliberate indifference", had acted in breach of constitutional guarantees on health care.

The action was today brought before the national assembly portfolio committee on correctional services by Zackie Achmat, head of the University of the Witwatersrand-based Aids Law Project.

He was giving evidence in support of recent recommendations, contained in a department of correctional services report on health care services in prisons, that call for an urgent revision of the current HIV/Aids policy. ARG 12/3/96

Mr Achmat told the committee the prisoner in question had declared to a prison commissioner that he regularly had sex with other men and that he would require condoms for his stay in prison.



Aids, authority and

Sarafina 2! opens a can of worms, writes Kaizer Nyatumba

(92) Stan 13/3/96

thorised a R14,27-million play is astounding, considering that many successful plays have cost far less than that in this country, and that the many other Aids educational plays - including the popular puppet shows - have cost much, much less

ONE IN YOUR EYE
SARAFINA

W

hen it comes to stupendous arrogance, those associated with the controversial R14,27-million Aids play - ranging from the well-meaning but apparently incredibly naive Health Minister Dr Nkosazana Zuma and her organisation, the ANC, through to proud-as-a-peacock playwright Mbongeni Ngema - take the cake

Firstly, an otherwise good and competent minister makes a major error of judgment by authorising a whopping R14,27-million for a play to teach people in the townships and the rural areas about the dangers of Aids

Tender procedures are relaxed, we are told, because the money used comes not directly from the pockets of the South African taxpayers but from the European Union (EU) - as though that is reason enough to be extravagant with public money - and Ngema is commissioned to put up the required play, and in a language very few in the targeted audience can understand

Ngema, for his part, splurges he pays himself a salary of R300 000 (which he complains is not enough because he is worth "at least a million rand!") and cannot be compared "to anyone in this country"),

conceived by her department

The "people in Brussels", on the other hand, maintain that they did not know about the play "Sarafina 2! was not included in such a contract between the Department of Health and the European Commission," they say

pays stagelhands R2 000 a week when many Aids workers earn that much a month, purchases a R1-million luxury bus and a truck worth R600 000, and spends around R1,4-million on office rentals and equipment

And what does he do when confronted with questions? He plays the race card and boasts about his acquisitions "Yes!" he says in response to a question, "It's about time our artists were transported in dignity Why must we be transported in luxury buses in the United States but come to our own country to be put in the back of kombis? No way! I'm proud of our bus"

Some questions must of necessity come to mind here How much, for instance, has Ngema paid his actors in his other plays? Seeing that he has been immensely successful as a playwright, why is it that he has not previously used his not-inconsiderable resources to buy his cast the R1-million luxury bus so that it could indeed travel "in dignity"? Could it be that it was only when the R14,27-million was made available to him to produce an Aids play that he suddenly realised that the "dignity" of his cast was important? I am impressed with neither Zuma's nor

Ngema's attempt to blame their problems on racism Speaking for Zuma's ministry, one Vincent Hlongwane was quoted as having said "The uproar over the show's funding stems from the fact that Ngema is black If Ngema had been white, there would have been no opposition

"Who can compete with Ngema in theatre and attract the same audience he can? It is a pity that mainstream black newspapers are climbing on the white media bandwagon to criticise the project"

What arrant nonsense! Present-day South Africa is sufficiently riddled with racism that there is no need to invent racism where none exists

His hubris notwithstanding, however, Ngema - whom I regard as probably the best composer, choreographer and director in the country, but not as a playwright (in my book Zakes Mda and Athol Fugard are by far better playwrights) - is less culpable in this whole sorry saga than Zuma is He was called in for discussions, asked to tender and then commissioned to write and produce the play, with lots and lots of money thrown at him Few people, if any, would have reacted differently from Ngema

Who is being economical with the truth

here? Why would the EU find it necessary to tell untruths about Zuma and her department? Will the EU, or any other donor, readily give money to South Africa in future?

The ANC's decision two weeks ago to close ranks behind Zuma is as shameful as Zuma's handling of this sorry affair As colleague Mondli Makhanya pointed out on this page last week, this should teach South Africans about the dangers of a de facto one-party state

That she, Zuma's situation is different or someone in her department, actually au-

ded down by now

The Aids Consortium - a body representing more than 100 organisations active in combating the killer disease - has described Zuma's attempt at justification before the parliamentary portfolio committee on health as "sadly inadequate", which must be a major understatement The consortium continued: "In a country which cannot provide adequate treatment and care for all persons living with HIV or Aids, it is morally indefensible to waste precious resources"

Zuma and her department maintain that the "people in Brussels were informed" about the musical once it had been

From 5*

Although its motives are clearly political, the ANC Women's League must be commended for calling for a thorough investigation into the issue Public Protector Selby Bagwa has undertaken to get to the bottom of this scandal

Good luck to him Should his investigation find that Zuma was indeed economical with the truth with regards to this issue, then she will have no choice but to resign or be fired

Shocking figures reveal 2m may be HIV-positive

Within 5 to 12 months the number of South Africans infected will have doubled to 4m, survey reveals.

SAPA
Cape Town

As many as two million South Africans may be HIV positive

In a presentation to the National Assembly Correctional Services committee, the head of the Aids Law Project, Zackie Achmat, said an unreleased Department of Health survey gave the shock figure

The figure was an extrapolation from the department's latest annual survey which had not yet been made public

Up to now official figures had indicated there were only 1,2 million HIV positive people in South Africa, he said.

"We are dealing with a massive epidemic. I don't think many of us realise how difficult it's

going to be in coming years," he said.

The doubling time for the disease was 5 to 12 months, which meant that in a year the HIV-positive figure would have risen to four million. Between 12-16% of the sexually active population was infected, he said.

The committee was also told that most South Africans polled in a recent survey believed condoms should be distributed in schools and prisons, and that prostitution and homosexuality should be decriminalised

A Human Sciences Research Council survey of 2 163 South Africans done in October last year showed 69% of people thought it was a good idea to give condoms to men in prison; 21% thought it was a bad idea, while 10% were unsure

Sixty-four percent of the sample approved of distributing condoms in schools.

There were big racial differences on this issue, with 72% of blacks for the idea and 54% of whites against.

Legalising homosexuality was approved by 55% of the sample, including majorities of all religious groups except the Dutch Reformed Church and Muslims, and 57% favoured legalising prostitution.

Ten percent of people surveyed said they knew someone who has Aids or is HIV-positive, a figure which Achmat said he was surprised by as he had not guessed it would be so high

Thus figure increased to 20% among urban blacks.

The survey sample was drawn from all races and religions

Star 13/3/96
(92)

POLITICS

Mbeki in defence of *Sarafina 2*

No misuse of public funds – and nothing else to hide. (92) *sewetan* 13/3/96

By Mathatha Tsedu
and Rafiq Rohan

DEPUTY PRESIDENT Thabo Mbeki is absolutely emphatic about the furore surrounding the anti-Aids play *Sarafina 2* – there was no misuse of public funds

- The European Union was fully aware of details of the play. In fact, the EU ambassador opened the production as the main speaker when the play premiered

- The internal inquiry instituted by the Ministry of Health over the spending of R14 million was in fact attended by the auditor-general, giving the inquiry a degree of independence and discounting a cover-up

- The play's director, Mbongeni Ngema, did not claim to be fully familiar with the Aids-HIV issue and contractually agreed to make changes to the play if experts were not happy that the correct message was getting through

- The R14 million was not the total Aids budget and Aids organisations and NGOs had also received money – more than the disputed R14 million – from the ministry for their Aids work

Mbeki said "There's an additional R17 million for the same financial year which was given to Aids NGOs to deal with the question of Aids. It is not as if all the money dedicated to the Aids

programme went into the play and nothing was received by Aids organisations. We should start asking questions about what those Aids organisations are doing with the money they have"

Money was also allocated to the different provinces for the 1994-95 financial year, Mbeki pointed out

"The provinces actually underspent the money meant for the Aids campaign. They received R11 million and only spent R2 million"

If there was a lack of understanding in the EU about its funding role, that was not entirely due to the ministry

"The European Union is technically correct when it says proper procedures were not followed, but the reality is that the EU understood where the problems arose. They arose partly because their own person didn't explain properly," Mbeki said

There was no crisis between the EU and the Health Ministry considering that the EU ambassador opened the play

"He did not just come as a spectator. He came to speak at the premiere of *Sarafina 2*"

It was also wrong to disqualify Mbongeni Ngema from handling the production because his knowledge of Aids-HIV issue was limited

"If you went around this country and asked theatre producers about their knowledge of Aids it's not going to be high either"

Sarafina 2 may cause strike

By Glenn McKenzie

IN A NEW twist to the Sarafina 2 controversy, the SA Democratic Nurses' Union, which led last year's wildcat hospital strikes, has accused the health ministry of over-looking nurses and warned about the possibility of another work stoppage.

In interviews with *Sowetan*, officials of Sadnu said yesterday that many of their members were dismayed by the apparent lack of accountability in the ministry of health's decision to spend R14,7 million on the Aids education play *Sarafina 2*.
Sadnu Gauteng chairman Mr Jacob Letlake called on the ministry to coop-

erate with nurses - "the country's most important Aids educators". He said trade unions and community groups should be allowed to participate in decisions on major spending.
"We want accountability and we want respect," Letlake said. "At this point, we cannot rule out another nurses' strike."

Letlake reiterated the group's demand for up to 33 percent wage-increases for nurses. Local and provincial authority workers' salaries should be made equal, he said. Many nurses earned less than R1 700 after deductions, he added. In contrast some stage hands in *Sarafina* were reported to be earning

more than four times that amount. Yesterday the Hospital Personnel Trade Union of South Africa (Hospersa) also condemned the Aids play in "the strongest possible terms".
"The money could have been used for upgrading salaries and patient care facilities," said Hospersa general secretary Mr Rod McFarquhar.

(92) *Sowetan - 13/3/96*



municipalities that make up
Greater Cape Town

ing to prepare for the imbizo, on
which peace hopes are pinned

(92) CT 13/3/96
**'Error in tender
for Sarafina 2'**

INFORMATION from the Minister
of Finance suggested the Health
Department had erred in the ten-
der procedure for Sarafina 2, the
DP's Mr Mike Ellis said yesterday

"It would appear the money
from the EU should have been
paid into the National Revenue
Fund so that the state tender sys-
tem should have been followed"

Ellis wrote to Finance Minister
Chris Liebenberg asking if money
donated to the government was
always paid into the fund, which
brought the State Tender Board
into play as to how it was spent
Liebenberg confirmed that was the
correct procedure

Sapa

**Information
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Mine authorities call for a revamp of safety Bill

Wyndham Hartley

CAPE TOWN — Substantial sections of the new Mine Health and Safety Bill were unconstitutional and should be scrapped to avoid a Constitutional Court challenge, Gencor and the Chamber of Mines said yesterday.

In submissions to Parliament's mineral and energy affairs committee, Chamber of Mines president At du Plessis said the clauses which provided for reversal of onus made mine owners guilty until they had proved their innocence in the event of an accident.

"This is considered to be unconstitutional and totally unacceptable," Du Plessis said. He pointed out that the clause was also in contrast to the recommendations of the Leon commission of inquiry into mine safety, which found no justification for the reversal of onus.

Gencor's Richard Robinson said 11 clauses "in whole or in part" infringed constitutional rights, and a further five clauses "could potentially result in actions on the part of officials that infringe constitutional rights."

In its submission, the NUM acknowledged that the reversal of onus provisions could be unconstitutional, but stressed that without them the enforcement of health and safety in mines would become unenforceable.

During oral submissions to the committee, Chamber of Mines representative Anton van Achterbergh said he was sure all reversal of onus provisions at present on the statute book would eventually be "struck down" by the Constitutional Court.

He said with the wording of the Bill at present, reasonable doubt would result in mine owners being found guilty of an offence while all other citizens would be found innocent if reasonable doubt was found.

Sarafina 2 crisis worse

Wyndham Hartley (92)

CAPE TOWN — The financial crisis around the Aids play Sarafina 2 deepened still further yesterday when it was disclosed that the money donated by the European Union should have been paid into the national revenue fund.

DP health spokesman Mike Ellis said yesterday that he had asked Finance Minister Chris Liebenberg what the procedures were for money donated to SA.

Only in exceptional circumstances are donations not paid into the revenue fund, according to Liebenberg. Ellis said Liebenberg's confirmation probably meant that the health department was supposed to follow state tender procedures.

The health department has maintained that because the R14,2m came from the EU they did not have to comply with state tender procedures. Since claiming to have complied with the EU guidelines health director-general Olive Shisana has conceded that there were communication problems.

Malan trial witness tells of secret camp

Stephané Bothma

DURBAN — About 200 Inkatha members recruited to become KwaZulu policemen were trained at a top secret SA Defence Force island camp in the Caprivi to "act against MK and trained UDF members".

Key State witness JP Opperman told the Durban Supreme Court yesterday he was second-in-command of Camp Hippo, a guerrilla warfare school situated on the Quando River where a group of 30 IFP members received offensive training in kidnapping, sniping and urban warfare.

Opperman, a former military intelligence operative, is testifying against former defence minister Magnus Malan and 10 co-accused, who are facing 18 charges including 13 of murder.

The State claims that Malan, several SADF generals, a number of former and still serving defence force members and six former KwaZulu policemen conspired to murder ANC and UDF targets who had been considered a threat to Inkatha.

However, the court heard yesterday that the first target chosen by the "offensive group" had been a house in KwaMakutha on the Natal south coast occupied by religious leader William Ntuli, several women and children under the age of 10.

UDF member Victor Ntuli, who had allegedly been identified by the group and had been approved as a target by SADF members, had not lived in the KwaMakutha house for several weeks at the time of the attack on January 21 1987, several witnesses testified. They were also unaware of a claim Victor

Opperman told the court he had spent the past month abroad in a witness protection programme. He had started his career in the SADF as a national serviceman in 1976.

While working as an instructor, Opperman had been sentenced to 90 days in detention barracks after a court martial found him guilty of maltreating a subordinate following the death of a national serviceman.

About two weeks later Opperman had been released, allegedly after being pardoned by then defence force chief Malan.

Many years later, after having been transferred to MI, Opperman had learnt about a "very sensitive and secret" operation in the Caprivi "I wanted to join," he testified.

His transfer was approved, and in 1986 he was sent to Camp Hippo as second-in-command of Operation Marion — the covert SADF plan to help the IFP obtain a military capability.

When Opperman arrived at Hippo the 206 Inkatha recruits had already completed their basic instruction, including training in foreign weapons, hand grenades, explosives, ambushes and attacks on moving targets.

The IFP members had no idea where they were, or who was training them. Rumours were deliberately being spread that they were in Israel.

At all times, all the instructors at Hippo used only code names for themselves. The recruits were split into four groups: offensive, defensive, contra-mobilisation and VIP bodyguards.

Opperman's testimony is due to continue today.

PEANUTS

By Charles Schulz



NDP

Prisons service lashed for policy on HIV inmates, staff

□ *Convict tested positive after condoms refused*

(92)

ARG 13/3/96

TYRONE SEALE Political Staff

THE policy of the department of correctional services to segregate HIV-positive prisoners against their will constitutes a violation of human rights and does nothing to stem the tide of HIV infection

This was the reaction of the African National Congress to evidence, placed before a parliamentary committee on correctional services yesterday.

The evidence dealt with HIV-positive prisoners' involuntary segregation and a lack of confidentiality within the prison environment about their medical status.

The committee also heard about the department's refusal to employ HIV-positive people,

one of whom, a warder, is without work after being dismissed, following his testing positive for HIV.

The evidence was presented by Zackie Achmat, project head of the University of the Witwatersrand-based Aids Law Project

He told the committee that, arising from this situation, one HIV-positive prisoner had begun legal action against Correctional Services Minister Sipo Mzimela and the department of correctional services after the prisoner had been refused condoms upon admission and had become HIV-positive while in jail

Mr Achmat told the committee the prisoner in question had declared to a prison commis-

sioner that he regularly had sex with other men and that he would require condoms for his stay in prison

He had had himself tested three or four times during the course of a year in jail and had been found HIV-negative on these occasions. However, the fifth test revealed he had HIV

Mr Achmat said, based on this case, Mr Mzimela could be held directly responsible for the transmission of HIV in the prison context.

In its reaction, the ANC said the department's policy had to be changed immediately.

"The current policy constitutes a violation of prisoners' human rights, while doing nothing to stem the tide of HIV infection"

Investigate NGOs for their slack approach to Aids

They are no longer accountable to the struggle constituency but to their funders, writes Cara



World epidemics have produced huge industries to combat their spread and life-and-death battles have ensued for the control of such industries. Aids is no exception.

Africa has been left out of the Aids industry and its programmes are consequently controlled and funded by foreigners with their own particular political agendas. The results are heart-breaking: ghost towns and villages along trade routes, paralysed food production and deaths.

South Africa is part of this tragic picture, and once again those who are most at risk are the majority, the poor.

During the early 1980s, when Aids was considered by local health authorities to be a homosexual disease, foreign Aids-infected

blood components were administered to haemophiliacs who consequently contracted Aids. There was no outcry from the PFP (now DP) or Aids NGOs.

Later a bigoted and deceitful Aids book was published inciting anti-black racism and pogroms. Still no public objections from the PFP or even Aids NGOs, whose excuse was that they didn't want to draw attention to it.

Once again these groups remained silent when the apartheid government scared the entire country with reports based on dubious statistics that there was a high incidence of HIV infection among ANC detainees, particularly members of MK.

The intent was to discredit the ANC in the eyes of its massive support base and have returning ANC exiles ostracised.

Aids NGOs had done nothing appropriate or effective in the townships to raise Aids awareness. But worse, they refused to link the rapid spread of Aids among black South Africans to the apartheid system. The system had obviously facilitated the spread through migrant labour, single-sex hostels, the Group Areas Act, the break-up of families, pass laws, detentions, poverty, and lack of education and health care.

Later, Aids NGOs complained that the regime was not spending enough on Aids education and Health Minister Rina Venter produced an Aids pamphlet for hospitals in English and Afrikaans only. An esoteric poster of an aerial view of a township funeral appeared, produced by white officials. It was published, at great expense, in newspapers that most township dwellers could not afford. Those that saw it were baffled. Then there were the giant puppets with

their lewd pop-up penises which were considered paradigms of artistic sensitivity by their NGO creators. Unfortunately, the puppets were considered rude by many uncomprehending audiences, pnapism is a classical Greek, not an African cultural expression.

While the NGOs snigger and sneeze through their out-of-joint noses at the embodiment of South Africa's youth culture, *Sarafina 2*, they expose an indecent contempt for the people of this culture. This contempt is extended to the health ministry's attempt to make a dramatic impact on the youngsters of South Africa, particularly in the townships and countryside, and the role of the government in the struggle against Aids.

After begging Rina Venter to spend

more money on Aids, from which they benefited, they are now attacking our democratic government for spending too much. It is no secret that NGOs are foreign-funded by countries with their own agendas, nor that funds have shrunk since 1994. NGOs are no longer shopping for change, but have changed their shop. What is their mission and how does it differ from the government that won the change? They are not accountable to the struggle constituency that previously gave them credibility, but to their funders. It is not a coincidence that NGO funds come from Western imperialists opposed to our ministry's health reforms. The DP's Bloom is making a complete fool of himself over the issue.

■ Cara Jeppe works in the medical gas-sterilization department at Johannesburg Hospital.

92 (297) Star 15/3/96

Jeppe

SPIN

Sarafina II: the dark (92) cloud hanging over TNDT

M+G (AM) 15-21/3/96

UNDER the shadow of the Sarafina II debacle, the European Union and Transitional National Development Trust (TNDT) are locked in a dispute over who should have the final say on funding decisions of the new trust.

The EU, which is the major contributor to the trust, but does not sit on the board, is insisting that it give the final stamp to project approvals that involve its money.

"We are not trying to impose one bureaucratic structure on another," says EU ambassador Erwan Fouéré. But, he added: "EU funding is never a blank cheque. We all have to be very careful how we spend tax-payers money."

Sources close to the EU say the recent uproar over the Ministry of Health's sponsoring of a R14-million Aids play — which the ministry claimed came from the EU, but which the EU denied — has made the EU ultra-sensitive to how its money is being spent.

But the TNDT board of 17 trustees — eight members from the non-profit sector, four each from the Kagiso Trust and Independent Development Trust and one from government — are peeved by what they see as a questioning of their integrity.

"It is arrogant and patronising of the EU to want to treat trustees as messengers," one of the trustees told *Reconstruct*.

"Surely we are capable of taking decisions without reference to the EU?"

Fouéré points out that the EU has an aid agreement with the South African government setting out priorities which must also be adhered to.

He added that an initial EU insistence on vetting individual projects might give way to a sector-by-sector approach once the trust had found its feet. Fouéré stressed that if other donors were to be encouraged to contribute to the fund, there had to be "maximum accountability and efficiency".

Aids play probe is intensified

(92) Sowetan 15/3/96
PUBLIC Protector Advocate Selby Baqwa is to be assisted in his investigation into the controversial R14,2 million Aids play *Sarafina 2* by chartered accountant Mr Wiseman Nkuhlu and Mr Lourens van Vuuren, an auditor from the Auditor-General's office

Baqwa said yesterday he expected to complete the confidential probe in a matter of weeks when he would submit a report to Parliament

Baqwa's office confirmed that he had received a complaint regarding the controversial play, the only condition on which he could launch the investigation. The complaint was lodged by Democratic Party MP Mr Mike Ellis a week ago

Tender procedures probed

The investigation will include looking into the tender procedures followed, the tender contract, the funding of the play and all related issues

In terms of the law, the particulars with regard to the investigation will be kept confidential until completion of the investigation

Planning for the probe is underway with the Public Protector's office in the process of deciding who to call to appear before the investigating team. However, it is likely that Health Minister Nkosazana Zuma will be called to answer allegations of irregularities in the awarding of the contract to playwright Mbongeni Ngema - *Sowetan Correspondent*

SARAFINA PART TWO

(92)

ZUMA'S FOLLY

FM 15/3/96

Heads must surely roll in the Health Department over the European Union-funded musical *Sarafina 2* whose R14m message to black teenagers is that the spread of Aids can be prevented by practising safe sex

There is no doubt that the musical excels in terms of song and dance, but it has been deplored by Aids organisations for delivering a simplistic and ineffective message about the killer disease

It is clear that the department is determined to press ahead with the production, despite the growing chorus against it. But how much longer can Health Minister Nkosazana Zuma remain deaf to common-sense by insisting that schoolchildren judge the worth of the production?

Critics say the show has nothing new or special to offer. Its only clear message is that Aids can be prevented by wearing

a condom. None of the characters says no to sex. The unfortunate schoolgirl Lindiwe, who gets Aids, dies and goes to heaven.

Zuma's failure to halt the show while the Public Protector investigates allegations of maladministration smacks of arrogance and serves only to emphasise her poor judgment.

Even the department's belated admission that it did not consult the EU before committing R14m of its funds to the production — despite repeated assurances by Zuma to the contrary — seems to have done little to weaken her resolve.

In a low-key statement last week, the department said "Because of communication problems, there was a misunderstanding within the department with re-

gard to funding procedures. Measures are now being taken to deal with this problem."

The DP has tabled a motion in parliament calling for the appointment of an ad hoc select committee to investigate whether Zuma deliberately misled the parliamentary health committee on this.

It is equally concerned about Zuma's assertion that because the R14m was an EU donation, Tender Board procedures did not have to be followed.

In a letter to Finance Minister Chris Liebenberg last week, DP MP Mike Ellis says "I am sure money donated to government is always paid into the national revenue fund and the Tender Board system comes into play in determining where the money is spent."

The EU had no knowledge of the play until after the contract had been awarded and R9m of its money had been advanced to the production.

Zuma says the department approached the Tender Board but was told to follow the procedures contained in the

financing agreement with the EU which requires that a restricted invitation to tender be sent to a minimum of three suppliers.

Even if this was the correct course of action, one of the three companies approached, Pact Windybrow Centre for the Arts, claims it received the invitation by fax a mere 24 hours before the deadline and so was unable to tender.

Opera Africa received its invitation a month in advance, says director Sandra de Villiers.

She has been appointed to the new board of directors of Mbongeni Ngema's Committed Artists Theatre Company.

The appointment will take effect only when Committed Artists is re-registered as a Section 21 company.

De Villiers says she was not aware at the time that Ngema was also tendering for the contract.

These facts are probably sufficient to render the tendering procedure invalid. But even if the *Sarafina 2* contract is legal, millions of rand have been squandered on a Broadway musical that has provided a national showcase for Ngema but is unlikely to prevent one person from dying of Aids. ■



Nkosazana Zuma

Aids victim wants others to understand disease

LYNNE ALTENROXE

Own Correspondent

PRETORIA. — Like many women, Mercy Makhalele first discovered she was HIV-positive when she was pregnant.

"I just took the tests to try to be a responsible mother. I wasn't nervous because I thought that as a married woman the result couldn't be positive."

"And when I got the result I didn't believe it at first. I actually asked the sister 'Where did I get it?'"

Mercy didn't know how to tell her husband about her infection but, as re-exposure to the virus ren-

■ "When Aids kills me, I want to have done something with my experience to help others," says Mercy, an Aids counsellor and patient.

ders one more vulnerable to infection, she felt she had to protect her unborn child.

"I had to come up with a silly story so that my husband would agree to use condoms to protect the baby."

"Every night I would try to tell him I was HIV-positive, and then stop out of fear." When she finally plucked up the courage and

told him, her husband threw her out of the house.

The next morning he arrived at her place of work and picked a fight. "People heard the whole thing and I was dismissed from work," she said.

After this Mercy decided to keep her illness secret. "I feared rejection. I'd lost two things in two days just by telling people. And when my baby was born nobody would stitch me up because of my condition."

Mercy eventually found a job as a domestic worker but left to do voluntary work with Aids sufferers at Baragwanath hospital.

Then her husband fell ill. He thought he had tonsillitis, but the doctor said

92) ARC 16/3/96

his glands were swollen and diagnosed Aids. "Only then did he believe me," Mercy said. They were reconciled and lived together until he died last June.

Mercy is now raising her two children alone and fears the rejection they could face. The older child, who is seven, is HIV-negative.

"At his age children already know about Aids, even if they don't understand it," she said. "He would be crying, saying he didn't want to go back to school. All I wanted to do was to hold him to comfort him and he would say to me 'No, mumm, if you kiss me, I'll get Aids'."

Mercy now works as an Aids-counsellor.

ARC 16/3/96

92

Aids? We're just having fun



SIDESTEPPING THE ISSUE . . . The dancing's dazzling – but are those legs helping to stamp out Aids?

■ PIC: MIKE MZILENI

By **BENISON MAKELE**

WATCHING Mbongeni Ngema's *Sarafina II* in Soweto's Eyethu Cinema last Sunday failed to impress on me the gravity of the Aids scourge which is bedeviling humanity

I saw a serious matter being turned into a plaything – and Aids is no joke!

The music and the dazzling display of energetic dancing were entertaining – but the play did not really convey the dangers of the killer disease

R14,2 million aside, the musical spectacle failed to drive home its didactic message – which was supposed to educate people about the threat of depopulation posed by Aids, the trauma and the

stigmatisation of victims and the lack of community support for them

Save for a spasmodic reflection on the subject as the play progressed, the spectacle of brilliant dancing and singing evoked no fear of Aids or pity for Aids victims

I expected a true-to-life portrayal of the perils of Aids – but the pleasure derived from the spectacle in no way underlined the seriousness of the disease

The analogy drawn between the historical annihilation of Zulu power at Ulundi in 1879 and the destructive effect of Aids on our communities failed to impress me – save for reminding me about the original *Sarafina*

It seemed to me that Ngema was harping on

the same string. He should not have titled the Aids education play as a sequel to his successful Broadway hit *Sarafina* – but should have chosen a name in keeping with the gravity of his subject

The Msinga faction fights, likewise, are small fry compared with the devastating effects the Aids virus has on our communities

What is commendable is the musical's emphasis on women's rights – such as the right to insist on condoms being worn by male companions during sexual intercourse

The sub-theme of "education first – sex later" also hopefully made the teenagers and children crammed into Eyethu aware of the dangers of unprotected and premature sex

An issue that Ngema touches on in *Sarafina II*, though only in passing, is the role of traditional doctors in the fight against the exterminator disease

However, they only come into the picture when the virus has already taken its toll on a victim. They thus cannot help her – one says she's dying, while another pronounces her already dead

One of the most moving scenes is the burial scene, which is complemented by sorrowful music

But as I got ready to leave, I realised the play had not yet reached its end – and for me this was where it finally lost its impact

Though the play uses

English as a medium, it is spiced with colourful township patois to reach its target group – teenagers

Ngema has invited criticism of his play – saying that there is still room for improvement, as all he wants is a good message that will conscientise communities about the dangers of Aids

I think the play is badly written – in spite of the noble intentions of its producer and the electrifying performances of its cast

The plot is jumbled, with no cohesion or interrelation among its parts. Its amorphous nature defeats the aims for which it was created – as it leads to no climax or conclusion

CP 17/3/96 (92)

Sarafina shows are free

(92)

By JUSTICE MOHALE

ST 17/3/96

ADMISSION to weekday shows of Mbongeni Ngema's controversial R14,2-million AIDS-awareness play, *Sarafina 2*, will be free, although adults will be charged a R15 admission fee over weekends.

The play was performed at the Eyethu cinema in Soweto this week. The musical was so badly attended that people were admitted for free.

Adults were supposed to pay R15 and children R3.

On Tuesday security guards turned away people who could not pay to see the show.

But on Thursday — anxious that few people would turn up — the organisers invited three schools to attend. The cinema's sliding door was broken in a scuffle between security guards and students.

ST 17/3/96

New deal for HIV sufferers

(92)

By CAS St LEGER

IN A South African — if not a world — first, life cover is being offered to people who test positive for the virus that causes AIDS

Those who develop AIDS and need money to pay medical bills will be able to ask for their death benefits before they die

Clients who test positive for the human immunodeficiency virus (HIV) who have not yet developed symptoms of AIDS — or those who refuse to undergo an HIV test — will be able to take out a special, high premium policy launched this week by a leading South African life assurance company

This policy was developed to counter allegations of discrimination by the life assurance industry against HIV-positive people — an act which could be outlawed by the new Constitution

HIV-positive people who want to take out the special cover will have to undergo a medical examination to ensure they are not yet showing signs of AIDS

By SIMON BARBER
Washington

THE CLAIM THAT HAS SHAKEN THE MEDICAL ESTABLISHMENT:

HIV IS NOT THE CAUSE OF AIDS

(92) ST 17/3/96

IN THE Middle Ages, Professor Peter Duesberg, a molecular and cell biologist at the University of California's Berkeley campus, would have been burnt at the stake for penning his newly published book, *Inventing the AIDS Virus*.

In it, he sets out his theory that the human immunodeficiency virus (HIV) is not the cause of AIDS, but a harmless "passenger" microbe leapt on by a medical establishment more interested in a massively funded bug hunt than sticking to principles of scientific inquiry.

The argument is seductive — it excuses unprotected sex — and may well find many takers in a lay public sceptical of its institutions and exasperated by the billions being spent, seemingly in vain, to find a cure for the disease.

Whether or not he is the dangerous crank the majority of AIDS scientists consider him, the 59-year-old German emigre's credentials are impeccable. He was elected to the elite US National Academy of Sciences in 1986. For his work on retroviruses — the class into which HIV falls — the National Institute of Health gave him a seven-year outstanding investigator award grant and showered him with hundreds of thousands of dollars for research.

Today, unfunded and denounced, he and a small band of defenders wage a guerrilla war on the orthodoxy. Among those defenders is Professor Kary Mullis, a 1993 Nobel winner, for his invention of a gene identification technique called the polymerase chain reaction — a technique which, ironically, the AIDS establishment says has proved the link between HIV and AIDS.

Professor Mullis is not buying that. As he writes in the foreword to his colleague's book: "We have not been able to discover any good reasons why most people on earth believe AIDS is a disease caused by a virus called HIV. There is simply no evidence demonstrating that this is true."

Professor Duesberg's argument runs thus. AIDS is essentially a new name for a lot of old afflictions. It is diagnosed when a patient suffering from one or more of those afflictions — tuberculosis, leukaemia and dementia are examples — has also tested positive for HIV antibodies.

The trouble is that the presence of the antibodies and the apparent rarity of the active virus, which has been difficult to isolate, suggest the immune system has mounted a successful defence against HIV. So how can it cause the collapse of immune system cells, lymphocytes, that have led to the patient's illness?

If HIV really were the cause of AIDS, then under what are known as Koch's postulates — essentially, the Newtonian laws of infectious disease — it would have to be found growing abundantly "in every patient and every diseased tissue". This, says the professor, is not the case.

Either HIV is defying all established rules of viral and retroviral behaviour, he contends, or there is some other toxin at work. His favourite theory:

drugs, both recreational and the kind, like AZT, used to treat AIDS.

That would account for the high-risk status not only of intravenous drug users, but, in his view, homosexuals, whose use of the muscle relaxant amyl nitrite may have led to Kaposi's sarcoma, a kind of cancer, being an early signature of AIDS.

As for the haemophiliacs and other recipients of blood transfusions who became HIV positive in the first years of the epidemic, Professor Duesberg argues that other non-HIV factors were responsible for their developing AIDS. The most significant was AZT, a powerful cell-killer originally developed as a cancer treatment.

Professor Duesberg contends, for example, that tennis great Arthur Ashe was killed not by AIDS, but by AZT, and that the reason Magic Johnson is back on the basketball court is that he has taken himself off the drug.

Naturally, such claims have the medical establishment "spitting nails". Doctors do not like to be accused of killing their patients. Besides, defenders

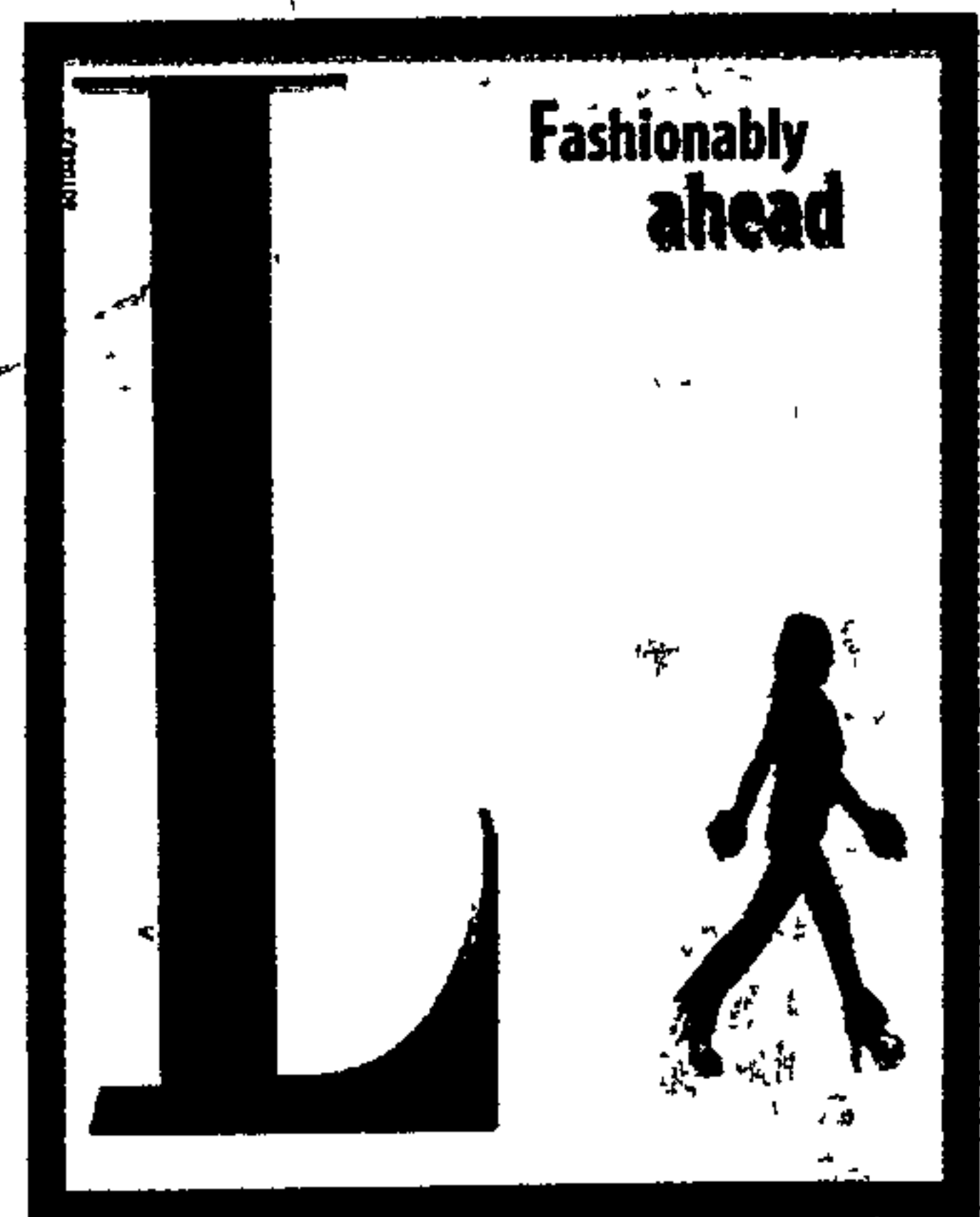
scientist Robert Gallo and Reagan administration Health Secretary Margaret Heckler, that HIV was responsible for AIDS.

After World War Two, the federal government became the major funder of medical and biological research through bureaucracies such as the National Institute of Health, and took an increasingly "moon shot" approach to tackling big diseases by declaring war on them.

This favoured virus hunters who showed they could score victories by conquering polio, for example. When war was declared on cancer, they naturally sought to remain at the head of the funding queue by asserting cancer to be a viral disease.

But by the end of the 70s, the virologists were not having much luck with cancer, and since most other microbe-caused diseases had been dealt with, they were in need of something to maintain their status. Along came AIDS and with it the promise of a war requiring virus experts — assuming a virus could be found to fight.

HIV fitted the bill. Soon, vast amounts of federal money were coming on stream for university departments to find a silver bullet. The drug companies also started laying out big bucks. The system, in short, became invested in HIV and the notion that it was behind a plague of historical proportions.



Too busy for all that fuss about R14m

By RAY HARTLEY
Political Correspondent

HEALTH Minister Nkosazana Zuma doesn't want to talk about it, she says there is nothing to say on the subject. In any case, says Vincent Hlongwane, her spokesman, she cannot talk about it while the Public Protector is investigating the matter.

The thing that Mrs Zuma doesn't want to discuss is, of course, the R14-million AIDS-awareness play *Sarafina 2*.

Appearing before Parliament's health committee three weeks ago, Mrs Zuma was crusty, tense and even, some have ventured, arrogant and dismissive, refusing to acknowledge that any wrong was done when her department authorised the expensive production.

This week she was in a state of calm, apparently brought on by the fact that the unmentionable play had been handed to the Public Protector.

Mrs Zuma is nonetheless willing to discuss South Africa's AIDS epidemic. She says that, according to the World Bank, eight

million South Africans will be infected by 2005, with 300 to 500 people dying of the disease each day. This will leave 350 000 children orphaned and triple the infant mortality rate.

While the middle classes have accepted that AIDS is a problem, most poorer South Africans are still unaware of the disease.

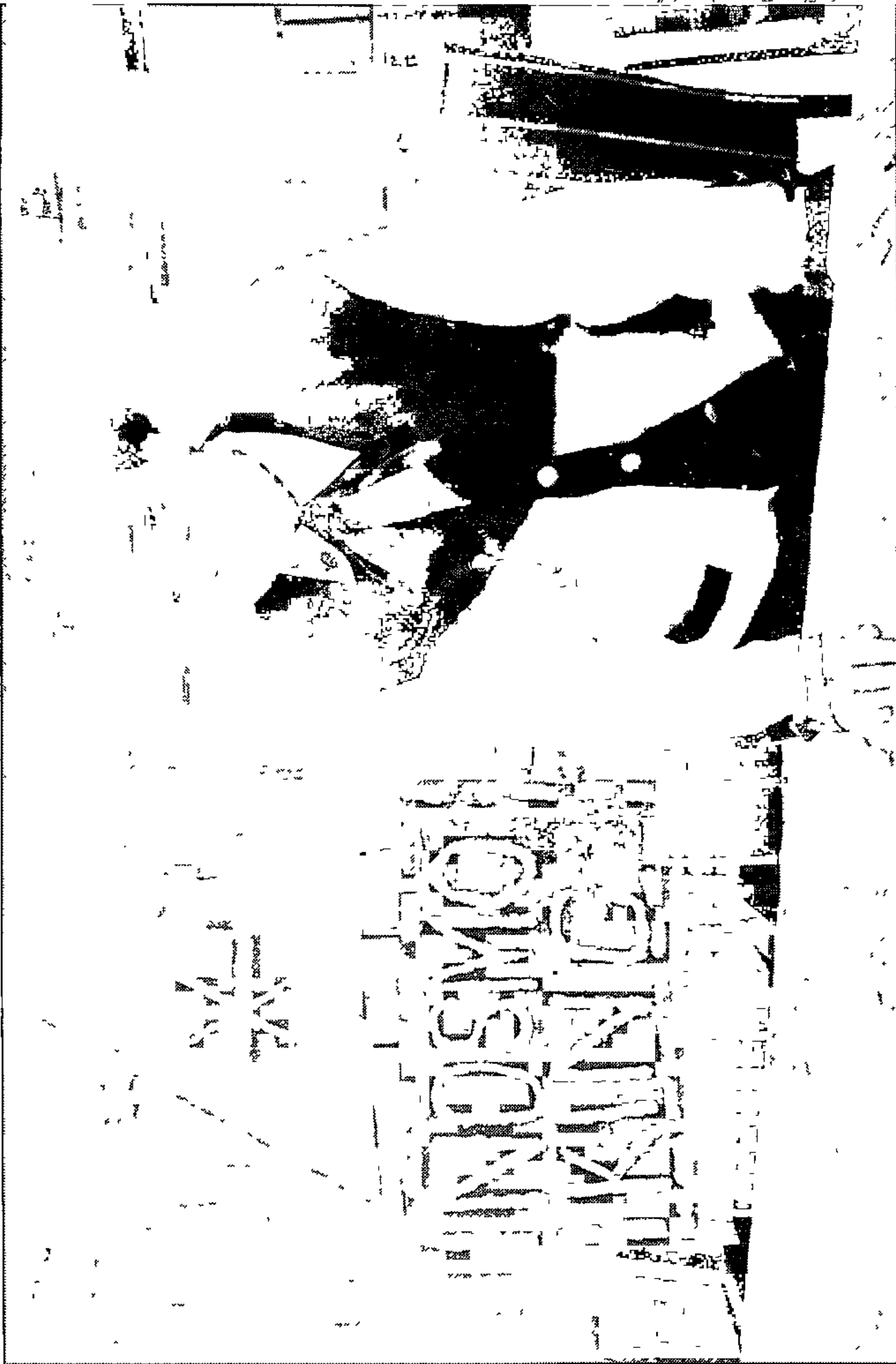
"In the townships there is a lot of denial of AIDS, particularly among the youth," says Mrs Zuma. Another of Mrs Zuma's high-profile campaigns has been against smoking, with terrifying messages placed on cigarette boxes.

The real targets of her messages, she says, are children because research shows that those who do not start smoking by the age of 19 are less likely to pick up the habit later.

"I will have succeeded if, in five years time, only one tenth of those kids who would have smoked don't," she says.

How does she feel about her fellow ministers who smoke, such as Water Affairs Minister Kader Asmal and Deputy President F W de Klerk?

"Ministers are human



CAN'T TALK NOW . . . Health Minister Nkosazana Zuma with a painting by artist Chickenman Mkhize Picture: TERRY SHEAN

ST 17/3/96 (92)

and nicotine is addictive," she replies, and reels off the names of ministers who don't smoke: "Mboweni, Skweyiya, Jordan, Roelf, Stella . . . Mrs Zuma has also been in the news for importing Cuban doctors to fill vacancies left by emigrating South African doctors. She says that a radical increase in salaries should be enough to entice doctors to stay in the country. She is planning to import more Cuban doctors as well as others from countries such as Germany and Switzerland. Two other major initiatives are nearing completion — the revamping of hospital management and the introduction of a national health insurance scheme.

"There's no reason why a public hospital should not be managed according to good management principles," she says. Whatever Mrs Zuma may be achieving in these fields, she is likely to be dogged by the *Sarafina 2* controversy for some time to come. But if her conscience is worrying her, it is not for the money she spent on the play. "I don't think I can live with my conscience if I don't do anything about the AIDS problem," she says.

By CAROL PATON
and RAY HARTLEY

ST 17/3/96
THE government is to spend more than R30-billion on salary improvements over the next three years in an effort to keep professionals such as doctors and prosecutors in the public service.

The government has set aside R7,4-billion in this year's Budget to improve pay and Finance Minister Chris Liebenberg said this would continue, with R11,3-billion being spent next year and the same amount the year after.

He said the huge expenditure would be paid for in cash and through the savings resulting from reducing the number of public servants by 100 000 over the three years.

Health Minister Nkosazana Zuma said this week that the salaries of some doctors would double, while others would receive huge increases in an effort to halt the flow of South African doctors overseas.

She said 600 doctors were needed as a matter of urgency, while a further 2 000 were needed to fill vacancies. While more foreign doctors would be brought in, she said the "first prize" was the appointment of South African doctors.

The move has been welcomed by the Medical Association of South Africa, which believes it could halt the exodus of doctors.

Junior doctors will benefit most, earning almost double from July 1. Substantial increases are also planned for nurses and policemen. Interns, or final-year medical students, who do the bulk of the work in hospitals and who often work a 60-hour week for an annual salary of R28 500, will now get R50 868.

Registrars and medical officers, who make up the majority of doctors working in hospitals, are also in for large increases. The annual salary of a registrar, who is a specialist-in-training, will go up from R50 844 to R78 141.

Senior and principal medical officers, who are doctors who have specialised but have not yet qualified, will receive increases from R63 474 to R98 463, and from R79 086 to R115 413, respectively.

Specialists — few of whom remain in public hospitals after qualifying — will be encouraged to stay in the public service through a new basic salary of R115 413 up from R88 230. And all public servants, will also now be paid overtime according to what they earn.

Professor Dave Morrell, spokesman for the Medical Association of South Africa, said the revised salaries would make a significant difference for doctors. They will be very pleased.

However, he warned that "certain adjustments would need to be made to ensure satisfaction across the range of senior doctors".

Senior doctors earning the top salary in their range could stand to benefit by only 7,5 percent if they are slotted into the minimum category on the new salary scale.

"Senior specialists will get the least reward and, when they look at their juniors and see their proportionate increase, they will feel badly done by," said Professor Morrell. He said it was important that the restructuring process be continued over the next two years for it to be really meaningful, and

estimated that a specialist in the private sector would still earn up to three times as much as a specialist in a hospital.

New nurses will also benefit from the salary adjustments. A professional nurse will now start on a salary of R40 836 — an increase of R15 000.

A police constable who earned R17 800 a year will now get a starting salary of R27 882. The conditions of overtime pay

for police are being negotiated and a deal is likely to be struck soon.

The new salary structure was accepted in principle by 17 of the 20 public sector unions in the central bargaining chamber last week, who also agreed to trim down the public service.

This will be done through "voluntary severance packages" and not compulsory redundancy, said John Ernstzen, who acted as chief negotiator for the minister of public service and administration in the bargaining chamber.

Improving the resignation benefits by changing the rules of pension funds will be an important component of trimming the public service without resorting to compulsory redundancy.

While a Presidential Review Commission, appointed to examine the public service, could still recommend that compulsory cuts be made, Mr Ernstzen said his ministry was confident that savings — to be ploughed back for salary increases — could be achieved through natural attrition.

The new structure, which has classified the 340 occupational classes in the public service into 16 broad bands, has not only brought a large adjustment for professionals. It has also raised the minimum wage from R13 200 a year to R17 100 and narrowed the wage gap between the highest and lowest earners.

Negotiations in the central bargaining chamber will resume on March 25, and issues of job cuts and voluntary severance packages will be discussed.



CHRIS LIEBENBERG

Professionals

Salary hikes for

93

SUNDAY TIMES, March 17 1996 5

Aids will lead to a drop in life assurance benefits, says expert

By ION BEVERLEY

Durban — The Aids epidemic would result in a drop in benefits offered by the life assurance industry, Trevor Pascoe, a consultant actuary at Old Mutual's employee benefits division, said yesterday.

The drop would come about because of the effect of the epidemic on investment returns, changes to mortality tables and altered circumstances, he said.

Pascoe said obtaining the necessary data was very difficult, but he and his team were working on the problem.

The only benchmark was the company's experience in Malawi, where the effect of the epidemic had resulted in their assurance costs rising six-fold.

Existing HIV data from antenatal clinics indicated that Kwa-Zulu Natal had an incidence of 20 percent and the Western Cape an incidence of 3 percent.

Companies would have to adopt new strategies when considering employee benefits such as group life cover, pensions and medical aids.

They would have to consider the changes to labour law which proposed a ban on pre-employment HIV tests.

Pascoe said there had been a swing from pension systems to provident funds and other defined contribution systems, mainly as a result of worker demand and not due to the problem of Aids, but this would help companies exposed to Aids because they would not be exposed to the open-ended nature of defined benefit funds.

Most companies had not begun to address the consequences of Aids on their medical funds.

It would cost about R57 000 to deal with an Aids patient in Switzerland and about R200 in an African country, because of differing treatment expectations.

Companies needed to take into account the cost of sick leave, the cost of retraining and the cost of long-term disabilities arising from Aids.

Workers who were HIV positive could be unproductive, but could stay on the payroll for a long time before stopping work.

Pascoe said one of the effects of the epidemic on assurance companies would be frequent changes to premiums.

He said that for some time, premiums had been decreasing as a result of good investment performances, but Aids would result in an increase in premiums.

Investment returns would change as a result of Aids, but portfolio managers would be able to alter the profile of their portfolios accordingly.

For example, pharmaceutical companies would benefit from the epidemic.

(92) CT (M) 1/2/96

Life-and-death city Aids dilemma

(92) ET 2/2/96



ANEEZ SALIE
HEALTH REPORT

AFRICA'S sweeping Aids epidemic has left doctors at the city's Red Cross Children's Hospital facing a life-and-death dilemma

The incidence of this killer disease has leapt 300% at a time when a shortage of funds forces the worst of them to be left to die

Dr John Burgess, head of the hospital's Aids clinic, says they sometimes have to decide that they cannot justify further treatment for an Aids baby and let the little one die, because the money they would have spent needs to go to research to find a cure for Aids

The facility was established in 1992 when it had to deal with 30 cases of vertically transmitted Aids — from the mother to her unborn child. This climbed to 40 by 1994. Last year it leapt to 110

"Why? The effects of the Aids epidemic which is sweeping Africa is beginning to reach Cape Town," says Dr Burgess. "It has come steadily and menacingly south, as more people are attracted to our province." He says the prevalence of aids in Gauteng and KwaZulu-Natal is 15% of the population, while Cape Town's is two percent,

but growing at an alarming rate which throws up the moral dilemma

At a conference last week in New Delhi, an international expert with the Harvard Aids Institute, Professor Max Essex, revealed that spending on Aids was shifting to prevention rather than therapy. This was due to the growing cost of treating Aids patients, who were kept alive for increasingly longer periods — three or four years instead of one. This amounted to a R182-364m burden instead of R36-56m in the United States, he said.

In essence, Essex was saying that the more money spent on treating sufferers, the longer they were living, which in turn used up greater funds, which had to be siphoned from Aids research, putting back the day when a cure for Aids was found.

Was this not a callous approach, Dr Burgess was asked. And is it true locally?

"It is sad but it is true," he replied.

"We have a problem because our resources have been cut down. We have to look very carefully at putting money into the chronically ill.

"It is a very difficult position. You look at those kids and you realise you can do no more."



PONY RACES: Jockeys are getting into the saddle for a worthy cause at Kenilworth racecourse tomorrow afternoon — they will be raising money for children with Aids at Nazareth House. Meeting one of the ponies that will be racing is Sister Angela with Verna while Jockey Willie Ries holds Robin

PICTURE: CLIVE SMITH

Experience a big help in treating Aids

WASHINGTON - How long a patient with Aids survives is directly linked to his doctor's experience in treating the disease, according to a study read at a scientific meeting this week.

After Aids was diagnosed, median survival among patients of doctors with the most experience with Aids was 26 months, compared with 14 months for those treated by the least experienced doctors. The study involved more than 400

patients treated by 125 primary-care doctors from 1984 to 1994 at the Group Health Cooperative of Puget Sound, a health maintenance organization based in Seattle.

The study was conducted by researchers from the University of Washington, who said they believed the findings indicated the need to improve health-care delivery and physician education to gain maximum benefit from Aids care.

Earlier studies have found that hospitals admitting higher numbers of Aids patients have a lower death rate than those admitting fewer patients. Dr. Mari Kitahata, the head of the research team, said the new study supports the concept that "practice makes perfect."

The study was undertaken because many doctors have had no formal training in treating Aids, which was first recognised in 1981 and the stan-

dards of care have rapidly changed and continue to do so. Moreover, many patients are cared for by family practitioners and other primary-care doctors, not specialists in infectious diseases.

The Seattle researchers took into account how much Aids experience doctors in the cooperative had in their training programmes and medical practice, as well as the severity of illness of the patients they treated and

changes in Aids care over the 10 years covered by the study.

The study found that all doctors went through a comparable learning period.

There was a decreasing risk of death for each successive patient after the first.

About one-third of the doctors treated just one Aids patient during the study period - *New York Times Service*

(92) Source: Jan 2/2/96

How to stop AIDS in its tracks

ST 4/2/96

By CAS St LEGER

AS MANY as half of the three million new patients treated annually at South African sexually transmitted disease clinics also test positive for the virus that causes AIDS

Wipe out the other sex diseases and AIDS will be stopped in its tracks, says Professor Ron Ballard, head of the National Reference Centre for Sexually Transmitted Diseases

Unprotected sex with a partner infected with a sexually transmitted disease, such as syphilis or gonorrhoea, dramatically increases the odds on also becoming infected with AIDS. The South African rate of sexually transmitted diseases is 50 times that of Europe.

Professor Ballard says the one percent chance of getting HIV during unprotected sex with an HIV infected partner increases to eight percent if he/she also has genital ulcers. The AIDS risk shoots up to 50 percent from one sexual encounter if the partner also has syphilis and to 80 percent if they have gonorrhoea

The risk rises with the number of times there is intercourse and with the number of sexually transmitted diseases involved

Transmission of the AIDS virus is almost certain if both partners are infected with a disease where there are open genital sores.

Yet early treatment of sexually transmitted diseases costs under R20 a patient

Every week day, people flood through the doors of one of the country's largest clinics that treat sexually transmitted diseases

On bad days, says the sister running the Hillbrow clinic, the doors have to be closed to control the crush. Each year more than 20 000 people seek treatment there. Half will also test HIV positive.

AIDS expert Dr James McIntyre, of Wits University and Baragwanath hospital, says between 30 and 50 percent of patients at the sexually transmitted disease clinic there are also HIV positive

There are two million South Africans infected with HIV, the Department of Health estimates

The official figure of reported AIDS cases is 8 405.

But Dr McIntyre says the true number of AIDS cases is now between 40 000 and 80 000 patients

Hepatitis B a growing threat in SA

(92) ~~8~~ / Stan 5/2/96

In South Africa, infants, the under-fives in rural areas, and young, sexually active urban dwellers are most at risk of contracting hepatitis B

Free routine hepatitis B immunisation for infants was introduced in April 1995. Now, private companies such as The Vaccine Bureau are offering mass hepatitis B immunisation at school, tertiary institutions and local businesses.

Here are some facts to consider when deciding whether to take up that offer.

■ Hepatitis B is a potentially serious viral infection that causes inflammation of the liver. Its symptoms can be severe or non-existent. Most people remain asymptomatic, while others develop chronic, or acute, hepatitis, which can debilitate for up to five weeks. Persistent infections are associated with fatal cancer and cirrhosis of the liver. An estimated 2 million people in South Africa carry the virus in their blood, and can infect others. It is prevalent throughout the country.

The aim of mass immunisation is to reduce the carrier pool in the country.

■ The hepatitis B virus is tougher and more infectious than the HIV virus. It is usually contracted in early childhood or young adulthood. The aged, and children be-

tween 5 and 13, are at lowest risk.

The risk for the average schoolchild is relatively low, but significant. It comes from sex – there's an alarming increase of sexually transmitted diseases among teenagers, intravenous drug abuse; contaminated needles such as from careless tattooists, beauticians and acupuncturists, and there's also a risk from unknown sources, which cause up to 20% of infections.

■ The ideal age to immunise a schoolchild is between 10 and 12, just before they enter puberty. Dr Rudi Eggers questions whether it is appropriate to immunise a child between five and ten. Prof Barry Schoub says the effects of the vaccine are probably lifelong, so an earlier vaccine would make no significant difference.

■ Both forms of the vaccine – plasma-derived and synthetic – have been proved to be equally safe and effective. The vaccines are delivered in three doses, over three months, and side effects are minimal. Both forms are relatively costly, though the plasma-derived vaccine is cheaper than the synthetic. The recommended retail price for the plasma-based Hepacine B is R25,65 per single dose for an under-10-year-old and R42,75 per adult dose. The synthetic Engerix-B is R37,89 per dose for a child and R55,51 per adult dose.

Hospital fears AIDS will swamp wards

Kathryn Strachan

30 6/2/96

(92)

WITH the incidence of HIV around Ngwelezana in northern KwaZulu-Natal reaching 22% and escalating alarmingly, the local hospital fears its wards will be swamped with AIDS cases. It is looking to the community to help it provide for AIDS patients.

The home-based AIDS team, which has emerged from their joint efforts, is not only relieving the immense pressure on the hospital, but providing for patients in the place where they most want to be — at home.

"We find that when people realise they are dying, they prefer to be with their families at home, rather than in a strange place where there is no one to hold on to," says superintendent Peter Haselau. "Almost all the patients want to stay at home."

Once patients are diagnosed HIV-positive, they go home and are visited there once a month by a team of nurses who treat them and give them counselling.

At the beginning of last year the team of four nurses saw about 50 families a month. Now they see 80, and many patients have died during the year.

After a patient has died, they continue to visit the family and give bereavement counselling. They also make provision for the children left behind. Nearly 70 children were orphaned by AIDS in Ngwelezana last year.

With AIDS being closely related to TB, the same team also visits TB patients.

The nurses also treat other sick members of the family and give advice on such things as sanitation and nutrition. Where a family does not have food, they are put in touch with gardening projects, and where they are very poor, they are encouraged to join income-generating projects such as sewing, baking or candle making.

The nurses in the team say they still have a long way to go in making people more open about AIDS. Most people do not tell their spouses they have AIDS until they are very ill, they say, and in most cases the husband blames the wife for infecting him.

But Vusi Mkhize, a nurse in the team, believes attitudes are changing. "Some couples support each other like angels," he says, "and we play an important role because their response depends a lot on our counselling."

Business should plan for Aids

JENNY VIALI Health Reporter

BUSINESSES need to deal proactively with Aids and HIV-positive people in the workplace, educating workers in prevention and lifestyle changes

Kenneth Marcus, chairman of the Aids Foundation of South Africa, told the Institute of Personnel Management that the Human Immunodeficiency Virus (HIV) and Aids were far from centre-stage for many businesses, which were mostly focused on recovering their balance sheets after years of sanctions and upheaval

He said that though Nedlac (National Economic

Development and Labour Affairs Council) would be tackling Aids and HIV policy shortly, businesses needed to prepare for changes in legislation

The South African Chamber of Business (Sacob) and Business South Africa had both drawn up guidelines for employers on HIV and Aids in the workplace, but unfortunately these differed

Sacob rejected pre-employment testing and the dismissal of workers on the basis of HIV infection. Business South Africa's guidelines, however, allowed for pre-employment testing but stipulated that it should not unfairly discriminate against a job applicant

(92) ARG 7/2/96

Church bid to stop spread of Aids

(92) Star 7/2/96

A network of about 600 churches throughout the country have started working together to combat the spread of Aids

The role the church will play is the focus of a two-day conference, which began yesterday, hosted by Pastor Ray McCauley of the Rhema Church in Randburg

Conference workshops will cover educating children, death and dying, homosexuality and the church, and terminal care

McCauley said it was vital for the church to take "its rightful place in combating the rapid spread of Aids" and reach out to those infected with the disease - Staff Reporter

Business groups disagree on compulsory HIV tests

BY FRANÇOISE BOTHA

Cape Town — Key business organisations in South Africa differed on the acceptability of compulsory pre-employment HIV testing, said Kenneth Marcus, the managing director of Marcus Medical.

Speaking at an Institute of Personnel Management breakfast in Cape Town this week, Marcus said that the South African Chamber of Business (Sacob) and Business South Africa (BSA) had different objectives.

Sacob has rejected calls for pre-employment testing, saying that even if an applicant is diagnosed as positive, it may take up to 10 years to develop Aids.

The BSA stated that any pre-employment testing "shall not unfairly discriminate against job applicants", Marcus said.

"So, they are suggesting that by all means, go ahead, and do the testing. These are two very conflicting views from the two most important

business representative organisations in the country"

He said Sacob represented the interests of its constituent members, while BSA represented a wider view of business interests.

"Where does this leave us? We would like to think that in the main, business will follow the internationally accepted sentiments that pre-employment testing and unfair dismissal will not be tolerated. But, unfortunately it is not as easy as that," said Marcus.

Referring to a Johannesburg housewife who dismissed her domestic servants when they tested positive, Marcus said that in terms of the new Labour Relations Act, there would be significant developments should this continue.

However, he said that business in South Africa was "fairly sure" that the National Economic Development and Labour Council would preclude any pre-employment testing and dismissal because of a life-threatening illness.

(92) CT (BR) 9/2/96

Health minister defends Aids musical

The minister of health said her department could not have been expected to consult every NGO about a R14-million Aids play. **Vuyo Mvoko** and **Justin Pearce** report

MINISTER of Health Nkosazana Zuma has defended her department's decision to spend R14,27-million on the production of a play on Aids awareness, despite massive criticism from non-governmental organisations (NGOs).

Sarafina II, written and produced by award-winning playwright Mbongeni Ngema and performed by his company, Mbongeni Ngema and

Committed Artists, premiered in KwaZulu-Natal on World Aids Day, December 1, last year.

Zuma said on her arrival back from Cuba yesterday that all the provinces had been consulted about the play and there had been no objections. She said the department could not be expected to consult every NGO. "Aids doesn't consult, it infects people." She said Ngema was well-known and she couldn't think of a better person to write or produce a play about Aids.

"Perhaps people are jealous because the money was given to a black person."

Dr Olive Shisana, director general in the Department of Health, has dismissed accusations that too much money has been spent on the production. In addition, she said, no taxpayer's money went to the project, the entire amount was donated by the European Union.

Meanwhile, chairman of the Parliamentary Standing Committee on Health Dr Manto Tshabalala denied reports that this week the committee had launched an investigation into the issue. But, Tshabalala said, "It does not matter where the money came from. It

is for the development of this country and it should be used wisely."

Shisana said in the rural areas there were no facilities such as halls, electricity and transport. Inevitably under those circumstances, she said, costs would be high. "The play is an innovative way of getting the message to a group of young people who are more susceptible, more at risk," she said.

She dismissed previously reported criticisms that a production similar to *Sarafina II* could be done for no more than R2-million. "Why haven't they produced anything for that R2-million?" she asked, and "who is to

say life is not worth R14-million?" Shisana said a mechanism has been put in place to evaluate the success of the play, and after all, people can view a play differently.

"We are not apologetic about what we have done. The previous government paid no attention to the Aids crisis," she said, adding the new government has allocated R70-million to Aids while the apartheid one gave only R20-million.

The theatre company refused to comment until a press conference next week, to be addressed by Zuma, Shisana and Ngema. Shisana, however, hinted that nothing from the press conference will change the status quo.

92

M+G 9-15/2/96

HIV-test bind for government

Mt G 9-15/96

(92)

Philippa Garson

THE government is in a double bind over whether to screen pregnant women for HIV, and key policy decisions are being delayed by intense debate around the issue.

Although new research shows that steps taken during and after pregnancy can reduce the risk of HIV-positive mothers transmitting the virus to their babies, the government lacks the resources to implement them.

Some health workers say there is no point testing for the virus if no follow-up action can be taken. Most of the steps — which include

administering the AZT and 3TC drugs, disinfecting the birth canal, or delivering babies by Caesarian section, and bottle-feeding rather than breastfeeding — are costly and require resources that don't exist.

Routine testing for the disease in pregnant women also requires counselling and follow-up procedures that our overloaded, cash-strapped health system is unable to offer.

Currently, hospital testing procedures are uneven: some state hospitals, particularly the academic hospitals, do routine testing; other poorer hospitals do not. Some hospitals in Gauteng, like Edenvale and Corona-

tionville and Alexandra clinic, have stopped testing until broad policy decisions have been taken.

Johannesburg Hospital stopped testing for several weeks, but has now taken a decision to resume testing.

Although testing for the virus without the patient's consent is illegal, according to the National Aids Plan, people requesting the test should be able to have it.

There is no national policy on the issue, however, and provinces are struggling with the "controversial policy area for which there is no easy answer," says Liz Floyd, Gauteng director for Aids and communicable diseases.

New policy is likely to be in place mid-year, with the following options being debated: to test every pregnant woman with her consent, to test no one at all, or to promote voluntary testing and follow-up with appropriate interventions.

Commented Floyd: "Lots of women testing positive are very vulnerable socially, economically and psychologically. Research shows that most women are infected by their husbands. Yet if a woman tells her husband she often gets blamed and even evicted at a very vulnerable time in her life."

Health officials report much of the HIV testing that goes on is to protect doctors and health workers, is not in the interests of the patients, and often happens without the informed consent of the pregnant women themselves.

Government figures show that an estimated 11.95% of pregnant women were HIV-positive last year compared with 1.35% in 1991. In some parts of the country, like KwaZulu Natal, the rate of infection is as high as 20%.

Research conducted by James McIntyre, who heads up the Perinatal HIV Research Unit at Soweto's Baragwanath hospital, shows that costly drugs like AZT and 3TC can reduce the risk of transmission from 25% to 9%, findings born out worldwide. However, at a cost of R3 000 per patient, the drug is not a viable state option for African countries, including our own. Research is being done on reducing the amount of time needed to administer the drug. A cheaper but politically loaded option is steering HIV-positive mothers away from breastfeeding.

Botswana (92)

steps up

war on Aids

CT (MR) 13/2/96

By DEREK JAMES

Gaborone — Botswana's private sector, increasingly worried about the impact of Aids on the economy, has called on concerned organisations to join forces

This follows figures released by the ministry of health on the prevalence of Aids among pregnant women between the ages of 15 and 49

In Gaborone, the figure was 28,7 percent and the country's average was more than 30 percent

The ministry tests pregnant women for HIV when they attend antenatal clinics. About 90 percent of pregnant women in Botswana attend clinics at least once during pregnancy

The United Nations Children's Fund predicts there will be more than 60 000 Aids orphans in Botswana in the next four years

The SOS Children's Village is the country's only orphanage. A spokesman stressed the need for careful planning, including the fostering of Aids orphans and victims, but said the onus was on the government

A spokesman for the Princess Marina Hospital said nearly 50 percent of all beds were occupied by Aids and HIV sufferers — Independent Foreign Service

AFRICA

30% of Botswana women have HIV

GABORONE: About a third of sexually active women in Botswana are infected with HIV, the virus that causes Aids, the Health Ministry said yesterday *ET 13/2/96*

The ministry based its estimate on a survey of pregnant women between 15 and 49 who were tested during prenatal care *(92) (12)*

Zuma faces Aids play show

(92) CT 1

AS THE MINISTER OF HEALTH prepares to account to the portfolio committee for the R14,7 million spent on the Aids musical, Sarafina-2, her department says it relaxed the tender procedures as donor money was involved. **ANEEZ SALIE** reports.

THE Minister of Health has been summoned before Parliament's watchdog committee to account for the R14,7 million her department has spent on the controversial Aids musical, Sarafina 2.

A claim by the department that the costs would be covered over one year by 1 400 000 people paying R10 each to see the show has been dismissed as impossible by an expert. It has also come to light that the department "relaxed" tender procedures because donor, as opposed to

taxpayers', money was involved. The National Aids Coalition of South Africa (Nacosa), which brings together business, government and Aids organisations across the country and which is struggling financially to care for Aids sufferers, is outraged.

"We are horrified that that amount of money could be spent, just like that, on a play without consultation with us, the people who have to deal with those who die daily from Aids," said Dr Monty Berman, head of Nacosa in the Western Cape.

"When we approach the govern-

ment for money for our work we are told there is no money. It is appalling," Berman called on President Nelson Mandela to intervene.

The Cape Times has established that when the national assembly's Portfolio Committee on Health did not receive the answers it needed from health officials, its chairperson, Dr Manto Tshabalala, wrote to the Minister of Health, Dr Nkosazana Zuma, on February 8 to summon her — or a designated official — to give evidence before the committee tomorrow.

"The committee is receiving a large number of inquiries and expressions of disquiet from national and provincial parliamentarians and members of the media and feels that it is duty-bound to call the department to give evidence of a precise,

factual nature in connection with this matter," Tshabalala wrote to Zuma.

In response, Zuma verbally told Tshabalala that neither she nor her director-general, Dr Olive Shisana, would be available for the committee meeting. Tshabalala wrote back to Zuma and asked that Mrs Quarraisha Abdool Kareem, director of the HIV/AIDS Programme, be sent instead.

The committee has since received replies to some of its questions, but is insisting that the meeting tomorrow go ahead. It has not heard from Zuma's office.

Tshabalala could not be contacted as she was recuperating from an illness.

Shisana, claiming the matter ought not to be aired in the media, was not prepared to comment.

"I do not think it correct to comment on correspondence between the minister and the portfolio committee," she said. "If the committee has a problem it should approach the minister directly."

"Anyway, protocol requires that we first take the issue to the ANC's Standing Committee on Health."

While the committee — whose role it is to protect the interests of the public against abuse by civil servants or elected officials — was waiting to hear from the health department, Shisana, Abdool Kareem and award-winning playwright Bongani Ngema held a media conference in the city at lunch time yesterday.

Ngema heads the company, Committed Artists, which was awarded the contract. His accounting had

down

3/2/96

been considered suspect, the department said. It added in a press release that its internal audit unit had inspected the company's financial systems and "identified certain shortcomings which occurred due to Committed Artists being a (non-governmental organisation) and not being 'au fait' with public sector accounting practices."

This has been corrected.

Another correction was R1,1m which the company had spent on its running costs, but which it had claimed — and received — from the department.

The items on which it had spent this money included the leasing of certain vehicles, one of which was an imported luxury car that was used by

● Turn to Page 3

Discord over Aids musical

(92)

● From Page 1

CT 13/2/96

Ngema. The money has been returned.

In a written reply to a question from the portfolio committee, the department said of the tender system:

"Because of the highly specialised skills (required), the urgency of the situation and the fact that donor funds (from the European Union) were being used to fund the play, relaxed tender procedures were utilised."

Also in dispute is the figure of 1 400 000 cited by the health department's chief director of Support Services, Mr Albert Badenhorst, for the number of patrons who would pay an average of R10 each to see the musical over one year.

"That's absolutely impossible," says Peter Toenen, an impresario who has staged many Broadway and West End plays of a similar scale.

"Mathematically, there are just not enough venues or days in the year for that to happen."

"No, something is wrong somewhere."

Department wants R15 a head for Aids musical

APR 13 2 1996
□ Row over charges for lifesaving information (92)

TYRONE SEALE, Political Staff

THE Department of Health is charging an average of R15 a head for people to see *Sarafina 2*, a musical about Aids

The controversial musical was commissioned and funded by the government to fight ignorance about Aids and the human immuno-deficiency virus (HIV) that causes the disease

Health director-general Olive Shisana told journalists in Cape Town yesterday that the department was charging admission fees — of R10 and R20, except in “deep rural areas” where shows are free — in line with its sliding scales of payments for other health services such as those offered at hospitals

Dr Shisana said Aids was a serious problem in South Africa, with about two million people already infected with HIV

Asked how, in the light of this problem, the department had decided to charge taxpayers for access to lifesaving information, Quarrisha Abdool-Karim, director of the department’s Aids, HIV and sexually transmitted diseases (STD) programme, said “Our logic was fine in our minds, but obviously in your mind it doesn’t make sense”

She said the musical was not the department’s only Aids-related initiative, citing condoms, posters, leaflets and other materials as other means.

Also at the briefing, Albert Badenhorst, the department’s chief director of support services, said 1,4 million South Africans would have to see the production, which is to be staged around the country until the end of the year, if the department were to recoup the R14 million it had invested

Sarafina 2 is directed by Bongeni Ngema, who was responsible for the original stage show *Sarafina*, and later the film of the same title that dealt with the problems faced by youth in unrest-ravaged townships

Ms Abdool-Karim said Ngema’s R14 million tender had been approved last year at a time when the department had an R18 million Aids-related media budget. The total budget for the Aids, HIV and STD programme at the time was R85 million

The media budget had since grown to R30 million, Ms Abdool-Karim said

Commenting on weekend reports that suspicion existed about the way Ngema had secured the commission, Dr Shisana said it was not true that his name had been “pencilled in” during the tender process

The committee that had chosen Ngema had done so without being aware of discussions he had had with Health Minister Nkosazana Zuma

Dr Shisana also denied there were difficulties around the content of the play

It had been reviewed by several Aids experts and several changes had been made to the script before its official opening. Changes were continuing to ensure the information was correct and to condense the message.

Aids play impact checked

(92)
JOHANNESBURG: An independent group will evaluate the effectiveness of the national Aids play, Sarafina 2, the Department of Health said in Pretoria yesterday

It said exit interviews would be conducted over the next year to ascertain the impact of the play in Aids education. The department has been criticised by non-government organisations for spending R14 million on the production of the play.

Sarafina 2 was written and produced by award-winning playwright Mbongeni Ngema. The department refuted allegations that Ngema's name was "pencilled in" during the tender procedure — Sapa

ET 14/2/96

Zuma to be quizzed over play

Sowetan
14/2/96
(92)

Parliament's watchdog committee to probe R14,7-m spent on musical

Sowetan Correspondent

THE Minister of Health, Dr Nkosazana Zuma, has been summoned before Parliament's watchdog committee to account for the R14,7 million her department has spent on the controversial Aids musical, *Sarafina 2*.

A claim by the department that the costs would be covered over one year by 1 400 000 people paying R10 each to see the show has been dismissed as impossible by an expert.

It has also come to light that the department "relaxed" tender procedures because donor, as opposed to taxpayers', money was involved.

The National Aids Co-ordinating Committee of South Africa (Naccosa), which brings together business, government and Aids organisations across the country and which is struggling financially to care for Aids sufferers, is outraged.

"We are horrified that that amount of money could be spent, just like that, on a play without consultation with us, the people who have to deal with those who die daily from

Aids," said Dr Monty Berman, spokesman for Naccosa in the Western Cape.

"When we approach the Government for money for our work we are told there is no money. It is appalling."

It has been established that when the National Assembly's Portfolio Committee on Health did not receive the answers it needed from health officials, its chairperson, Dr Manto Tshabalala, wrote to Zuma on February 8 to summon her - or a designated official - to give evidence before the committee tomorrow.

In response, Zuma verbally told Tshabalala that neither she nor her director-general, Dr Olive Shisana, would be available for the committee meeting. Tshabalala wrote back to Zuma and asked that Mrs Quarraisha Abdool Kariem, director of the HIV-STD programme, be sent instead.

The committee has since received replies to some of its questions, but is insisting that the meeting go ahead this week as scheduled.

It has not heard from Zuma's office.

AIDS is set to ravage health budget, says World Bank

Kathryn Strachan

THE effect of AIDS on SA's economy will be that 1% of GNP will be lost, with direct health costs consuming up to three quarters of the total health budget, a draft report by the World Bank states

The review on the course of AIDS in southern Africa says that with about 500 new infections a day in SA, one in five in the adult population will be infected by 2005.

"Beset by the legacy of apartheid, anti-AIDS activities are fragmented and politicised, and human rights issues feature prominently in the national AIDS control programme," the report says

Throughout southern Africa, the effect of the epidemic on the savings rate could reduce per capita growth in the region by as much as 0,5% a year.

The epidemic would undermine socioeconomic development through loss of productivity, increased health expenditure, the disruption of social systems and human suffering

Most countries can expect a doubling of current child mortality rates and a tripling of adult mortality rates by the end of the century.

Worldwide, about 17-million people are estimated to be infected with HIV. Two thirds are from sub-Saharan Africa, with one in five originating in southern Africa. Facilitated by the

high prevalence of sexually transmitted diseases and population movements due to political strife and drought, the migrant labour system and transport workers, HIV is spreading rapidly through southern Africa

In Zimbabwe, AIDS is the leading cause of death

Without the epidemic, life expectancy would have risen to 70 years by 2010. Instead it will decline to 40. While 25% of Zimbabwe's population is believed to be HIV-positive, the infection rate among pregnant women and patients with sexually transmitted diseases is well above 50%.

In Swaziland, new cases of AIDS were expected to rise to 21 000 and about 164 000 would be HIV-positive by 2000. The infection rate of the population was likely to peak at about 30% before levelling off, the report said

In Mozambique, civil war had protected the country from AIDS as it meant a low influx of people from countries with high infection rates. Peace was likely to cause the epidemic to take off, with "immediate survival and reconstruction" taking priority over AIDS prevention

In Malawi, one in three urban residents and one in six rural people were HIV-positive. By 2000 about 2-million people would be infected. In Zambia, medical costs for AIDS would rise to about \$25m a year by 2000, and GDP would fall about 9% below the baseline

BD 14/2/96 (92)

CT 15/2/96

Mandela intervenes in row over R14,7m Aids play

PRESIDENT Nelson Mandela yesterday intervened in the R14,7-million aids musical row to ask Health Minister Dr Nkosazana Zuma for an explanation, his spokesperson, Mr Parks Mankahlana confirmed

He has also met the National Assembly Portfolio Committee on Health to get its view.

The committee had earlier summoned Zuma and her director-general Dr Olive Shisana to a hearing set for yesterday morning in response to a stream of inquiries and criticism directed at the musical. The committee has a watchdog role in Parliament

Both had said they could not attend. Shisana, her officials and playwright Mbongeni Ngema, on Monday held a press conference to refute earlier media criticism

The committee had wanted detailed explanations following an outcry over the health department's decision to spend R14,7m on Sarafina 2, a Broadway-type musical by Ngema on aids preven-

tion, which itself had been criticised as ineffective

The tendering system was also at issue after the department had relaxed its usually stringent conditions because European donor money was involved.

But the crunch meeting between the committee and Zuma did not take place yesterday morning. No explanation has been offered for its cancellation

Committee chairperson Dr Manto Tshabalala, while confirming that the meeting had not taken place, refused to say why. Zuma could not be reached for comment

Mandela had not intervened to stop the meeting, Mankahlana said. "He hopes the matter would be dealt with judiciously because of all the publicity, but feels it is a matter for Parliament and its various structures, and has not stopped anything"

Zuma addressed the national assembly yesterday during the debate on the president's opening

of Parliament address, but did not deal with the issue

Tshabalala also participated in the debate. Although she made no direct reference to the row, she did say. "The drive against crime, as our President has made clear, must include the eradication of corruption and the misuse of public funds. For those who have waited so long, the right to vote will mean nothing unless it is backed up by democratic values across our public service

"We need transparency in actions, as well as in words"

Ngema's attorneys have sent a written objection to the Cape Times story on Tuesday which dealt with the Sarafina 2 row

They say the following aspects of the article are patently incorrect

● Our client's vehicle was purchased in May 1995, well before any funds were paid in respect of Sarafina 2

● Mr Peter Toerien, who is

□ Turn to Page 3

Sarafina 2: Zuma breaks silence ⁽⁹²⁾

ANEEZ SALIE
HEALTH WRITER

HEALTH MINISTER Dr Nkosazana Zuma apparently has no qualms about spending R14,7 million on the controversial Aids musical Sarafina 2, despite a growing chorus of condemnation.

At the insistence of the Cape Times yesterday she broke her silence at a news conference on another subject, the release of a report on mental hospitals

She said there were currently two million Aids sufferers and that this figure would double annually.

It required drastic measures to combat, especially in the light of existing preventative measures being ineffective, which necessitated the Sarafina 2 initiative

Zuma apparently had no problems with the multi-million rand project because "you cannot put a monetary value on saving human lives".

An angry Zuma refused to answer questions about the abortive national assembly portfolio committee on health hearing to which she had been summoned to appear on Wednesday with her director-general, Dr Olive Shisana

"If you want to know why the meeting was called off, go and ask the person who informed you about it in the first place," she said before the conference was brought to a close with many questions unanswered

CT 16/2/96

The watchdog health committee had not received the required answers after the outrage expressed about the amount of money spent on Sarafina 2

Then, in an unprecedented move, the ANC-led committee decided it had no further recourse, and summoned the ANC cabinet minister to answer questions

The fact that the hearing would have been held in public at Parliament in Cape Town, a city in a make-or-break election struggle between the ANC and the NP, did more than raise a few eyebrows

It apparently also led to political intervention which scuppered the hearing.

Another hearing will now be attempted, especially if the Democratic Party's member of the committee, Mr Mike Ellis, has his way

His party expressed extreme concern yesterday "at what is little more than the silencing of the committee".

"The principle of accountability is being seriously prejudiced," he said

Ellis has written to committee chairwoman Dr Manto Tshabalala to ask her to summon the minister and her director-general again to answer questions about the Aids musical.

"If this hearing does not take place, it will be a major blow to the principle of accountability and transparency in government," Ellis said.

Aids play sparks crisis for Zuma

The minister of health dodged a parliamentary committee called to investigate a controversial, R14-million Aids play, reports **Vuyo Mvoko**

Her first major setback since becoming minister of health, Dr Nkosazana Zuma dodged a Parliamentary Standing Committee on Health this week, deepening the murky waters surrounding Mbongeni Ngema's R14.27-million Aids play, *Sarafina II*.

There were two bids for the Aids play, but neither was evaluated by the Tender Board. The decision to award the contract to Ngema was taken by the Health Department's director general, Dr Olive Shisana.

Dr Manto Tshabalala, chair of the constitutionally empowered watchdog committee, summoned Zuma to a meeting on Tuesday but the minister refused to attend.

Zuma's spokesman, Vincent Hlongwane, said the meeting had simply been "postponed", and Tshabalala

refused to discuss the mounting crisis in the Health Ministry, inflamed by the controversy surrounding Ngema's extravagant production.

Sources within the department say Zuma and Tshabalala have longstanding personal differences and the matter of the Aids play has aggravated the stand-off between the two. Tshabalala's call to Zuma to attend the committee meeting followed an outcry from non-governmental organisations (NGOs) and Aids activists during the past few weeks over what they saw to be an abuse of money from the European Union (EU). These critics maintain the play could have been produced for a fraction of the amount charged by Ngema.

The Mail & Guardian established that West Side Story, a flashy commercial musical with an orchestra, staged over

a five-week period in Pretoria before Christmas, cost R1.8-million.

The Health Department this week said it could recover the costs from door takings. But this has been slammed because the primary target audiences are in poverty-stricken rural areas where few people would be able to afford the R20 entrance fee.

A Democratic Party spokesperson said to recover the costs it would need "almost 4 000 people, enough to fill the Nico Malan Opera House three times over, every week of the year and every day of the week".

The National Party called on Zuma to "immediately provide an unequivocal assurance that Ngema and his Committed Artists were not improperly favoured over other bidders who tendered along the usual channels".

Costs for *Sarafina II* could have been reduced had the Health Department used one of the performing arts councils which the government is

(92) M+G 16-22/2/96

subsidising anyway.

And allegations that favouritism and nepotism underscored Ngema's bid, the chief director of support services in the Department of Health, Hugo Badenhorst, said that instead of the deal going through the Tender Board, it was rubber-stamped by Shisana.

But Zuma's spokesman — who had referred all questions about the tender procedure to Badenhorst — was adamant tenders "were considered by the departmental tender committee". The normal procedure was "relaxed", said Badenhorst, because the funds came from the European Union and not South African taxpayers.

When the Internal Audit Unit of the department was called upon to inspect the books of Ngema's company last year, certain "shortcomings" were identified, but Badenhorst would not expand on this. Everything is now in order, he said.

EU spokesman ambassador Erwan Fouere said the EU gave an aid package of R100-million for



Mbongeni Ngema: His play has sparked allegations of favouritism

health projects to South Africa. Almost half was earmarked for projects connected to Aids.

However, the ambassador said "We are all accountable to taxpayers, whether they are in South Africa or Europe."

Aids: WHO inspects traditional healers

Star 16/2/96 (92)

Gaborone.— Still baffled in its attempts to find a cure for Aids, the World Health Organisation is now urging African traditional doctors to come forward with their claims for herbal cures for the deadly disease, a senior health official said.

"We have invited them (traditional doctors) to bring medications they use to treat people for Aids to provide proof," said Dr. Ebrahim Samba, a Gambian and WHO regional director for Africa.

He noted in a press conference in Gaborone, however, that to date none of the traditional healers had found a cure for the acquired immunity deficiency syndrome.

Samba's office in the Congolese capital of Brazzaville has set up a special unit just to deal with traditional doctors who bring in their herbal remedies for a host of diseases. Some claim they have cured people suffering from Aids.

The WHO has had contact with "thousands" of practitioners of traditional medicine over the past several years, he said. More and more have overcome fear of rejection and scrutiny by Western medical experts recently as the younger generations of herbalists have learned to speak English and French, Samba added.

Some herbs from the medicine men coming from such countries as Ghana and Zaire have been analysed by Western scientists for their "active molecules", said the regional WHO director, who comes from a family of traditional doctors.

Asked if his organisation was losing the battle against disease on the continent stricken by Aids, malaria, yellow fever, and last year's isolated epidemics of the Ebola virus in Zaire, Samba refused to shoulder the blame.

Poverty, ignorance and poor sanitation were major factors which

have plagued Africa which, he added, was sadly also in "very serious straits economically and politically" due in part to civil wars.

He deplored the fact that in 1995, 56% of WHO member countries did not pay their contributions and that painful economic reform measures imposed on developing countries by the World Bank and International Monetary Fund's structural adjustment packages were hurting health efforts as well.

Moreover, he said, most African countries spent less than 5% of the national budget on health, which he added was well below WHO's recommendation of 10%.

Samba, who was concluding a three-day visit to Botswana, flew early yesterday to Malawi as part of a familiarisation tour of African countries.

He assumed his present position a year ago — Sapa-DPA

Azapo slams Zuma over (92) R14-m given to Aids movie

Star 17/2/96
Cape Town - The Azanian People's Organisation has condemned the allocation by the Ministry of Health of more than R14-million to playwright Mbonjeni Ngema and his *Sarafina 2* musical, ostensibly for an AIDS awareness project.

In a letter addressed to Health Minister Nkosazana Zuma, Azapo said the sum of money set aside for the Aids awareness project "amounts to frivolous use of public resources and could be put to an infinite number of more effective measures".

Azapo said that since there was no mechanism for assessing the potential impact of the proposed AIDS awareness *Sarafina 2* scheme, the public would be justified in suspecting that there was an element of dispensing "patronage" to Ngema and his crew in return for political support rendered.

The letter pointed out to Zuma that her ministry had failed last year to respond positively to proposals by medical researchers and practitioners for financial support towards a scheme that would have helped the early detection and easy treatment of cervical cancer among women.

The researchers, who were linked to the National Cancer Association, made these approaches to the Ministry of Health after their discovery that about 6% of women screened for cervical cancer showed abnormal symptoms.

Embattled Zuma gags AIDS staff

(92) ST 18/2/96
Sunday Times Reporter

HEALTH workers have been banned from speaking to the press amid a growing outcry over the R14,27-million awarded by the Health Ministry to the production of *Sarafina 2*, an AIDS awareness musical by playwright Mbongeni Ngema.

The Ministry of Health recently issued a directive, forbidding its AIDS workers from speaking to journalists.

Health Minister Dr Nkosazana Zuma failed to attend a National Assembly Standing Committee on Health hearing with her director-general Dr Olive Shisana, to which she was summoned to appear on Wednesday by chairman Dr Manto Tshabalala.

Dr Zuma has declined to comment on why she did not attend the meeting. Her spokesman, Vincent Hlongwane, said the meeting had been "postponed".

Democratic Party committee member Mike Ellis said the principle of accountability was being "seriously prejudiced".

In answer to the growing chorus of condemnation, Dr Zuma has only said "You cannot put a monetary value on saving human lives".

Gauteng Democratic Party health spokesman Jack Bloom said the government was "spending an outrageous amount on Mbongeni Ngema's song and dance, and there is no indication that the play will do anything to stop the spread of AIDS".

The National Party called on Dr Zuma to "immediately provide an unequivocal assurance that Ngema and his Committed Artists were not improper-

ly favoured over other bidders."

Quarraisha Abdool Karim, the Ministry of Health's AIDS director, said an AIDS play had been "specifically budgeted" for.

Despite her earlier comment to the Sunday Times that funding was "partly" from the European Union, she said it was "being entirely funded" by the EU.

Mrs Abdool Karim was asked this week to answer a number of questions about tendering procedures. She has not yet responded.

Mr Ngema has received a fee of R500 000 and has already spent R9-million of the budget. The musical is intended to tour for 12 months — for which purpose luxury buses have been bought.

He is said to be receiving 50 percent of gross takings. He denied reports he was paying for a luxury car out of production expenses.

20 22 | 2 | 96
**Government
aids hospitals**

HARARE — The Zimbabwean government had given its health ministry Z\$110m to support state hospitals which have run out of food and drugs, the Herald reported yesterday.

The state-owned daily quoted treasury officials as saying the money would also be used to pay health staff and boost the country's malaria control programme.

Health Minister Timothy Stamps welcomed the decision, but said the health services were "not yet out of the woods."

"It's going to be some time before conditions (in state hospitals) get to the basic level, but we hope it will not be long," Stamps said.

Many hospitals have asked patients to supply their own food, drugs and linen, particularly since last year when the government cut the monthly health budget by Z\$23m from Z\$83m under general cost-saving measures — Reuter

Zimbabwe to crack ~~down~~ down on HIV sex crime

HARARE — Zimbabwe, faced by one of the worst Aids epidemics in sub-Saharan Africa, is to make deliberate infection with HIV a criminal offence, parliament was told *ART 24/2/96*

"The Criminal Law Act is being amended so that a person who is HIV positive and deliberately infects others would be charged with a criminal offence," said Deputy Health Minister Tsungirayi Hungwe

The legislation would apply to spouses who did not disclose they had the virus to their partners and to those accused of rape of minors

A million of the 10,4 million Zimbabweans are infected with HIV which causes Aids Reported Aids deaths average 42 daily More than 100 000 Zimbabweans have died of the disease in the past 10 years A further 100 000 are expected to die in the coming months — Sapa-AFP.

A PRELIMINARY audit by the Department of Health has failed to account for more than R1-million allocated to the playwright Mbongeni Ngema's controversial AIDS play, *Sarafina 2*.

Sources in the department said the audit indicated that not all of Ngema's expenditure on the play could yet be accounted for

The Minister of Health, Dr Nkosazana Zuma, will face tough questions on Wednesday when she faces a hearing of Dr Manto Tshabalala's parliamentary portfolio committee on health into the R14,27-million sponsorship

The sponsorship sparked off widespread controversy and protests by health workers

The uproar over the funding of *Sarafina 2* deepened this week when the European Union ambassador denied EU funds had been allocated to the play. The Health Ministry has insisted that the money allocated to Ngema came from an EU grant

The Sunday Times has also learnt that the decision to fund the project was taken while the head of the ministry's AIDS directorate was out of the country.

This week's hearing could see senior ministry officials sacked from office

"If it is proved that money has been misallocated or that the proper procedures have been flouted, we will certainly call for action to be taken," the health spokesman for the Democratic Party, Mike Ellis, said

President Nelson Mandela met Dr Zuma last week shortly before she was scheduled to appear before the parliamentary portfolio committee.

He then summoned Dr Tshabalala and the meeting was called off. Mr Mandela met ANC portfolio committee members the next day in a bid to resolve the crisis.

This week, after pressure from other parliamentary parties, it was announced that Dr Zuma would be called to appear before the committee

The EU ambassador, Irwin Fourere, this week denied that EU funds had been authorised for Ngema's play

"We have no record whatever of Ngema's play among the projects we have agreed to finance," Mr Fourere said. He said the EU had earmarked R48-million for AIDS awareness, but insisted there were stringent checks and balances in place to ensure that the money was properly used

"We have itemised budgets, listing every project and activity that the EU is supporting. An AIDS theatre project is not among them, nor was *Sarafina 2* ever discussed with us as it would have had to be," he said

Meanwhile, sources in the Health Department told the Sunday Times that a preliminary audit by the department's finance directorate suggested that, of the R9-million already paid out to Ngema, more than R1-million had yet to be properly accounted for

Ngema is due to get another R5,27-million as a proposed nationwide tour gets under way

The audit could lead to the plug being pulled on the project. Dr Zuma has assured health workers that, should irregularities be detected, she will not hesitate to institute criminal proceedings

Meanwhile the Sunday Times has learnt that some members of the cast are being paid only a fraction of the amount allocated for staff salaries

According to the budget submitted as part of the tender requirement, members of the "chorus" would be paid R700 a week, while principals would get R2 000 a week and sub-principals R1 200

Other questions on Wednesday may centre on the absence of the director of the AIDS directorate, Quarraisha Abdul Kareem, from a meeting last August at which Ngema's tender was accepted. Sources said Ms Abdul Kareem learnt of her department's sponsorship of the play only in November

Sarafina 2 attempts to use the Ngema formula of music, dance and dialogue to promote AIDS awareness. But the play has not been well received by health workers and critics.

The show is supposed to tour nationally for a year, but so far it has had only limited exposure, with a handful of performances in and around Durban.

Though repeated attempts were made this week to contact both Dr Zuma's spokesman at the ministry and Ngema, neither was available for comment



NKOSAZANA ZUMA

Minister faces grillings over R14m play fiasco

(92) (SS) ST 25/2/96

Zuma faces grilling over R15-m play

(92) Star 26/2/96
the expected grilling

Health Minister Dr Nkosazana Zuma will come under fire this week when she goes before a parliamentary portfolio committee on health to account for the almost R15-million spent on funding the Aids play *Sarafina 2*

Zuma is scheduled to appear before Dr Manto Tshabalala's committee on Wednesday.

Her appearance last week was cancelled after a meeting with President Nelson Mandela but, at the insistence of other parliamentary parties, she will have to face

Last week the European Union denied it had sponsored the play. EU ambassador Irwin Fourere said there was no record of the play among the projects the EU had agreed to finance from the R48-million earmarked for Aids awareness

Zuma's spokesman Vincent Hlongwane said the play had been funded from this money, although it was not specifically mentioned on the list of projects submitted. - Staff Reporter

Mbeki 'intervened to reinstate inquiry'

(92) BD 26/2/96

Kathryn Strachan

DEPUTY President Thabo Mbeki allegedly intervened last week to reinstate a parliamentary inquiry into the controversial R14m AIDS concert allocation after President Nelson Mandela sought to have it shelved.

According to sources close to the committee, Mandela instructed parliamentary health committee head Manto Tshabalala to keep out of the row after she had summoned Health Minister Nkosazana Zuma to a meeting to account for the expenditure.

However, the meeting is now on again and scheduled for Wednesday. The sources said they believed this was after Mbeki intervened to ensure the committee was not overridden.

Tshabalala called Zuma to the meeting two weeks ago to answer questions about the allocation of R14m to the play *Sarafina 2*, and the tender process which saw playwright Mbongeni Ngema win the contract unchallenged.

When Zuma failed to appear at the meeting she told the media the meeting had been postponed.

However, Tshabalala said the meet-

ing had not been cancelled.

Attempts to get comment from Mandela and Mbeki's offices at the weekend were unsuccessful.

Meanwhile, the *Sunday Times* reported that a preliminary audit by the health department had failed to account for more than R1m allocated to the play. The audit indicated that not all of Ngema's expenditure on the play could yet be accounted for.

The *Sarafina 2* controversy has highlighted growing animosity between the portfolio committee and the health department.

Skweyiya's 'bullying' may secure salary funds

David Greybe and Renee Grawitzky

ANNUAL public service wage talks begin today amid indications that Public Service Minister Zola Skweyiya has — after intense lobbying — secured some of the R2,6bn shortfall under a proposed R9,1bn salary plan

Sources hinted some of the extra funds — "more than R1bn" — for the 1996/97 financial year could come from the defence budget. They credited Skweyiya's apparent success to the fact that his lobbying, of the finance ministry in particular, was so intense it bordered on "bullying".

Public service unions are understood to be considering staging a walkout at the two-week wage talks in Cape Town in the central chamber of the Public Service Bargaining Council if Skweyiya's negotiators fail to come up with the full shortfall

The unions' acceptance of a R21bn two-year plan — with R12bn earmarked for the 1997/98 financial year — last October was conditional on Skweyiya raising the necessary funds.

However, Skweyiya admitted at the end of last year to securing only R6,5bn of the R9,1bn needed for salary increases in the coming financial year from Finance Minister Chris Liebenberg

Union negotiators indicated recently they might be prepared, in the light of Skweyiya's apparent failure to get the extra funds, to consider a more financially viable wage plan over three or four years.

But threats by public service employees of a new spate of industrial action and the continuing loss of skilled professionals to the private sector, has resulted in unions adopting a tougher stance on the eve of the talks.

Approached for comment, Skweyiya's ministry said the talks would be "intricate" but that both sides were committed "to finding solutions"

Central to the wage plan — devised by the Public Service Commission — is a radically new grading system to address structural problems.

The National Education Health and Allied Workers' Union said after its national bargaining forum met last week that its start-

BD 26/2/96

ing point in the wage negotiations "will be R9,1bn and nothing less".

It said: "We do not accept the fact that government can put to us a proposed costing of R9,1bn, only to tell us later only R6,5bn is available. This is viewed as extremely insensitive and irresponsible."

Hospital Personnel Trade Union of SA general secretary Rod McFarquhar said: "We do not want to threaten mayhem and doom. However, it is highly likely that there will be an explosion if the employer does not make a significant move."

He said it was irresponsible for government not to heed the "warning signs. No one wants national strike action but the mood on the ground is becoming quite militant."

Public Servants' Association deputy GM Anton Louwrens said government had undertaken to come back to the unions with concrete proposals, but if it tabled anything less than the R9,1bn "it will cause great concern among our members."

"Whether we like it or not expectations have been raised. We were not the cause thereof."

Sanco to launch AIDS drive

Deborah Fine

THE SA National Civic Organisation (Sanco) is to launch a major drive to get businesses more involved in promoting AIDS awareness and HIV prevention programmes among workers.

Sanco spokesman Duncan Seabe-Abe said at a Sanco workshop held in Johannesburg this weekend that his organisation was in the process of arranging consultative negotiations with various business leaders and government representatives regarding AIDS awareness in industry.

The uncontrolled spread of the virus would ultimately lead to a serious depletion of the workforce, which meant business should accept a greater role in combating the disease.

Businesses could institute programmes for workers which included educational videos, AIDS counselling

facilities and health-care advice.

Sanco would also urge companies to adopt a "less stringent approach" to workers already infected with HIV. Referring specifically to the food industry, Seabe-Abe appealed to businesses not to fire infected workers but rather to accommodate them in areas where the disease would not pose a hazard.

Sanco also felt condom manufacturers should play a greater role in the prevention of AIDS, perhaps by sponsoring mobile clinics — especially in the rural areas — to promote the use of their product.

"The provision of condoms in rural areas is minimal and many people are ignorant of their use," Seabe-Abe said.

Sanco would also appeal to business to assist with its proposed "study circles", community-based education programmes run by Sanco structures to promote AIDS awareness.

BD 26/2/96

Mbeki critical of opposition

Nicola Jenvey

DURBAN — Winning local government elections in KwaZulu-Natal and the Western Cape was crucial to continuing the transformation process in SA, Deputy President Thabo Mbeki said at the weekend.

Addressing an ANC minorities front workshop, Mbeki said the IFP defined democracy in a way which removed freedom of choice from ordinary people.

He said KwaZulu-Natal's political violence was caused by people who knew the only way to maintain power was through intimidation.

Health department says EU did fund Sarafina 2

SPECIAL CORRESPONDENT

JOHANNESBURG: The controversy over the Department of Health play Sarafina 2 is heating up as the European Union denies claims by the Health Minister Dr Nkosazana Zuma that it funded the play

The Aids awareness musical, which sparked public interest after it was found to have cost R14 million, has also resulted in Zuma being summoned by Parliament's portfolio committee on health to answer questions tomorrow.

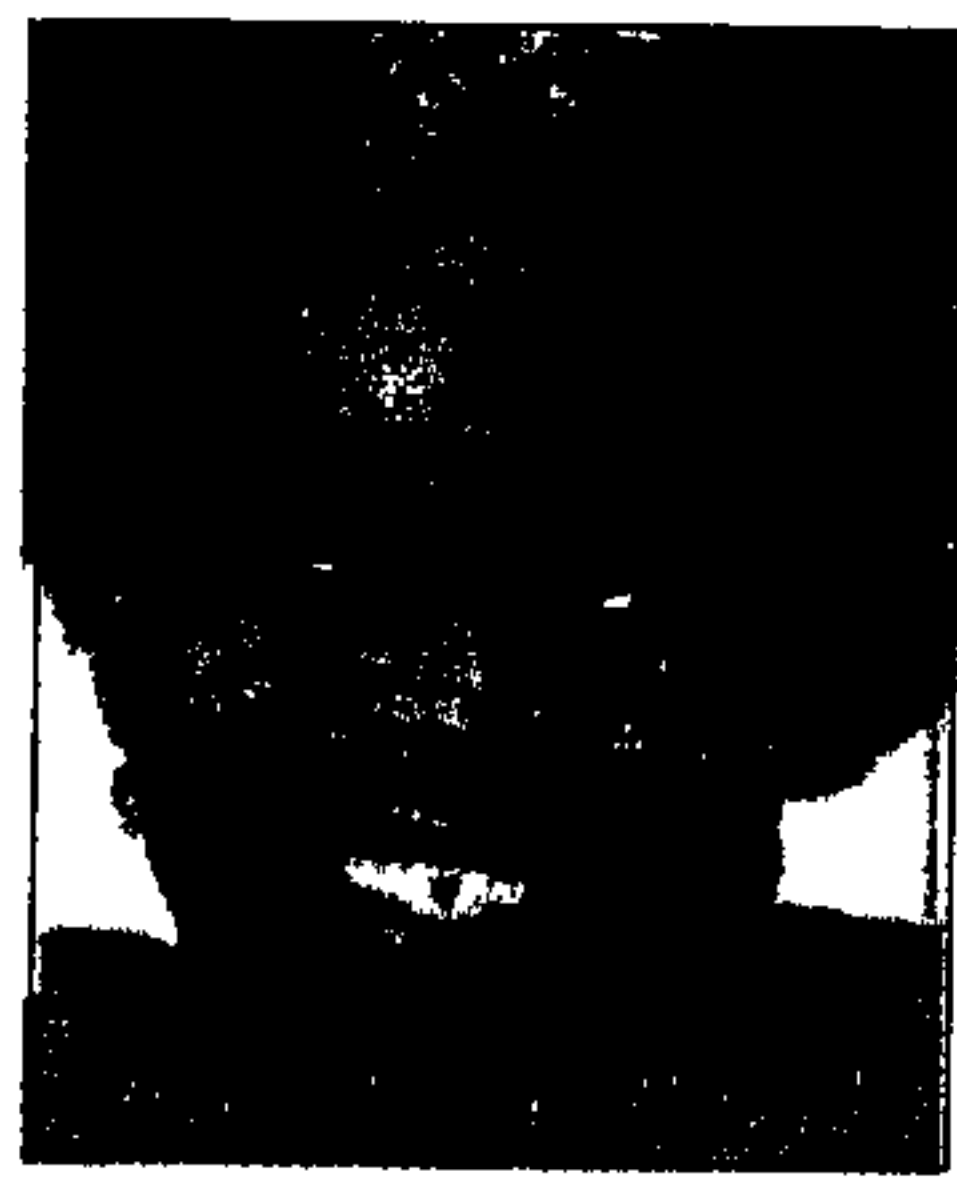
Her spokesman, Mr Vincent Hlongwane, said yesterday: "The EU definitely funded the play"

But an EU spokesman said the organisation had definitely not supplied the money. "It is not in our budget"

The EU signed a contract with the department last February providing the health sector with about R100m, of which half was to be spent on specific Aids projects listed in detail in EU documents

The spokesman said that in the funding document, under the section "mass media productions", only radio, TV, posters and comic strips had been accounted for

But Hlongwane insisted that,



TO ANSWER QUESTIONS:
Dr Nkosazana Zuma

while he did not know what had been stipulated in the original funding document, the "money for the show came from the EU".

Zuma is at the centre of a row over the play, for which director Mbongeni Ngema's theatrical group Committed Artists has already received R9,5m

Her appearance before the parliamentary committee tomorrow follows the cancellation of a scheduled appearance two weeks ago

Hlongwane denied that Zuma had been reluctant to appear before the committee. He con-

firmed that she had met President Nelson Mandela, but said this was a routine meeting between the President and one of his ministers.

"At no stage did she ask anybody to intervene. It was only proper for the minister to brief the President on the project," he said

Zuma's decision to appear before the committee follows a meeting she and the ANC health study group attended with Deputy President Thabo Mbeki last week.

Hlongwane said Zuma had discussed a "whole range of matters, including Sarafina 2, in order to get to the bottom of it". He added that "at no stage was she reluctant to appear before the committee".

The handling of the Sarafina 2 contract has been criticised by the opposition parties, who will use tomorrow's meeting to extract an explanation from Zuma. Her apparent reluctance to appear before the committee has also attracted criticism.

● Sapa reports that the ANC yesterday urged Zuma to speed up investigations into the financing of the play. It said in a statement it would be a pity if the controversy were to detract from the essential work the department is doing in regard to Aids.

CT 27/2/96 (92)

NATIONAL NEWS

Dr Zuma to 'go on trial'

(92) Sowetan 27/2/96
HEALTH Minister Dr Nkosazana Zuma is expected to come under fire this week when she appears before a parliamentary portfolio committee on health to account for the almost R15 million spent on funding the controversial Aids play, *Sarafina 2*

Zuma is scheduled to appear before Dr Manto Tshabalala's committee tomorrow

Her appearance last week was cancelled after a meeting with President Nelson Mandela, but with the insistence of other parliamentary parties she will have to face the expected grilling

The outcry over the funding of the play deepened last week when the European Union denied it had sponsored the play

EU ambassador Irwin Fourere said there was "no record at all" of the play among the projects they had agreed to finance from the R48 million earmarked for Aids awareness

Dr Zuma's spokesman Vincent Hlongwane is adamant the play was funded from this money

"The R48 million was donated to us for a number of projects that are Aids related. Although the play was not specifically mentioned on the list of projects we submitted to the EU, it was our understanding that we could use it to fund other projects as they came up," he said

"By using this money to fund the play does not suggest the Health Department was acting irregularly. Our understanding was that we could use it to fund an anti-Aids campaign, even if we did not mention it in our proposal to the EU"

Hlongwane also denied any knowledge of suggestions that more than R1 million of the R9 million paid to playwright Mbongeni Ngema so far could not be accounted for

Reports that this could place the future of the play in jeopardy were unfounded

Sarafina 2 would continue as planned for the whole year, Hlongwane said. There was no discussion of not continuing the play - *Sowetan Correspondent*

Sarafina 2 meeting 'was not quashed'

BD 27/2/96 (92)
Kathryn Strachan

PRESIDENT Nelson Mandela's office yesterday denied he had instructed the parliamentary health committee to cancel a meeting to be addressed by Health Minister Nkosazana Zuma on the award of the contract for the AIDS play Sarafina 2.

Sources close to the committee had said that Mandela instructed committee head Manto Tshabalala to keep out of the row over the controversial R14m play, after she had called Zuma to a meeting to account for the expenditure. The sources also said Deputy President Thabo Mbeki had intervened to ensure the meeting went ahead.

A joint statement by Mandela and Mbeki said Mbeki's intervention was a follow-up on the president's initiative to ensure that the matter be resolved "without needless public wrangling based on speculation rather than fact."

"Both the offices of the president and the deputy president would like to reiterate the absolute importance of the separation of the legislative and executive arms of government."

"The imperative of the parliamentary structures in resolving the question at hand derives from the principle guiding all modern democracies. Equally important is the need to ensure that the discussions of the minister, the health department and the portfolio committee are not pre-empted," they said.

Free political activity treaty proposed for KwaZulu-Natal

BD 27/2/96

Farouk Chothia

DURBAN — The ANC and IFP yesterday proposed that a code of conduct to guarantee free political activity in KwaZulu-Natal be negotiated in the run-up to the May 29 local elections in the province.

The idea was mooted in the wake of both parties experiencing difficulty holding political meetings in opposition strongholds as they attempt to spread their support bases.

The ANC said IFP-aligned traditional leaders had attempted to stop it from holding meetings in five areas. Five of its supporters were killed in Impendle in the midlands last weekend.

An IFP attempt to hold a rally in the ANC stronghold of Umlazi on Sunday was frustrated when ANC supporters invaded a school field where the IFP had planned the rally. The IFP claimed that two of its members had been killed and another three injured.

ANC KwaZulu-Natal spokesman Dumisani Makhaye said the incidents underlined the need for all political parties to draft a code of conduct that would reduce the potential for conflict in the months leading to the election.

An ANC source said one option being considered was to have a negoti-

ated code of conduct tabled for approval at the proposed gathering to be hosted by King Goodwill Zwelithini.

Makhaye said ANC provincial leaders believed a code should stipulate that chiefs be informed only "out of courtesy" of any meeting planned in their area. Chiefs should not have the power to prevent the holding of a meeting and those who prevented meetings should be declared "enemies of the people". The ANC would then take "the struggle to their courtyards".

Makhaye said the code should bar armed persons from attending rallies and rallies attended by such persons should be declared illegal.

Parties should also be prohibited from transporting large numbers of supporters to areas where they did not have a following.

IFP spokesman Ed Tillet said the IFP supported the drafting of a "treaty" on free political activity.

However, there should be two separate treaties — one for urban areas and another for rural areas.

A treaty for urban areas would be simple to draft and should guarantee basic libertarian rights. Rural areas were more complex because these fell under the control of chiefs and should be negotiated through the House of

Traditional Leaders, he said. Tillet said the IFP supported a ban on the carrying of dangerous weapons, but cultural weapons should be exempted. However, cultural weapons should be "clear, and narrowly" defined. A spear was a cultural weapon, but a panga was not, he said.

Meanwhile, Presidential spokesman Parks Mankhlanza said President Nelson Mandela, King Goodwill, IFP leader Mangosuthu Buthelezi and ANC national chairman Jacob Zuma would meet at the king's Nongoma palace on March 15 to clear obstacles in the path of a peace gathering.

The four leaders were expected to discuss the relationship between the king and Buthelezi, central government plans to take over the payment of traditional leaders, demands for Umlazi to be declared the provincial capital, and the killing of IFP supporters outside the ANC headquarters in Johannesburg before the general election.

Observers pointed out that the meeting would come a day after the scheduled adoption of a constitution for KwaZulu-Natal.

This was likely to strengthen Buthelezi's hand when he demanded international mediation and greater powers for KwaZulu-Natal.

Business Day Reporter

DRASTIC new measures were needed to combat AIDS, and the time had come for the National Economic, Development and Labour Council to take up the issue and help find solutions, Sanlam's Gauteng GM Inus Marais said yesterday

Marais said "horrifying" official statistics indicated that 12% of the population was already

Nedlac urged to intervene as AIDS epidemic worsens

(92) BD 27/2/96
HIV-positive, and this could be an underestimation of the true position "Furthermore, the number of cases is doubling every 14 months, instead of the 18 months previously predicted," he said

"This is a national crisis, and the business

community does not seem to be doing anything about it"

In KwaZulu-Natal, the number of HIV-positive cases had grown from 28 716 in 1994 to 40 147 last year In addition, 24,1% of women screened at antenatal clinics were HIV-posi-

tive In Gauteng, the figure was about 15%

Marais suggested that employers be required by law to educate their employees about AIDS There should also be formal AIDS education in schools

"We are sitting on a time bomb, and because it is a 'silent' disease, the business community seems indifferent about the eventual effect it will have on our workforce"

Zuma admits error over Sarafina 2 (92)

ANEEZ SALIE
HEALTH WRITER

HEALTH Minister Nkosazana Dlamini-Zuma has privately admitted her department made a mistake with the controversial R14-million Aids musical Sarafina 2 — and a Supreme Court judge has declared the minister made “an error of judgment”

All further funding of the play has been frozen pending an investigation into possible irregularities

Zuma's startling admission was made during a three-hour meeting last Thursday attended by Mr Justice Edwin Cameron and Dr Clarence Mini, co-chairpersons of the National Aids Co-ordinating Committee of South Africa (Nacosa). Zuma was accompanied by the director-general of Health, Dr Olive Shisana

The Cape Times has exclusively obtained the minutes of the meeting, confirmed as correct by Cameron

The embattled minister, who has been summoned to account to the National Assembly's Portfolio Committee on Health this morning, accepted at the meeting that “with hindsight” she saw there were many ways in which the controversy could have been avoided

“We have learnt a lesson,” she told the meeting. “We will try to do it differ-

CT 28/2/96
ently in future,” she added

She accepted, in particular, that it was an oversight not to inform the Aids Directorate's committees of the possibility of the tender and of the executive's intentions

The Nacosa co-chairs accepted that the multi-million-rand contract was awarded to playwright Mbongeni Ngema to make a visible and decisive impact in Aids education

But they added “The manner in which this occurred, however, and the enormous size of the money awarded to the play, are open to criticism. In our view these aspects constitute an error of judgment on the part of the minister and the department

“These events emphasise that, to avoid misunderstandings and wrong decisions, visible and open decision-making, inclusive procedures, and appropriate consultation are essential”

Zuma accepted that she, and the department, had “to learn lessons” from the experience. This would include, in future, appropriate consultation on such decisions

With regard to the money involved, the meeting was informed that R9m had already been spent and that the remaining amount had been frozen

□ Turn to Page 3

Zuma admits Aids mistake (92)

□ From Page 1

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“Before any portion of the remaining R5m is paid out, the Health Department's internal auditors are conducting an investigation into the disbursement of the sums already paid

“Any irregularities discovered will be disclosed and followed up,” it was resolved. The following facts were placed on record

- The money for the play comes from the grant of the European Union (EU) to the department

- Although State Tender Board procedures were not followed, EU requirements and formalities were complied with

- Zuma approached Ngema to submit a tender, but she did not take the final decision to award the contract to him

- The maximum amount being paid to any individual under the contract is R300 000

This is the amount Ngema is receiving in his own name, as an all-inclusive package, over a 16-month period

- The bulk of the money allocated to the play is for items such as the leasing of special lighting, rental and construction of stages for the performances, and the purchase of a luxury Mercedes Benz bus to transport the cast and crew

- All items of capital equipment purchased are the property of the Department of Health.

WELCOME COMRADES: Health Minister Dr Nkosazana Zuma welcomes Dr Felix Alvarez (left) and Dr Antonio Mesa, two Cuban doctors assigned to the Western Cape, on their arrival yesterday ● See Page 3

PICTURE BENNY GOOL





Picture ANDREW INGRAM, The Argus

UNDER FIRE: National Health Minister Nkosazana Zuma is flanked by her director-general Olive Shisana, left, and Manto Tshabalala, right, head of the national assembly portfolio committee on health. Dr Zuma was testifying to the committee on the funding of the controversial Aids play, *Sarafina 2*.

Zuma defiant in hearing over R14-m *Sarafina 2*

(92) ARG 28/2/96

TYRONE SEALE, Political Staff

HEALTH Minister Nkosazana Zuma today defended the controversial, R14 million Aids musical *Sarafina 2* before a parliamentary committee and said a distinction should be made between concerns over finances and the social importance of the production.

"The Aids play isn't over. The Aids play is very important and it must continue. It will still travel to various parts of the country, but I think we should also separate the financial side from the play and its principles," Dr Zuma told the national assembly portfolio committee on health.

She headed a high-powered delegation from the health department that included health director-general Olive Shisana, director of the department's Aids, HIV and sexually transmitted diseases (STD) programme, Quarraisha Abdool-Karim, and the department's chief director of support services, Albert Badenhorst.

Mr Badenhorst confirmed that of the R14,27 million approved for the production, R9 million had already been paid out to producer Mbongeni Ngema of the Committed Artists company, and that a report would soon be issued on the first R3 million spent by this company.

The approved budget includes the following proposed expenditure over the year for which the production is scheduled to tour the country

- R1,07 million for a new bus.
- R720 000 for monthly salaries for 10 staff members.
- R873 000 to cover 16 weeks of rehearsals involving 47 cast members.
- R520 000 in wages for five principal actors and actresses.
- R300 000 in "general" expenses.
- R499 000 in wages for sub-principal players.
- R300 000 in advertising.

On the audit of the first R3 million spent, Mr Badenhorst said that up to now it appeared there had been "no substantive unauthorised expenditure." Items may have been wrongly entered under the wrong budget lines "but that will be rectified".

Questioned by MPs about the effectiveness of the production in spreading the message about HIV and Aids, Dr Zuma said: "The people asking these questions probably haven't seen the play and probably don't understand half of it."

Mr Badenhorst detailed expenditure on lighting equipment, costumes, sound equipment and transport and reiterated an earlier statement by Dr Zuma that these capital investments would become the property of the health department once *Sarafina 2* ended its national tour.



Mbongeni Ngema.

He said in terms of the tender contracts, an option existed for the sale of the equipment to Committed Artists at the end of the *Sarafina 2* run. Independent valuers would assess the prices Committed Artists would have to pay.

Dr Zuma began her submission to the committee with an extensive World Bank overview of the Aids situation in South Africa and said that between 34 and 75 percent of the total budget would be consumed by Aids by the year 2005. This would mean annual expenditure of up to R80 billion.

The department of health had decided to look at the best way to deal with the epidemic. Song and dance was an important part of particularly the African culture and the department had felt they could be used in the struggle against Aids.

it communications deputy director Mongezi Mnyani; and support services director Theo Burgers. Pictures: ROBERT BOTHA

'Plot thickens' over Sarafina 2

Ingrid Salgado (92) BD 28/2/96

GAUTENG health MEC Amos Masondo denied yesterday the national health department had consulted his provincial ministry on expenditure for the controversial R14,27m AIDS play Sarafina 2 by playwright Mbongeni Ngema.

Masondo was responding to a question by DP MP Jack Bloom. Bloom said later that Masondo's admission directly contradicted Health Minister Nkosazana Zuma's recent statement that all provinces were consulted about the play and had not lodged objections to it.

"The plot is thickening as the national health ministry dives for cover in offering contradictory explanations in a vain attempt to cover for this massive blunder by the minister," he said.

Zuma had been "less than truthful" on the matter. She should "come clean on this scandalous expenditure on a venture that will have little real impact in stemming the rampant AIDS menace", Bloom said.

Zuma is due to meet the national health parliamentary committee today to answer questions on the allocation of R14m to Ngema and the tender process in which Ngema won the contract for the play unchallenged.

New charge against Malan and Khumalo

Farouk Chothia BD 28/2/96

DURBAN — KwaZulu-Natal attorney-general Tim McNally filed an alternative count of conspiracy to murder yesterday against former defence minister Gen Magnus Malan and IFP deputy secretary-general Zakhele Khumalo in the run-up to the resumption of their hit squad trial in the Durban Supreme Court on Monday.

In a supplement to the original indictment, McNally said the 20 accused, including Malan and Khumalo, had unlawfully conspired to kill United Democratic Front (UDF) and ANC members in the period between December 1985 and June 1989.

In the original indictment, the 20 were charged on 13 counts of murder, four counts of attempted murder and one count of conspiracy to murder. UDF activist Victor Ntuli. The trial relates to the massacre of ANC supporters in Kwa-Makhutha on the KwaZulu-Natal south coast.

McNally said the conspiracy had involved the establishment of a paramilitary capability for the IFP. Two hundred men had been covertly trained by the SA Defence

Force and a "small full-time offensive element" was established for deployment against UDF and ANC members.

McNally claimed that, at a meeting on March 21 1988, Malan "cautioned (IFP leader Mangosuthu) Buthelezi as to the sensitivity of their relationship". He informed Buthelezi that the IFP "should not be linked" to the SA government, and that Buthelezi should not "identify" himself with the government during overseas visits. The payment of certain special constables, who had been trained in the Caprivi Strip, was also discussed at the meeting.

McNally said that in March 1988 Khumalo expressed dissatisfaction to Malan that the SADF did not have "its heart and soul" in Operation Marion, the code name for the covert activities that were agreed to. Malan gave an assurance that "urgent attention" would be paid to Khumalo's concerns "to eliminate bottlenecks".

McNally said sites identified for use by the "offensive group" included one in the Louis Trichardt area in Northern Province and one in the Port Dunford area in KwaZulu-Natal.

determine the capital, spokesman Theminkosi said yesterday. BD Mdaloze had sought let from two independent whether he could "bow to" from IFP supporters to dec the capital. Attorneys Meyer & Partners and a

Unions pay for damages

Deborah Fine (152) BD 28/2/96

THE SA National Metal Workers' Union and the SA Municipal Workers' Union had settled a claim for R90 000 in damages lodged against them by the greater Johannesburg metropolitan council, a legal representative for the council said yesterday.

The council was suing the unions for damage caused during a joint protest march in Johannesburg in March 1993.

The claim included costs for the cleaning of streets which amounted to 3 759 man hours.

The matter was struck off the roll in the Rand Supreme Court yesterday as the unions agreed to settle the matter last week with a payment of R82 000, the representative said.

Gencor

Sarafina 2: Zuma, judge lock horns

ET 29/2/196 (92)

ANEEZ SALIE
HEALTH WRITER

HEALTH MINISTER Dr Nkosazana Zuma yesterday dismissed a Supreme Court judge's version of a meeting last week during which the judge reported she had admitted Sarafina 2 was a mistake.

According to Justice Edwin Cameron and Dr Clarence Mimi, she said she had made "an error of judgment" about Sarafina 2, but yesterday she denied saying this.

And eyebrows were raised when it was revealed during a meeting of the Parliamentary Committee on Health yesterday that the budget of the controversial play included

- Two cellphones costing R32 000,
- Two luxury air-conditioned buses costing nearly R1,4m,
- Four security guards at a cost of R300 000, and
- R1,04m for stage crew salaries.

The director-general of the health department, Dr Olive Shisana, denounced the media, particularly the Cape Times, for "deliberately and systematically"

distorting her views. The day ended with a call from a number of parties for Zuma to be suspended as she had failed to account satisfactorily for the R14m expenditure on the play. There were also calls that she face an independent judicial com-

mission, and for the public protector to investigate the matter. Meanwhile, theatre industry experts have perused the budget for the play and pronounced some of the costs as ludicrous.

It has also emerged that one of the

other two invited tenders for the production was only invited to apply "at the last minute". Pact said yesterday that they could not comply with the last-minute invitation.

● For the full story and details of the budget see Pages 6 and 8

The health minister and the judge

CT 29/2/96

(92)

CRITICS HAVE CALLED for the suspension of the Health Minister and her director-general over the R14m Sarafina 2 debacle, reports Health Writer ANEEZ SALIE

HEALTH MINISTER Dr Nkosazana Zuma and her director-general Dr Olive Shisana attempted to cover-up the R14-million Sarafina 2 debacle, members of parliament's watchdog committee on health charged yesterday

Some members of the National Assembly Portfolio Committee on Health called for the suspension of the two, pending the outcome of an independent judicial commission of inquiry

But last night the ANC issued a strong statement defending Zuma's track record and attacking the Democratic Party, which it said had "always resisted Zuma's courageous moves to strengthen the public health sector and to alleviate the plight of the poor"

Health committee member Mr Mike Ellis (DP) tabled a motion in Parliament yesterday calling for an inquiry. The Office of the Public Protector has also been asked to investigate

This follows a crunch meeting yesterday of the National Assembly Portfolio Committee on Health to which Zuma and Shisana had been summoned after they initially failed to co-operate with the committee

Yesterday's meeting was originally scheduled for February 14, but was postponed after political intervention

Contrary to expectations, there were no clashes at yesterday's meeting, with only a solitary ANC member asking a question of substance. There was some tension, however, when, in

response to a question from Ellis, Zuma dismissively rejected a Supreme Court judge's written, signed version of a recent meeting

Mr Justice Edwin Cameron and Dr Clarence Mimi, co-chairmen of the National Aids Co-ordinating Committee of South Africa (Nacosa), met Zuma and Shisana earlier this month to discuss Sarafina 2

They reported that Zuma had acknowledged that her department had erred with the Sarafina 2 project, but yesterday she denied this. She also displayed none of the regret they had perceived — they had quoted her as saying "We (the health ministry and department) have learnt a lesson. We will try and do it differently in future."

Yesterday Judge Cameron stood by his version of the meeting. He said he would not have attached his signature to a report on it if he and Mimi had not believed it to be accurate

Shisana, the country's most senior health civil servant, sent shock waves through yesterday's meeting by launching a scathing attack on the Cape Times in partic-



'EVASIVE' - Dr Nkosazana Zuma

PICTURE: BENNY GOOL

Ellis said he had no doubt there had been an attempted cover-up through pressure exerted by Zuma, Shisana and the ANC

"The minister and her director-general were evasive, and at times flippant in their answers. They were allowed to get away with this because, clearly, the ANC members of the committee were not going to ask pertinent questions. The DP will not allow the matter to die now. There are many questions that remain unanswered."

Another member of the committee, NP health spokesman Dr Willem Odendaal, said yesterday "The mere fact that Dr Shisana did not provide an information document beforehand, but delayed its distribution until after members had put their questions to her — and just before she started answering — just reinforces the impression that she wanted to keep members of Parliament in the dark."

"The direct accusation by the director-general that South African journalists always methodically and deliberately distort her words in their reports, illustrates the need for the handling of the Sarafina 2 issue to be investigated urgently in the public interest"

He called on the Public Protector to launch an investigation, as did the PAC's Patricia de Lille

The ANC statement expressed the ANC's satisfaction at the deliberations of the health committee. But the ANC said it appeared as if "elements within the DP seek to abuse Sarafina 2 to tarnish the image of Zuma, whose role in the fight against Aids and in the transformation of the health sector has been broadly acknowledged"

"The ANC rejects the call for the suspension of Zuma as little more than sour grapes. The ANC has every confidence in Zuma."

Budget for Sarafina 2 'absolutely unacceptable'

LINDIZ VAN ZILLA
STAFF WRITER

ONE of three invited tenderers for the controversial Aids musical Sarafina 2 only received the invitation at the last minute and was unable to submit a tender, the Cape Times discovered yesterday

And industry insiders have slammed the budgeted costs for the musical as excessive and totally unacceptable

The R14,2 million Aids production was commissioned by the Ministry of Health and awarded to playwright Mbongeni Ngema of the Committed Artists Theatre Company

Invitations to tender for "the development of a nationwide HIV/Aids theatre production touring South Africa for 12 months" were sent to three companies in July last year

The companies were The Committed Artists Theatre Company, the Durban-based Opera Africa company and Pact's Windybrow Centre for Arts.

But the manager of the Windybrow Centre for Arts, Mr Ali Hlongwane, said they had only received the invitation to tender very late

"It came at the 11th hour and we never had a chance to look at it critically and assess it," he said. He said he had sent back the invitation without ever entering a tender

Meanwhile Mr Steven Jaffe, acting director of the Baxter Theatre, denounced as "absolutely

unacceptable" the R2 000 a week wages which the 10 stage crew members were to receive. "It is out of the question. There is no way you pay crew members R2 000 a week," he said

"Good technicians only get about R3 000 a month and the little-guys about R1 800 a month"

He also criticised the R100 000 allocated to costumes. "A budget of R20 000-40 000 would have been sufficient, even for a top musical."

Hlongwane too was critical of the excessive budget. He said the musical should be a development theatre production and not a commercial production. "We could have taken that R14 million and formed ten community theatre groups which would have reached more people in less time," he said

He also said commercial actors should not have been recruited, instead employment could have been created for aspirant unemployed performers from local communities

Jaffe also described the R600 000 allocated to both lighting and sound as "a hell of a lot of money." He said he couldn't understand why that kind of money could be involved, when an amount of about R150 000 would have been reasonable.

He admitted it was difficult to judge the expenses because he did not know what equipment was involved, but said that in his experience of theatre, he "had never worked with those kinds of figures"

29/2/96
92

Zuma firm on musical (92)

ARG 29/2/96

Political Staff

EMBATTLED health minister Nkosazana Zuma says she will not leave office.

She says calls by the DP for a judicial commission of inquiry into the Sarafina 2 Aids play controversy are unwarranted

She was speaking yesterday at the end of a day in which she faced

tough questions from MPs in the national assembly portfolio committee on health and during which the Democratic Party called for her suspension.

Issuing this call, DP spokesman on health, Mike Ellis, also criticised the ANC study group in the portfolio committee for clearly deciding beforehand not to ask pertinent

questions during the briefing by Dr Zuma and senior health officials.

At issue is the department's agreement to spend R14,27 million on an Aids-awareness musical, set to tour the country until the end of this year, an arrangement which received Dr Zuma's unequivocal support at yesterday's meeting.

Zuma's defence of Aids play rejected (92)

Star 29/2/96

BY PATRICK BULGER
Cape Town

The long-awaited appearance of Health Minister Dr Nkosazana Zuma before Parliament's portfolio committee on health yesterday failed to placate critics of her handling of the Aids awareness play *Sarafina II*.

Opposition health spokesmen, dissatisfied with the minister's performance and answers, called for her to be suspended and for a commission of inquiry to be appointed.

Zuma defended her department's decision to grant a R14,27-m tender to Mbongeni Ngema's Committed Artists company to stage productions of *Sarafina II* across the country over a year-long period.

She said the mobile production was without a precedent that would have allowed for price comparisons.

The money was justified because the play had to be seen also in areas that had no electricity or theatres.

"Song and dance were very effective tools in the struggle against apartheid and we feel they have to be used in the struggle against Aids," Zuma said.

But the opposition was unconvinced by her explanation.

DP health spokesman Mike Ellis said Zuma and health director-general Dr Olive Shisana were "evasive and at times flippant

but they were allowed to get away with this because clearly the ANC members of the committee were not going to ask pertinent questions"

Call for Zuma's suspension over R14,2m AIDS play

Wyndham Hartley

CAPE TOWN — Health Minister Nkosazana Zuma should be suspended until an independent judicial commission had investigated the R14,2m Sarafina 2 affair, DP MP Mike Ellis told Parliament yesterday.

Ellis, in a motion without notice before the National Assembly, said many questions remained unanswered and new contradictions had come to the fore following a portfolio committee hearing on the AIDS education play.

Earlier, in the committee hearing, an unrepentant Zuma refused to accept there was anything wrong with the cost of the play and the way it had been commissioned. She and health director-general Olive Shisana, to the irritation of some committee members, lectured them on the AIDS epidemic for more than an hour at the start of the meeting.

Zuma also insisted the EU was mistaken when it said it had no knowledge

BD 29/2/96 (92)
that money it had donated to the health department had been used to fund the play. She said her department had reported to the EU on the use of the money.

Shisana also insisted that EU rules that three quotes be obtained before one was chosen had been complied with and reported. The department's support services chief director Albert Badenhorst said that once the three quotes had been obtained state tender procedures had been followed.

However, Shisana said because the money came from the EU the state tender board was not involved.

After requests from Ellis and Patricia de Lille (PAC) for a detailed budget for the expenditure on Sarafina 2 these were tabled in the committee. It revealed that Mbongeni Ngema received R300 000 as director; cast members were being paid R2 000 a week for 52 weeks plus subsistence and accommo-

Continued on Page 2

Zuma (92)

BD 29/2/96
Continued from Page 1

dition; R1,2m had been earmarked for lighting and sound equipment; two luxury buses and a truck and trailer cost R2m; full office facilities including colour printers, computers, fridges, filing cabinets, security guards, two cellular phones and kitchen services cost R1,4m; and office rental was R300 000.

Ellis, in his supporting statement to the National Assembly, said the responses of Zuma and Shisana were "flippant and evasive" and they were allowed to get away with it because the ANC members of the committee had

been silenced. He said it was clear that they had been told not to ask embarrassing questions. "Apart from the enormous costs involved with the production itself (R7,6m), Mr Ngema has used this opportunity, with the sanction of the ministry of health, to establish an extremely luxurious office for himself and an office staff that would make most company directors look like beginners," Ellis said.

De Lille and the NP's Willem Odendaal called for the entire matter to be referred to the public protector for independent investigation. Odendaal said attacks on the media by Shisana and her contention that journalists deliberately misquoted her showed the need for an urgent open inquiry.

New 'condom' could prevent Aids, but allow conception

(92)

CT 4/1/96

LONDON: British researchers are testing "chemical condoms" that could let women guard against HIV but still get pregnant, the New Scientist has reported.

The vaginal virucides would be aimed at women whose partners refuse to practise safer sex

"Eventually, virucides could offer women greater control over their sexual health. They may be marketed in the form of gels, creams or foams," said the weekly science magazine

If successful in preventing the transmission of the virus which causes Aids, the compounds could be especially useful in countries such as Uganda where women face intense pressure to bear children, despite the high incidence of HIV.

Tests began late last month in London, picking up from 1980, when scientists identified a number of compounds that appeared to prevent HIV from invading

susceptible cells.

Researchers noticed the potential, but their work on vaginal virucides soon ran into problems as benefits from killing the virus had to be weighed against damage done to other cells.

The latest trials at St Mary's Hospital aim to exploit the compounds' ability to kill the deadly virus while also protecting vulnerable cells

A safety trial on 36 women who were not sexually active revealed no side effects or damage to the vaginal lining. The team will now test a series of other compounds in the same way

It then plans larger trials with women in stable sexual relationships who are unlikely to be exposed to HIV, in an effort to assess the product's comfort and convenience. But the ultimate test will be to study virucides in countries where the risk of HIV is high — Reuter

New AIDS Scare

By Glenn McKenzie

MANY SOUTH AFRICAN doctors and nurses give the wrong medical prescriptions to patients with sexually transmitted diseases, thereby strongly contributing to the spread of the Aids epidemic, researchers claim.

More than 80 percent of sexually transmitted disease patients at Khayelitsha Hospital in Cape Town, and a high number of patients nationally, receive the wrong drug prescriptions, according to a recent study.

This contributes highly to the spread of HIV, the virus which causes Aids, and which is contracted more easily by people who already have other sexually transmitted diseases.

In a study of 261 patients at Khayelitsha Hospital over a 15 day period, University of Cape Town

researchers found that 84 percent of the patients received incorrect treatment.

Dr Nicol Coetzee, a researcher at UCT's Department of Community Health, said it was well known that sexually transmitted diseases (STDs) were mistreated in many hospitals and clinics in South Africa.

Both syphilis and Aids are considered epidemics in this country. There is no known cure for Aids, yet syphilis can be easily cured.

If STDs are treated incorrectly, their continued presence can increase the risk that patients will contract HIV through sexual intercourse.

Syphilis, when not treated properly, is also a leading cause of death among babies born to women with the disease.

Coetzee and three other researchers, who published their

findings recently in *Health Systems Trust Update*, also found that only three percent of men with urethritis (a urinary infection) were given recommended treatments.

The group recommended that doctors and nurses be trained to prescribe multiple antibiotic drugs to cover the wide range of "organisms" which may be causing problems.

"In South Africa, like other developing countries, it is not practical to use laboratory tests for each patient," said Coetzee. "Instead, doctors should be prescribing two or more drugs which would cover all the possibilities."

Education measures for doctors and nurses which had already begun under the Department of Health were not expensive, he added.

Coetzee and the others have also called on authorities to offer routine

Source: *Health Systems Trust Update* 4/17/96 (92)

Sexually transmitted diseases (STDs) - Infectious diseases that are passed from person to person through sexual activity - include syphilis, gonorrhoea, chlamydia, chancroid and Aids (HIV).

Syphilis - a serious STD that can be deadly but is easily cured if treated early - usually begins with discharges from the genitals, followed by ulcers. This disease is often fatal for babies born to mothers with the disease.

Aids - a fatal disease for which there is no known cure is caused by the Human Immunodeficiency Virus (HIV) which is passed from person to person during sex, with needles, and from mother to child in the womb.

It is often easier for a person to contract HIV if he or she already has another sexually transmitted disease like syphilis, gonorrhoea, chlamydia, chancroid and Aids (HIV).

screening for syphilis tests to all sexually transmitted disease patients.

The researchers said that sexually transmitted disease services were often inaccessible. This, in addition to the presence of user fees, acted as "barriers" to follow-up treatments

Coetzee said that doctors in Tanzania had reduced the incidence of Aids by treating STDs quickly and effectively. This was one of the only ways to slow the spread of Aids. Condom promotion and other methods had proven ineffective in most countries, he said.

Antibody found that 'kills HIV-infected cells'

(92) CT 5/1/96

TOKYO — A Japanese medical research team said yesterday it had found an antibody that kills cells infected with HIV — the virus that causes Aids — raising hopes of a cure for the deadly disease.

The antibody, Immune Globulin M, was found in the blood serums of seven people who have carried the HIV carriers for 12 years but who have not developed Aids, said Dr Noriko Okada at Nagoya City University's Medical School.

Dr Okada said four patients in the study who had developed Aids did not have the antibody.

"If we can cultivate it, the antibody would be an effective Aids

drug," she said.

"One of our researchers happened to encounter the serum that kills HIV cells or prevents them from proliferating. He found the antibody in the serum."

She said a limited number of people had such types of serum. According to the team's survey, less than two per cent of serum samples from the HIV-carriers studied contained the antibody.

"A certain group of people with special backgrounds or physical conditions are seen to have the antibody, but we have yet to study what those conditions are," Okada said — Sapa-AFP.

New enzyme may hit HIV virus

ART 6/1/96

SYDNEY. — Five pairs of volunteer twins will help researchers here in a world-first attempt to neutralise Aids, using an Australian-developed scientific process known as gene shears, say doctors.

One of each of the twins is positive to the human immunodeficiency virus (HIV) and the other is not, so the researchers can take white blood cells from the non-infected twin, modify them and inject them into the HIV-positive twin.

By inserting a gene into the white blood cells to induce them to produce an enzyme called the HIV-1 hammerhead ribozyme, doctors hope the enzyme will slice up HIV, slowing

its reproduction as it has in test-tube experiments, said Dr Leigh Farrell

If successful and safe, the enzyme would be developed to treat the virus

Dr Farrell is general manager of Gene Shears, established to develop applications for the gene shears biotechnology process discovered by Australian government scientists, Dr Wayne Gerlach and Dr Jim Haselhoff.

Dr Farrell said test-tube experiments showed the white blood cells carrying the ribozyme gene slowed the reproduction of HIV by 80 to 90 per cent.

"The reproduction of the vi-

rus was significantly reduced and the life span of the cells was improved," he said

Dr Farrell said the company was "guardedly optimistic" the test would be effective.

"This is a tremendous thing for Australia," he said "We are the first company in Australia conducting a gene-therapy trial in HIV and we are one of the 15 companies in the United States that has approval for gene-therapy trials."

Trials would go through four separate phases and take five or six years, with the first 12-month phase expected to begin here later this year — Sapa-

AFP (92)

Huge number infected with HIV in Zimbabwe

HARARE — The Zimbabwean National Aids Co-ordination Programme (NACP) says estimates show that up to 25 percent of sexually active people between 15 and 49 may be infected with the human immunodeficiency virus (HIV) thought to cause the deadly illness. ARG 9/1/96

An NACP report said about 10 percent of Zimbabwe's 10.4 million people were infected with HIV and one in three babies born to HIV-positive women had the virus. (92)

"Almost all those with HIV are expected to develop Aids in time," the NACP said. "Average life expectancy may be shortened by perhaps 20 years, with a shortage of young and middle-aged productive adults and huge numbers of orphans, possibly one in three of all children, by the year 2010."

"Sex ratios will change as women die younger than men, and dependency ratios will worsen."

The NACP said population growth would slow down and the population might even contract for a period, although it would gradually recover.

By mid-1995 there were 40 000 reported Aids cases in Zimbabwe. It is generally believed about two-thirds of cases go unreported. — Sapa.

Living with HIV

NTOMBI LAUGHS AT how "serious" this interview with *Sowetan* seems "I don't really like being the centre of attention," she says

Still, for a 19-year-old, she does not seem shy. It is not difficult for her to openly discuss the intimate details of her life.

"The only reason I'm talking to you is because I want to tell other people of my age about Aids organisations," she says.

She continues "There are many people who are my age who have Aids and they don't know where to go."

Ntombi (not her real name) knows about Aids. In fact, she is infected with HIV, the virus that causes Aids.

Ready to die

She used to be one of those people who did not know where to go. Until last year, she felt hopeless, alone and ready to die. She had been diagnosed HIV-positive at the age of 15. Her mother had practically disowned her.

As a result, she was forced to find older, wealthier boyfriends to support her. While she says she always used condoms, some of her boyfriends were also infected with HIV.

In 1993, her problems became more acute. She gave birth to an HIV-positive child.

"I was always sick, depressed, and I didn't think I would live to be 19," she says.

But Ntombi has done more than just survive. She has found a new life. Since last year, the Johannesburg Aids organisation, Aids Link, has sponsored her so that she can finish matric and possibly continue her studies at university.

She now has friends who know she has HIV and who accept her for who she is.

And she is now much healthier (she does not have full-blown Aids yet) and believes the new developments in her life have given her the will to survive.

Rejected by people

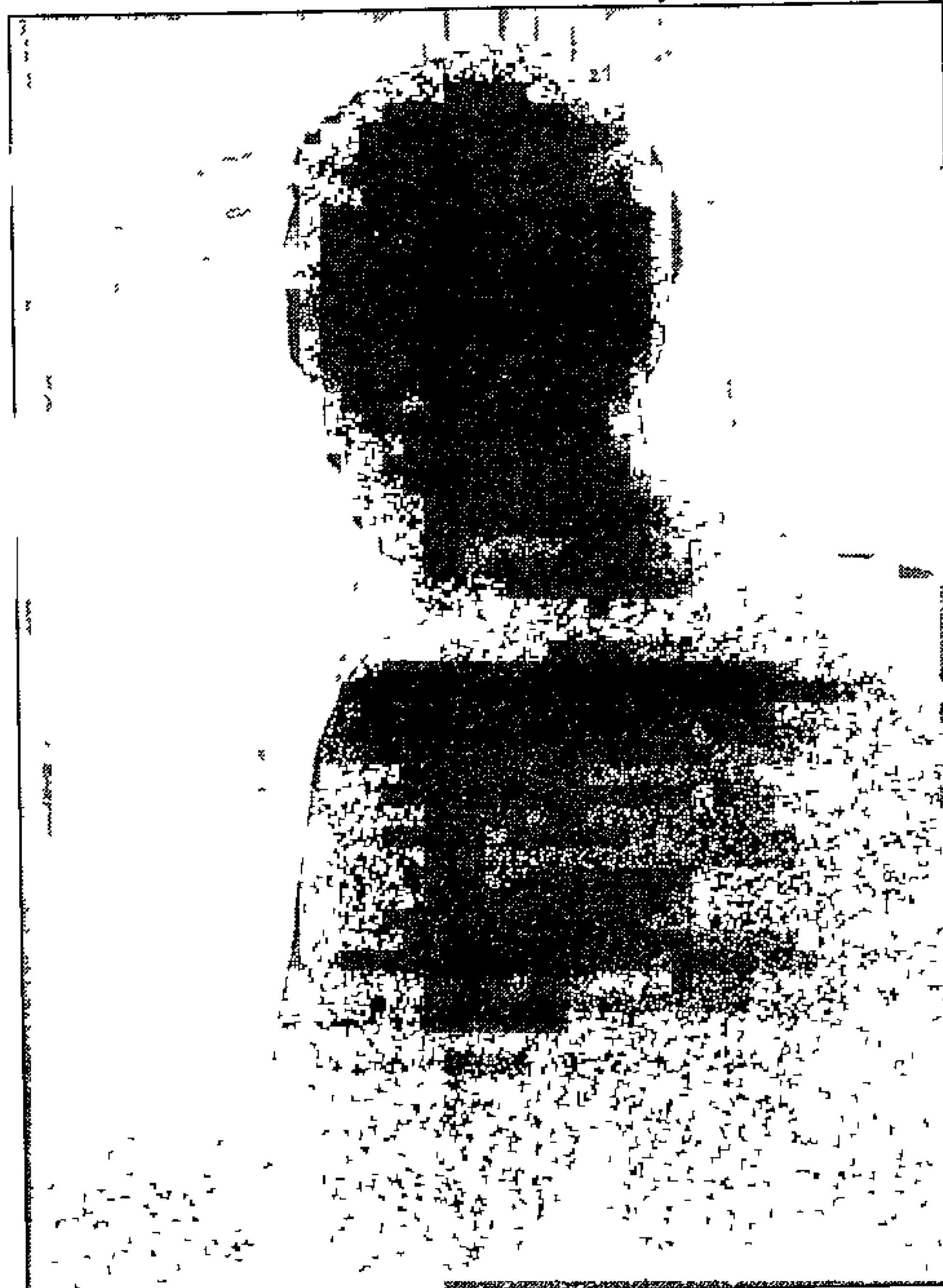
In her "old life", Ntombi was afraid of almost everyone. She had been raped by schoolboys when she was 14 (she believes that is how she contracted HIV) and she had been rejected by township people who found out that she was HIV-positive.

"Even my family is afraid of me," she says. "But people in Aids organisations want to be my friends."

In fact, Ntombi now believes that her own future lies in Aids counselling.

She would like to turn her negative experi-

A young woman infected with the deadly virus speaks to **Glenn McKenzie** about her experiences and an Aids organisation that gave her a strong will to survive. *(92) Sowetan 15/1/96*



In the shadow of death . . . Like many others, this Sebokeng man has HIV, the virus which causes Aids.

ences into lessons for other young people.

"I want to go to places like Pretoria and teach people about Aids and what it is like to live with the disease," she says.

Ntombi says most of the people she knows are still ignorant about Aids.

Even her current boyfriend, who does not know she has the disease, believes that people with Aids "have what they deserve."

"Just because I have Aids does not mean I am a bad person," she says.

But she is just as quick to condemn people with Aids who knowingly spread the disease.

In fact, one of her ex-boyfriends, a businessman from Soweto, is maliciously having sex with as many people as he can, so that he will not die alone, she says. (See additional report on page 3)

The man, who also cannot be identified, has allegedly slept with more than 30 women since he found out that he has the disease, says Ntombi.

"I would like him to realise that he should not be doing this," she says.

● Aids Link has raised funds through charity functions and benefit concerts to provide Ntombi with enough money to buy food and clothing as well as school supplies.

The organisation is also willing to fund other young people with HIV or Aids and has donated money to several hospices and homes in the Gauteng region.

If you would like more information about Aids Link or the Community Aids Centre in Hillbrow phone (011) 725-6710.

Should you wish to write to them, you can do so. Their address is 17 Esselen Street, Hillbrow 2001.

Law to protect Aids patients

(92) *Lawetan 15/11/96*
THE South African Law Commission is currently investigating possible changes to the legal system which would protect people with Aids from discrimination, and also protect the community at large

The Commission has recommended that legislation be adopted that would prohibit doctors, police officers, or anyone else from dis-

closing Aids-related information without the consent of the infected person

According to the Commission, exceptions should only be made when.

● The health or safety of any person is exposed to a substantial risk – in such a case the information should be disclosed only to persons

concerned and to the extent that is necessary for their protection

● A court order requires the information to be disclosed

The Commission is inviting comment from the public until at least the middle of February

A final report could be released to the Justice Ministry later this year

Living with HIV

NTOMBI LAUGHS AT how "serious" this interview with *Sowetan* seems "I don't really like being the centre of attention," she says

Still, for a 19-year-old, she does not seem shy. It is not difficult for her to openly discuss the intimate details of her life.

"The only reason I'm talking to you is because I want to tell other people of my age about Aids organisations," she says.

She continues "There are many people who are my age who have Aids and they don't know where to go."

Ntombi (not her real name) knows about Aids. In fact, she is infected with HIV, the virus that causes Aids.

Ready to die

She used to be one of those people who did not know where to go. Until last year, she felt hopeless, alone and ready to die. She had been diagnosed HIV-positive at the age of 15. Her mother had practically disowned her.

As a result, she was forced to find older, wealthier boyfriends to support her. While she says she always used condoms, some of her boyfriends were also infected with HIV.

In 1993, her problems became more acute. She gave birth to an HIV-positive child.

"I was always sick, depressed, and I didn't think I would live to be 19," she says.

But Ntombi has done more than just survive. She has found a new life. Since last year, the Johannesburg Aids organisation, Aids Link, has sponsored her so that she can finish matric and possibly continue her studies at university.

She now has friends who know she has HIV and who accept her for who she is.

And she is now much healthier (she does not have full-blown Aids yet) and believes the new developments in her life have given her the will to survive.

Rejected by people

In her "old life", Ntombi was afraid of almost everyone. She had been raped by schoolboys when she was 14 (she believes that is how she contracted HIV) and she had been rejected by township people who found out that she was HIV-positive.

"Even my family is afraid of me," she says. "But people in Aids organisations want to be my friends."

In fact, Ntombi now believes that her own future lies in Aids counselling.

She would like to ... in her negative experi-

A young woman infected with the deadly virus speaks to **Glenn Mckenzie** about her experiences and an Aids organisation that gave her a strong will to survive. (92) Sowetan 15/1/96



In the shadow of death ... like many others, this Sebokeng man has HIV, the virus which causes Aids.

ences into lessons for other young people.

"I want to go to places like Pretoria and teach people about Aids and what it is like to live with the disease," she says.

Ntombi says most of the people she knows are still ignorant about Aids.

Even her current boyfriend, who does not know she has the disease, believes that people with Aids "have what they deserve."

"Just because I have Aids does not mean I am a bad person," she says.

But she is just as quick to condemn people with Aids who knowingly spread the disease.

In fact, one of her ex-boyfriends, a businessman from Soweto, is maliciously having sex with as many people as he can, so that he will not die alone, she says. (See additional report on page 3)

The man, who also cannot be identified, has allegedly slept with more than 30 women since he found out that he has the disease, says Ntombi.

"I would like him to realise that he should not be doing this," she says.

● Aids Link has raised funds through charity functions and benefit concerts to provide Ntombi with enough money to buy food and clothing as well as school supplies.

The organisation is also willing to fund other young people with HIV or Aids and has donated money to several hospices and homes in the Gauteng region.

If you would like more information about Aids Link or the Community Aids Centre in Hillbrow, phone (011) 725-6710.

Should you wish to write to them, you can do so. Their address is 17 Esselen Street, Hillbrow, 2001.

Social crisis ahead for SA — Shisana

~~SA~~ (92)
ANEEZ SALIE

SA CT 18/1/96
A SOCIAL crisis faced South Africa, where the teenage pregnancy rate was the highest in the world and two million people were infected with HIV, Dr Olive Shisana, director-general of health, said last night.

She was speaking at the opening of a national conference at the University of the Western Cape on Health Promoting Schools in South Africa — Challenges for the 21st Century, organised by the Medical Research Council.

Dr Shisana revealed that in 1990 four out of every 10 births were to teenagers, and in 1993 about 4,6% of all babies born with Aids had teenage mothers.

"The best family-planning method is to keep the girl child in school, because with education she is in a better position to make choices," she said.

Teenage pregnancies, Aids infecting SA

(92)

(223)

Star 19/1/96

New role planned for schools in health promotion as teenage pregnancies and HIV transmission continue to soar

OWN CORRESPONDENT
Cape Town

A huge social crisis lay ahead for South Africa, which has the highest teenage pregnancy rate in the world and two million people now infected with the HIV virus, says Dr Olive Shisana, Director-General of Health.

She was speaking this week at the opening of a national conference at the University of the Western Cape on Health Promoting Schools in South Africa - Challenges for the 21st Century, which was organised by the Medical Research Council

Dr Shisana revealed that in

1990, four out of every 10 births were to teenagers, and in 1993 about 4,6% of all babies born with Aids had teenage mothers

"The best family planning method is to keep the girl in school, because with education she is in a better position to make choices," said Dr Shisana.

She called for school children to be supplied with condoms, and for them to be taught how to use them, even though she advocated abstinence as the most desirable method of birth control

She listed teenage pregnancies as the top of five priorities for her department, aids being next, followed by alcohol, drugs and smoking

The deputy minister of Welfare, Ms Geraldine Fraser-Moleketi, who also spoke at the conference, said South Africa had arrived at a critical moment.

"This is a year of great expectation," she declared, but warned against quick-fixes.

"We should choose the harder developmental option, which results in real empowerment of communities."

The conference runs until today and will be addressed by a wide spectrum of local and international education and health experts. The aim is to ensure that schools become centres for promoting health and for the provision of health services

Aids 'attacking on two fronts'

CT 23/1/96

(92)

NEW DELHI: The world is grappling with separate epidemics of the HIV virus with new cases no longer increasing in Western nations but rising rapidly in Africa and Asia, an Aids expert said yesterday

"We have two HIV epidemics in the world," Professor Max Essex of the Harvard Aids institute told a conference on infectious diseases here

"We have the epidemic in the West, which has something of the order of two million people infected and is plateauing or decreasing

"Conversely, if we look at the other epidemic, the epidemic of sub-Saharan Africa and Thailand, India we see the number of people infected is 15 to 20 million and rising, increasing rapidly"

He said Aids contracted in Western nations, mainly through homosexual contact and intravenous drug use, was spread by HIV1-B, a strain of the Human Immunodeficiency Virus (HIV)

But Aids in South Asia and sub-Saharan Africa is caused by other varieties of the virus, HIV1-A, C and E, which are contracted almost entirely by heterosexual contact

"Ninety to 95% of cases in North America and Western Europe are associated with homosexual contact. Conversely, in vir-

tually every other part of the world, 90% of HIV cases are associated with heterosexual contact"

Essex cautioned researchers against complacency, saying most planned vaccines and therapy for Aids were developed in the West and were consequently geared to dealing with HIV1-B alone

"If other HIV sub-types take hold in the West — and in my opinion that is inevitable — a heterosexual epidemic of significantly greater magnitude must be anticipated," he told the conference

"The most central question that concerns us both in prevention and treatment is the high rate of genetic mutation," he said. "In a human being who lives 10 years, the virus that dominates may be 10% different from the virus that entered — a huge difference"

Essex said the mainstay of Aids research was shifting to prevention rather than therapy due to the growing cost of treating Aids patients who were kept alive for increasingly longer periods

"The huge expense of treatment is only increasing in the US which keeps patients alive for three or four years instead of one," he said. "This means a \$50-100m burden (about R182-364m) rather than a \$10-15m (about R36-R56m) burden." — Reuter

State splurges R14m on pelvic thrusts

By IVOR POWELL

(92) THE government has wasted R14-million on a play about AIDS which has been slated by health workers and art critics

Award-winning playwright Mbongeni Ngema produced *Sarafina 2*, the most expensive play ever in South Africa, to inform people about the disease

But a health worker described it as "millions of rands' worth of gymslips and pelvic thrusts"

Another said it had little more to say about the virus than "It's great fun to sleep with lots of partners and then you get AIDS and then you die"

Health workers from all nine provinces, who met in Kempton Park on Friday, resolved to lodge an official protest

Ngema has already received R9-million of the R14,27-million budget, although the musical has so far been presented only in Durban, on World Aids Day, December 1

The sponsorship represents well over a third of the Health Department's Aids Awareness budget of R35-million this year.

Professional theatre managers canvassed by the Sunday Times estimated that a production on the scale of *Sarafina 2* would cost between R1,2-million and R1,5-million

The head of the AIDS Directorate, Quarraisha Abdul Kareem, said part of the funding had been put up by the European Union

Of the R9-million Ngema had already received, nearly R500 000 went to Ngema himself. The remaining R5,27-million will follow as the play takes to the road — in purpose-bought luxury buses — on a proposed 12-month tour

Despite the funding, Ngema confirmed that tickets had been sold at R20 for adults and R10 for scholars and pensioners.

Under the present agreement, half of this money goes to Ngema and the other half will be deposited in a trust fund for future productions.

"People won't see plays unless they pay to see them," Ngema said, justifying the admission price

He also said that, far from being oversubsidised, the play's budget was not big enough

Despite the simmering mutiny, senior Health Department officials declared themselves well pleased with the project

The Health Minister, Dr Nkosasana Zuma, who approved the project, attended the play's premiere and gave it her blessing

But reviews of the production have been overwhelmingly negative. The only really enthusiastic review came from a journalist who admitted he had not seen it

Mrs Abdul Kareem said tenders had been called for in accordance with government practice, but was unable to say where the notice had been published or who else had tendered

"Ngema's tender was the strongest, so we went with it," she said

ST 28/1/96

New drug combinations postpone onset of Aids

CT 30/1/96

92)

LONDON: Companies and academics are producing a stream of new drugs and treatments to help postpone the onset of Aids in HIV-sufferers, but the prospects for a cure remain bleak.

The most that science can now offer is perhaps five years of good quality life, thanks to the latest treatments using combinations of drugs to ward off Aids.

Researchers say the prospects of a vaccination against HIV or a wonder drug that could eradicate it are non-existent.

Genetic engineering offers a theoretical breakthrough Gene splicing would somehow entrap the virus, which is

spread mainly by sexual contact, and stop the inevitable slide to Aids and death.

"The excitement in therapy is not so much in the discovery of new drugs as in putting combinations together," said Professor Robin Weiss, director of research at the Institute of Cancer Research. "The target is to keep the virus under control long enough so that infected persons can have good quality of life."

Sufferers from HIV can live for years without developing Aids. When they first contract the disease they suffer an initial burst of infection, with symptoms

such as fever, rashes or swollen lymph glands

The immune system then kicks in with a powerful reaction to fight off symptoms, and sufferers can live for typically two to 10 years before the onset of Aids.

These seemingly healthy years mask an unending, relentless battle between the immune system and the virus, a contest which will always be lost unless new drugs are developed.

Progress towards at least mitigating Aids reflects the battle against cancer. Cancer-sufferers can now take drugs which often stave off the development of the

disease for years

"Many people view Aids treatment much like cancer," said Dr. Sue Kingman, of the biochemistry department at Oxford University.

"Drug combinations can be tailored for the individual sufferer, extending the quality of life for months or maybe years."

Developments in combination therapy will be discussed this week at an annual American Aids science conference in Washington.

The world's major drug companies have produced a plethora of drugs which attack the HIV virus — Yenter

Call to health services on HIV

(92)
JENNY VIALI
Health Reporter

ARG 31/1/96
TOO much money is spent on training hospital- and facility-based HIV (Human Immunodeficiency Virus) counsellors, and far too little is directed at supporting community-based activists and HIV educators

This is the view of David McCoy of the Child Health Unit at the University of Cape Town, who writes in the latest edition of AidsScan that many HIV counsellors are inappropriately trained on the basis of an imported Western model, without enough attention to local culture and beliefs

Dr McCoy says health services should concentrate on rectifying inadequate community participation in health programmes, fund them appropriately, and be sensitive to local culture and social structures

Based on experience in a rural district of former kwaZulu, Dr McCoy says the problem of HIV-counselling is that it focuses on the test, not the patient and his or her social context

"We found counsellors were being trained without enough attention paid to the local culture and beliefs, with an inappropriately heavy emphasis on individual freedom and confidentiality, with insufficient regard for communal needs and local social structures, and without the positive encouragement of disclosures"

Many counsellors are also nurses working in crowded hospitals where privacy is difficult. Test results can take four weeks to come back, and patients often don't return for results. Counselling is a one-off event with little follow-up

Dr McCoy says emphasis on individual protection and confidentiality has encouraged stigmatisation and has been destructive

"Although consent was always obtained for the HIV test, the degree of informed consent was likely to be superficial," he says

Instead of performing numerous HIV tests for marginal benefit, it was decided to use HIV counsellors to initiate more group education

"This policy has the advantage of reaching more people, promoting interaction between health worker and patient, as well as increasing the level of discussion among the patients themselves"

This policy will mean HIV will become less of an individual concern, writes Dr McCoy, and be perceived more as a concern of all people regardless of HIV status

"We need a thousand culturally appropriate Aids-informed community leaders to get groups of people talking and exploring these issues in a way that will allow communities to internalise the meaning of HIV infection into their everyday lives"

Puppet players query Sarafina costs

By JANINE SIMON
Medical Correspondent

A group of puppeteers whose travelling Aids-awareness plays reach about 200 000 people a year on an annual budget of just R1,7-million are flabbergasted by the Health Department's budget of R14,2-million for *Sarafina II*, which is also supposed to campaign against Aids

According to the detailed budget tabled before Parliament, *Sarafina II* has a R1,4-million budget for office facilities including colour printers, computers, security guards and kitchen services, and an additional R300 000 for rent

Gordon Bilbrough, acting director of the African Research and Education Puppetry Programme (Arepp), which runs the popular *Puppets Against Aids* play, said

Arepp's office rental was R5 000 a month, and its total annual administrative budget, including salaries, R200 000

Arepp's actors make three national tours a year with four projects, and each project reaches about 50 000 people a year. Actors earn between R660 and R800 a week, plus accommodation and a R65 daily subsistence allowance. Directors earn R3 000 for between three and four weeks' work, Bilbrough said

Sarafina II's cast members were paid between R1 200 and R2 000 a week plus subsistence and accommodation. Mbogem Ngema collected R300 000 for director's fees over 16 months.

Arepp's cast and equipment are carried in minibuses, which reach a countrywide network of clinics, schools, community cen-

tres, Aids groups and civic associations every two years

"We've sometimes felt the need for 4x4s," said Bilbrough, "but never R1,2-million for two luxury buses and a truck and trailer."

The company's actors played successfully by daylight or clinic lights, without resorting to lighting and sound equipment, which swallowed R1,2-million of the *Sarafina II* budget. They also do not rent theatres, which accounts for R200 000 of the tabled budget

Professional evaluations had proved that Arepp's work communicated information about Aids, and all scripts were bounced off Aids experts in the Aids Consortium, he added. "No-one would oppose *Sarafina II* if it had

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Star 1/3/96

Puppet players query costs of Sarafina

From Page 1 (92)
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been transparent, and shown to work."

Bilbrough said *Sarafina II* was commissioned despite the fact that Arepp had been promised European Union funding through the Department of Health last year

The Star could not verify this with the EU

Arepp, which runs five admission-free Aids educational drama projects and has been operating for almost nine years, has been battling since November to get the contract to release the money from the department, Bilbrough said

And another Aids non-government organisation, Aidslink, which developed an educational drama on Aids to tour Gauteng informal settlements for four months at a cost of R72 000, had not been able to obtain funding, according to chairman Shaun O'Shea

Health Ministry spokesman Vincent Hlongwane said the claims were unverified. Complaints about not receiving funding should be raised directly with him

Aids play: EU donor and Zuma at odds

(92)
Star 1/3/96

Government backs its Health Minister's version, but European Union says no money was approved for such a project

By **PATRICK BULGER**
Cape Town

The ANC majority in the National Assembly closed ranks yesterday and passed a motion of confidence in Health Minister Dr Nkosazana Zuma just hours before the European Union again denied that it had given approval for its aid money to be used to fund the Aids awareness play *Sarafina II*. The European countries are donating R48,73-million to the Department of Health for an Aids programme but say *Sarafina II* was not included in the contract between the department and the EU.

"The contract requires agreement in advance, particularly on changes in budget allocations. Specific tendering and other procedures have to be followed."

In the case of *Sarafina II*, no prior request was received by the commission, the EU said yesterday.

The denial flies in the face of repeated claims by Zuma and her director-general, Dr Olive Shusana, who told Parliament's portfolio committee on health the EU had been fully informed about the play, which has a budget from the department of R14,27-million.

In the Assembly yesterday, the DP tabled a motion calling for

Zuma to be suspended and for a judicial inquiry into the play's funding.

But it was successfully countered by the ANC majority with a motion of support for Zuma which was passed by 154 votes to 74. The NP, DP and IFP opposed the motion.

The Star understands the matter was discussed at the ANC's weekly parliamentary caucus meeting yesterday morning, when a decision was taken to close ranks behind the embattled Zuma.

A day earlier, ANC members of the parliamentary portfolio committee on health which quizzed Zuma on the controversial R14-million AIDS play had sat quietly through the meeting, without putting any questions to the minister.

Janine Simon writes that the Aids Consortium has written to the Department of Health querying the amount spent on *Sarafina II*, the tender process and its content, and to urge an independent evaluation of the production.

The R14,2-million allocated to *Sarafina II* was just slightly more than the entire allocation for provincial Aids budgets, said co-ordinator Morna Cornell.

"We're also questioning whether there should be an entrance fee," she said.

DP spokesman challenges Zuma to take lie detector test

Wyndham Hartley

CAPE TOWN — Health Minister Nkosazana Zuma has been challenged to take a lie detector test about whether she admitted to a Supreme Court judge she made an error of judgment over the AIDS play Sarafina 2.

The EU has insisted that, contrary to assertions by Zuma, it had never been asked to approve funds for Sarafina 2. DP health spokesman Mike Ellis, after having an application for a debate of a "matter of public importance" approved, challenged Zuma to take a lie detector test during the debate in the National Assembly yesterday.

He said he would also telephone Judge Edwin Cameron to ask him if he was willing to take a lie detector test on his conversation with Zuma.

Ellis said Zuma had repudiated the judge and the EU.

The EU said it had provided the health department with R100m of which R48m was for the national AIDS programme. Only R6,9m had been approved for mass media and television, and Sarafina 2 was not included in the contract. During the inquiry by the health port-

folio committee on Wednesday, Zuma said the EU was informed of Sarafina 2. "Who is lying?" Ellis asked and issued the lie detector challenge.

The ANC caucus, briefed by Zuma yesterday morning, closed ranks and supported the minister. Further funding would be provided for other AIDS awareness projects, it said.

Sapa reports Hugo Badenhorst, the health department's chief director of support services, told the committee that once the tender was awarded, state tender procedures had been followed to the letter. "Up to now there doesn't seem to be any substantive unauthorised expenditure," Badenhorst said.

The NP and PAC criticised Zuma on Wednesday, saying she had failed to account satisfactorily to Parliament's health committee. They called for an investigation by the public protector.

The PAC and African Christian Democratic Party asked for the matter to be referred to the Public Protector for investigation. The Freedom Front supported the minister in actions she took against AIDS, but did not agree with the way this matter had been handled, Pieter Grobelaar said.

(92) RD 1/3/96
Zuma said Sarafina 2 was correct in principle and would continue to be staged countrywide.

Quoting World Bank statistics, she said 600 000 South Africans would have AIDS by the year 2000, and between 300 and 500 people would be dying daily from the disease. Young urban Africans were bearing the brunt of the epidemic and it was clear "we have not been able to come up with strategies that make an impact", she said. Traditional AIDS preventative strategies had failed and it was therefore necessary to come up with creative and innovative strategies to help combat the threat.

Meanwhile, The National Nurses' Forum expressed dissatisfaction with the use of R14,2m to finance Sarafina 2.

It felt the money should rather have been used to train more nurses in primary health care. The forum said more nurses should be employed to run rural clinics instead of contracting foreign doctors, who would play only a supervisory role in the new primary health care system. The shortage of nurses in state hospitals needed urgent attention.

See Page 16

Two arms of government in a tangle

The row over money spent on an Aids play has brought the relationship between the executive and legislature under the spotlight, writes **Gaye Davis**

THE balance of power between the executive and legislature is becoming a central and highly contentious issue in what some politicians see as improper interference in the parliamentary process by the Cabinet and the presidency.

The furious controversy over the R14,27-million for Mbongeni Ngema's Aids play — and allegations that President Nelson Mandela intervened to protect his Minister of Health Dr Nkosazana Zuma — has brought the complexity of the relationship between the two arms of government into sharp focus.

Questions remain about the circumstances surrounding the postponement of the hearing ordered by Dr Manto Tshabalala, chair of the parliamentary Portfolio Committee on Health, and which finally went ahead this week.

Allegations that Mandela blocked the hearing, telling Tshabalala to let the matter rest, and that it was rescheduled only after Deputy President Thabo Mbeki intervened, prompted a joint statement from Mandela and Mbeki's offices.

It said Mandela had not instructed the committee to cancel the meeting and that Mbeki's intervention was "a follow-up on the president's initiative to ensure that the matter be resolved without

needless public wrangling based on speculation rather than fact". The statement noted the "absolute importance of the separation of the legislative and executive arms of government".

But the failure of African National Congress MPs at Wednesday's hearings to pose any probing questions about the sponsorship of *Sarafina II* prompted opposition charges that committee members had been "silenced".

Zuma, accompanied by her director general Dr Olive Shisana, Aids directorate head Quarraisha Abdul Kareem and chief of support services, Hugo Badenhorst, spent much of the allotted time detailing the extent of the Aids epidemic and her department's plans to combat it, which included the decision to use European Union funds to sponsor Ngema's play.

Questions about the funding and how it was spent came from the Democratic Party, Pan Africanist Congress, National Party and African Christian Democratic Party, while ANC members were largely silent.

DP spokesman on health, Mike Ellis, claimed the committee had been "stuffed from the top". It was clear ANC members had been told to allow the meeting to go ahead, but not to embarrass the minister or members of her department, he said.

"We are obviously moving into a situation where the executive is interfering more and more with the work of legislators and that is an intolerable situation". He cited efforts to stamper through Parliament last year the Education Policy Bill, which saw minority parties successfully rallying around a petition to force the Bill before the Constitutional Court.

The Bill's passage was crucial for Minister of Education Sibusiso Bengu to start transforming the education system. Local government elections were also looming. Ellis said if the Bill had been afforded due process, with the committee hearing submissions from interested parties, it would "definitely not" have gone to the Constitutional Court. "Committee members must be allowed to ask questions and hold people to account, or transparency and accountability go out of the window. The executive must not interfere with the legislature," he said.

Portfolio committees — so named because they shadow ministerial portfolios — have extensive powers to not only scrutinise legislation and policy but also to call ministers and department officials to account for their actions.

Under NP governments, committees functioned merely to endorse laws and policy drawn up by the executive — and did so behind closed doors. One of the first moves the ANC made, as the majority party in government, was to throw their proceedings open to the public.

Most committees are chaired by ANC MPs, whose loyalties lie primarily with ensuring ANC policy objectives are reached. The relationship is further complicated by the politics of the Government of National Unity. ANC committee members appear happier putting hard questions to ministers from parties other than their own. Yet committees are accountable not to government, but to the public.

After a recent recommendation by the Joint Standing Committee on Defence, chaired by ANC MP Tony Yengem, that English replace Afrikaans

as the language of command, control and training in the defence force, Mandela went on record as saying he had "pulled (the committee) up" on the matter.

On the face of it, interventions like these raise questions about whether the balance is tipping in favour of the executive. In fact, they illustrate the dynamism of the relationship between the executive and the legislature. The line drawn between the two is not clearly drawn. Nor should it be, argues ANC MP Jennifer Schreiner.

"It is an issue that has been alive as a debating point since we arrived — and hopefully it will never stop being so," she said. "Otherwise we will find a line has been drawn, and that we're back in the days of NP rule with the legislature operating like a rubber stamp."

Interventions by the executive should not be seen by definition as negative, she said. "If you have a hypothetical situation where a committee is taking a decision that will retard the work of a department or seriously set back processes underway, the political leadership cannot just stand back. Intervention by the executive on an issue is not by definition undue influence."

Professor Fanie Cloete, head of policy analysis at Stellenbosch University's School of Public Management, agrees. "Mandela's intervention on the defence issue was good. It could have brought about conflict and he was turning down the extreme position taken by the committee."

However, intervention over Zuma's appearance before the health committee could be viewed "more negatively, as curtailing the idea of an independent legislature."

EU denies it

approved musical

□ From Page 1
CF 2/13/96
Zuma whether she would be prepared to do the same

The judge and Dr Clarence Mini, his co-chairman of the National Aids Co-ordinating Committee, met with Zuma and Shisana on February 22 to discuss the controversy

According to a signed report by the co-chairmen, Zuma expressed regret for the handling of Sarafina 2 and admitted a mistake had been made — but when she appeared before the HPC on Wednesday, she denied this

Ellis' challenge came at the end of a short National Assembly debate on his motion for President Nelson Mandela to appoint a judicial commission of inquiry into the Sarafina 2 issue, and for Zuma to be suspended until it had reported

His motion was amended by the ANC's Dr Manto Tshabalala, head of the HPC, to instead commend Zuma and to express confidence in her and the mechanism she had put in place to address the issue

To applause and loud acclaim from the ANC benches, Tshabalala's motion was carried by 154 votes to 74. All the other parties registered their objection

● The National Nurses Forum's Ms Belinda Kgogo yesterday slammed Sarafina 2, saying the R14,2m should rather have been used to train more nurses in primary health care



IT'S LIKE THIS: Health Minister Dr Nkosazana Zuma in animated conversation with Transport Minister Mac Maharaj during the debate in Parliament yesterday on a motion, subsequently defeated, to appoint a judicial commission of inquiry into Sarafina 2, and to suspend her until its outcome

DP battles on against Sarafina 2

Sowetan 1/3/96

(92)

Nurses Forum says money should rather have been used to train nurses

By Rafiq Rohan
Political Correspondent

THE DEMOCRATIC PARTY IS refusing to back down on the Sarafina 2 controversy although the ANC has let Health Minister Dr Nkosazana Zuma off the hook on the issue.

The DP said it wanted the matter taken further and put to debate in the National Assembly

Yesterday, the DP's Mike Ellis sent a proposal to the Speaker, Dr Frene Gin-wala, asking for time to be set aside for the debate

"Since the issue is in the public domain and is of great importance, the DP believes that it is urgently necessary for Parliament to debate the motion," Ellis said. The motion demands that Zuma be suspended as Minister of Health pending the outcome of an investigation and that an independent judicial enquiry into the matter be set up

On Wednesday, the Portfolio Committee on Health grilled Zuma and her director-general, Dr Olive Shisana, on the more than R14 million allocated for Mbongeni Ngema's Aids musical *Sarafina 2*

The committee was told of some extraordinary budget allocations, which included R32 000 for two cell phones, R1,4 million for stage crew salaries and two luxury buses costing R1,4 million

The NP accused Zuma of keeping MPs in the dark about details of the allocation and also called for an investigation into the controversy to be launched. This was supported by the PAC. The ANC, however, defended Zuma, praising her for strengthening the health sector to alleviate the

plight of the poor

Ellis said the debate in Parliament was necessary because Zuma "failed to answer satisfactorily" questions raised at the committee meeting.

Sapa reports that the European Union said yesterday that *Sarafina 2* was not included in a contract under which EU funds were allocated to the Department of Health. It said in a statement it had allocated R48,73 million over two years to the department's national Aids programme, of which R6,9 million was earmarked for mass media communication activities. These activities included radio production and broadcasting, television drama, posters and comic strips

"*Sarafina 2* was not included as such in the contract between the Department of Health and the European Commission," the EU said. "This contract requires agreement in advance, particularly on changes in budget allocations. Also specific tendering and other procedures have to be followed. In the case of *Sarafina 2* no prior request was received by the commission."

The National Nurses Forum yesterday expressed dissatisfaction with the R14,2 million used for the play. The organisation felt the money should rather have been used to train more nurses in primary health care.

The forum said more nurses should be employed to run rural clinics instead of contracting foreign doctors, who could not speak any African language

The forum's spokesman, Ms Belinda Kgogo, said doctors would only be playing a supervisory role in the new primary health care system, and the shortage of nurses in state hospitals needed urgent attention

EU 'did not know about Sarafina 2'

(92) CT 1/3/96

ANEEZ SALIE
HEALTH WRITER

THE European Union did not know beforehand about Sarafina 2, nor did it approve the production, despite repeated public assurances to the contrary from Health Minister Dr Nkosazana Zuma and her director-general Dr Olive Shisana

The EU said in a statement yesterday the controversial R14,2 million Aids play was not part of its funding contract with the department

The statement said the EU had provided the Department of Health with "approximately R100m, of which R48,73m over two years has been provided to the National Aids Programme (NAP)".

"With regard to the NAP, R6,9m has been earmarked for mass media communication activities which include radio production and broadcasting, television drama, posters and comic strips.

"Sarafina 2 was not included as such in the contract. This contract requires agreement in advance, particularly on changes in budget allocations. Specific tendering and other procedures have also to



UNDER FIRE:
Dr Nkosazana Zuma

be followed. In the case of Sarafina 2 no prior request was received by the commission.

"In addition to supporting the NAP, the EU is funding the development of a district-based system of integrated primary health care, and at the request of Minister Zuma, has also provided European and South African technical assistance to the Department of Health

"The European Union wishes to reiterate its full support and commitment to

the efforts undertaken by Minister Zuma and the Department of Health in addressing the needs of the people of South Africa"

Meanwhile, Mr Mike Ellis, a leading member of the National Assembly's Health Portfolio Committee (HPC) yesterday challenged Zuma to undergo a lie-detector test over her contradiction of a Supreme Court judge's version of a meeting between them on the row.

He said in a debate in the National Assembly yesterday he would contact Justice Edwin Cameron to find out whether he would be willing to undergo such a test

If so, he would also ask

□ Turn to Page 5

Mandela backs Zuma in R14-m Aids play row

Star 2/3/96 (92)

President Nelson Mandela expressed his confidence in Health Minister Dr Nkosazana Zuma yesterday in the wake of a row about the R14-million Aids awareness play *Sarafina II*

"She has fully explained to me and I fully support her," Mandela said in Pretoria

Earlier, the Democratic Party called on Mandela to fire Zuma for "deliberately misleading" the National Assembly's health committee by claiming the European Union knew its donor funding would be spent on the musical

The DP said it would ask the public protector to investigate the involvement of Zuma and her department in *Sarafina II* DP health spokesman Mike Ellis said "We are anxious to achieve a thorough investigation"

Health Ministry spokesman Vincent Hlongwane said there appeared to be a misunderstanding with the EU and that Zuma stood by what she had told the committee

Ellis said he would meet party leader Tony Leon on Monday to discuss the DP's request to the public protector.

Dr. Tinus Schutte, a spokesman for the public protector's office, said the office had not yet been approached

The call for a public protector's investigation has been supported by the PAC and the NP

Earlier, Ellis said Mandela should fire Zuma as the EU had confirmed it had not approved of its cash being used to fund the musical "It is absolutely clear Dr Zuma deliberately misled the



Dr Nkosazana Zuma

committee on health on Wednesday," he said Zuma had been called to account for her actions but had "failed to do so honestly For a minister to mislead a parliamentary body deliberately is unacceptable She must be fired Her integrity will be questioned seriously it is inconceivable that she can remain in office"

Health director general Olive Shisana, who was party to the health committee being misled, should also be fired, Ellis said

On Thursday the ANC used its majority in the National Assembly to pass a vote of confidence in Zuma A motion calling for her suspension and a judicial inquiry was defeated

After the vote, the EU said it had given the Health Department about R100-million, with R48,73-million provided over two years for a national Aids programme About R6,9-million had been earmarked for mass-media communication activities

"*Sarafina II* was not included in such a contract between the Department of Health and the European Commission," it said The contract had required advance agreement on changes in budget allocations In the case of *Sarafina II*, no prior request had been received

Zuma told the health committee that when the EU deal was signed, the musical had not yet been conceived by her department Once it had decided to go ahead with the project, the "people in Brussels were informed"

An EU spokesman said yesterday he stood by the earlier statement At no stage had the commission received a request, as required by contract, from the Health Department to use EU funds for the musical - Sapa

De Lille slams 'ANC's lack of transparency'

(92)
RAG 2/3/96

MXOLISI MGXASHE
Staff Reporter

PAN AFRICANIST Congress MP Patricia de Lille has condemned the "gross abuse" of the majority rule principle by African National Congress MPs who passed a vote of confidence in support of Health Minister Nkosazana Zuma in the controversial R14 million Aids awareness play

Ms De Lille, who also sits in the health portfolio committee which reviewed the R14 million *Sarafina 2* play by Mbongeni Ngema, said when she moved the day before calling for the establishment of an independent inquiry into the matter, all the parties, including ANC, supported her

"But, I was shocked when in parliament the following day to see an overwhelming support for the ministry of health on its gross expenditure of limited funds in one Aids awareness project

"I do not want to personalise the matter around Dr Zuma, but the praise she got from her colleagues in parliament were a bit insensitive of the feelings of the public

"It was a great democratic achievement, I thought, for a parliamentary committee to summons a minister to account on the reported misallocation of funding to Mr Mbongeni Ngema

"But, that achievement was to-



Nkosazana Zuma

tally overturned by the vote of confidence given to Dr Zuma and his ministry. We still need to know what exactly happened with the process of tendering and the allocation of such a big sum for one project in a ministry that is dying



Patricia de Lille

for funding"

Ms De Lille argued that it was all a "sad state of affairs and a total miscarriage of transparency and accountability that the ANC caucus had to behave in the manner it did"

Mandela has to fire Zuma, says the DP's Ellis

TYRONE SEALE
Political Staff

PRESIDENT Nelson Mandela has no option but to fire Health Minister Nkosazana Zuma following statements that the European Union did not agree that part of its funding to South Africa for the combating of Aids was to be used for *Sarafina 2*.

This was said yesterday by Democratic Party health spokesman Mike Ellis in response to a statement in which the EU said

last year, *Sarafina 2* had not been thought of, but that the EU had subsequently been told about the production

Mr Ellis said further question marks remained over matter such as the role of the MECs in the provinces and whether they had given their sanction to R14,27 million being spent on the play.

It was obvious that neither the MECs of Gauteng nor the Western Cape had been truly consulted on the matter and it was doubtful whether the others had been con-

sulted as well.

Mr Ellis said Dr Zuma's integrity would be seriously questioned in future and it was inconceivable that she could remain in office.

The same applied to health director-general Olive Shisana, he said, adding it was important for the president to act swiftly.

"The actions of the minister and her director-general will seriously jeopardise the country receiving overseas assistance for important projects in the future."

that R7million of its funding to national aids programme had been earmarked for mass media communications, including initiatives on radio, television, posters and comic strips.

The EU said that while the listing of these items had formed part of the EU funding contract with the health department, the national aids play, *Sarafina 2*, had not been specified.

Dr Zuma told parliament this week that at the time the EU had provided the funding, in January

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By JEFFERSON LENGANE

HEALTH Minister Dr Nkosazana Zuma has frozen the expenditure of the R5,2 million balance remaining of the R14,2 million she allocated to the controversial Aids education play *Sarafina II* - pending an investigation into a "missing" R1,1 million.

The "missing" money is part of the R9 million already paid by Zuma to playwright Mbongeni Ngema and Committed Artists to present *Sarafina II* in all the provinces

R1,1 million of the expenditure to date has not satisfactorily been accounted for

■ The Democratic Party's spokesman on health, Mike Ellis, and PAC MP Patricia De Lille have confirmed that R1,1 million of the expenditure to date has not been accounted for - and that the Minister of Health has frozen the remaining R5,2 million

They expressed surprise that this had not been publicised by the government - as Zuma had in fact told the Parliament Portfolio Committee on Health on Wednesday that she had frozen the remaining R5,2 million of the allocation until the expenditure of the R9 million had been properly audited

■ The ANC this week closed ranks behind Zuma - and President

□ New twist in Zuma's R14-million scandal

□ ANC closes ranks (92) behind Minister

ep 3/3/96

Nelson Mandela expressed his full confidence in the beleaguered minister

■ The director-general of the Office of Health, Olive Shisana, refused to comment on the "missing" R1,1 million

The Office referred City Press queries to Health spokesman Vincent Hlongwane

Hlongwane said talk of money not accounted for was speculation - and denied the ministry had frozen the R5,2 million

"The play will go ahead and will appear in Gauteng in two weeks. Any problem that arises will be dealt with if and when it occurs," he said

"The uproar over the show's funding stems from the fact that Ngema is black," he said

"If Ngema had been white there would have been no opposition

"Who can compete with Ngema in theatre and attract the same audience he can?"

"It is a pity that mainstream black newspapers are climbing on the white media bandwagon to criticise the project," charged Hlongwane

■ City Press on Friday spoke to a Mr Kalimbi, an official in the Health Ministry - who confirmed our investigations

Kalimbi said "The R5,2 million has been frozen until the auditing of the R9 million spent has been finalised

"An expenditure of R1,1 million is being investigated as full details of it were not given in the original report"

Kalimbi said he was not sure who would audit the account - but hinted that the auditor-general might be involved.

Kalimbi refused to give his full particulars, saying "What I am giving you is not an official response."

■ Meanwhile, two attempts by the DP to have Zuma held responsible for the exorbitant allocation have failed

First their attempt to get her suspended was defeated by an ANC majority vote in Parliament on Thursday

Then an attempt to get her to resign was frustrated by Mandela's vote of complete confidence in her on Friday

The only option still open appears to be De Lille's call that the Parliament Portfolio Committee on Health fully investigate the funding of *Sarafina II*

"I still insist that for the sake of democracy, transparency and accountability, the matter be referred to the office of the Public Protector to investigate the alleged irregularities," she said

■ Meanwhile, the marketing manager of *Sarafina II*, Vincent Sibeko, has fuelled the controversy by expressing his fear that the R5,2 million balance of the allocation would not be enough to see the play complete its tour of the country.

He said that the tour was running far behind schedule - and that only five towns in KwaZulu-Natal had seen it at a cost of R9 million

"We will not be approaching government for extra funds but will approach the private sector," said Sibeko

□ Budget of most expensive musical - Page 2.

□ Opposition parties slam ANC - Page 2.

NGEMA



Zuma's play

(92) ST 3/3/96

The truth behind



CONFIDENT ... Dr Nkosazana Zuma is unruffled by calls for her dismissal
Picture: BRETT ELOFF

By IVOR POWELL

THE Health Minister, Dr Nkosazana Zuma, and her officials this week wove a fabric of distortions, half-truths and misrepresentations in an attempt to escape censure for their disastrous R14-million AIDS play.

It won the beleaguered minister the backing of President Nelson Mandela and the ANC. But a host of AIDS organisations, the Democratic Party, the Pan African Congress and the National Party were unimpressed. They have demanded that the public protector hold an inquiry into *Sarafina 2*.

Dr Zuma and her officials told Parliament there was nothing to hide, but the full story has yet to be told.

THEY SAY: There "don't appear to be irregularities" arising out of the department's preliminary audit on playwright Mbongeni Ngema's spending of the R9-million already paid out.

THE FACTS ARE: About R900 000 is still unaccounted for. A substantial report of around 15 pages was prepared by the finance section of the Department of Health, listing unexplained expenditures and disputed claims. In many instances, cheques submitted for audit had arrived without any explanatory documentation whatsoever, a departmental source said.

THEY SAY: The money given to Ngema to produce *Sarafina 2* came out of R48,73-million earmarked by the European Union for AIDS education. Dr Zuma claims the EU office in Brussels was "fully informed" about the play.

THE FACTS ARE: The EU denies that it authorised the use of union funding for the play. It also denies that either its Johannesburg or Brussels office was consulted about the funding.

THEY SAY: The tendering procedures required in terms of the government's agreement with the EU were met.

The director general, Dr Olive Shisana, said three tenders had been solicited in accordance with requirements for a "limited tender" — where compliance would not be required with the normal procedure of publicly calling for tenders.

THE FACTS ARE: The Windybrow Theatre was asked in a fax to tender only 24 hours before the deadline for submissions.

Said Windybrow director Walter Chakela: "We had 24 hours to conceive the thing, cost it down to detail and put the whole thing together."

P. T. O.

**WHAT A CRITIC
THOUGHT OF
NGEMA'S WORK:
FULL REPORT
ON PAGE 3**

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entire cast will be employed for 52 weeks, an entire year

THE FACTS ARE: Some actors have been paid nothing for the past three weeks as no performances have been held. However, the musicians have been employed to record the play's music at Ngema's private studio in his mansion in Kloof, near Durban.

Sources in the Department of Health claim that Ngema is to receive a substantial cut of the proceeds from sales of the recording

This week, Dr Zuma faces calls from the Democratic Party's health spokesman, Mike Ellis, for the public protector to fully investigate the play's funding

"It is absolutely clear that Dr Zuma deliberately misled the committee on health on Wednesday. For a minister to mislead a parliamentary body deliberately is unacceptable. She must be fired

"It is inconceivable that she should remain in office," he said.

Dr Zuma said yesterday that she did not wish to discuss calls for her removal from office. "All I have to say for now is that I am a member of the ANC, the ANC has said what it wants to say, the President has said what he wants to say and I abide by what he has said"

Dr Zuma, who attended the ANC Youth League's 19th congress in Durban yesterday, added "I think the play will go on."

10.1. The company did not tender "It was clear even then that we were just being used to give the semblance of proper procedure, to lend a known name in South African theatre for somebody else's use," said Mr Chakela.

Besides Ngema's submission, the only other tender submitted was from a little-known Durban company, Opera Africa. The company was given a month to prepare its tender, which it submitted unsuccessfully

THEY SAY: The play has already been seen 40 times

THE FACTS ARE: A number of scheduled performances have been cancelled and the actual number of performances is below 30

Some performances have been attended by as few as 15 people.

THEY SAY: The play will go on and no funding has been frozen

THE FACTS ARE: The department has decided to freeze the R5,27-million still outstanding on the R14,27-million contract. An additional R1,4-million budgeted for the administrative expenses of Ngema's company, Committed Artists, has been withdrawn by the department.

THEY SAY: The salary bill of R720 000 a month is justified because the

are open to perusal by members of the reasonable hours.

Report on the financial affairs of the Annual general meeting, and other minor meetings.

ent or transaction, except deposits into accounts, must be signed by the Treasurer or Executive Committee member.

ion applies for credit to further its an upper ceiling which will not sation can be decided by the Executive to ratification at a general meeting.

three levels: General; Regional; and

gs

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ll be given at least 3 (three) week's notice of any meeting.

l include information on any important will be discussed at the meeting, ter alia, elections, change in endment of the constitution and the the Organisation.

rperson's duty to call meetings and thereof, although s/he may delegate

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s responsible for seeing that minutes en, approved at the following meeting,

All decisions will be taken at meetings by a simple majority of votes of those (ordinary) members present. Each town has a vote of equal value. Voting may take place by a show of hands or by secret ballot - as the meeting decides. Elections are to be conducted in a similar fashion, with the person being elected who receives the most votes.



PALATIAL . . . Mbongeni Ngema's luxury home is tucked away in the hills of Kloof, one of Durban's most sought-after suburbs

Picture: BRETT ELOFF

Mish-mash of rubbish about AIDS

(92) ST 3/3/96

MBONGENI Ngema must assume that we're really stupid and gullible. His latest musical, *Sarafina 2*, seems like a last-minute, half-hearted, feeble attempt at rehashing the success of his famous *Sarafina*.

This time, however, it's not about politics but about AIDS, with a few garbled messages thrown in simply to impress the Department of Health which wished to finance a mainstream play portraying an AIDS message. It started 45 minutes late and then, when it did, it was the same old routine of nubile, nay, fat slags, with a great love for shaking their bottoms about, and over-enthusiastic voices, dancing on the bare African earth.

It looked like *Ipi Tombi*, except that Ngema has an obsessive fascination for girls in gymslips — a feature in most of his awful

WHAT A THEATRE CRITIC HAD TO SAY

Maritzburg AIDS worker Anness Ramklown was so incensed after seeing *Sarafina 2* that he wrote this review for his local paper, the *Natal Witness*. Mr Ramklown was involved in theatre for a number of years

musicals. His male characters are almost always stupid, drunk tsotsis with a penchant for fancy pantsula footwork.

Granted, Ngema has a certain skill at converting township theatre into mainstream, but he still seems to be regurgitating germs or seeds of ideas that happened when he was a protégé of Gibson Kente.

What does he think he's trying to pawn off on us? The audience was predominantly *abantu*, with a few liberal, cultural kleptomacs starved for anything

Khumalo, she does seem to be losing her youthful gymslip image. The aerobic dance sequences looked really taxing on her. Needless to say, she was not in a gymslip — instead she's going as a social worker dressed like an extra for *Hair*.

Then there's a scene where some "naughty promiscuous girl" tells us — no shrieks at us — in bad diction how she got AIDS. Ngema never quite makes the distinction between AIDS and HIV. While she shines on, two tie-dyed women sing, "Thandazaaaa" (pray). So much for social work skills and community healing.

Ask (as well as fund) Ngema to use his creative genius and give people a message that may create a cerebral inquiry that impacts on their lives, and he writes a scene where he sits the gymslips and

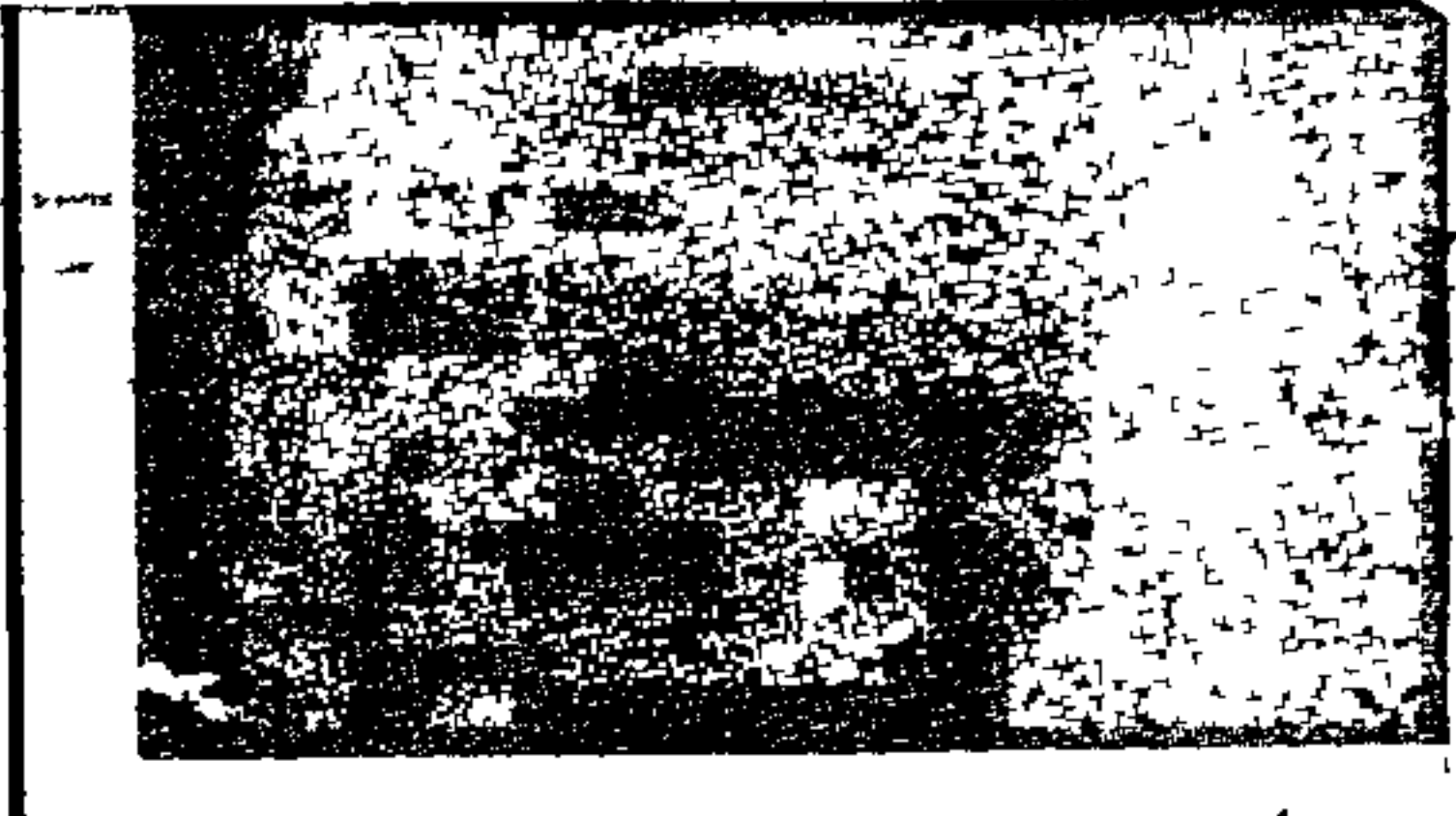
leeches in grey flannels down on the floor, and gets a costumed nurse with a lethal pelvic thrust to teach them by rote that they must use a condom or they will get AIDS.

Thanks, Ngema, for perpetuating the bad educational methodologies that South Africa has been subjected to for the past 48 years.

Sarafina 2 even draws a weak analogy with the British and Zulu wars, especially the annihilation of Cetshwayo's army, and infers that people will be wiped out by AIDS in the same way if they don't tell their boyfriends to use a condom.

Ngema provides false magical hope that people with AIDS or HIV will enjoy good health for 10 to 15 years before the nation starts dropping dead. The musical sways from swing-your-pants stuff to lecturing to the audience

All in all, *Sarafina 2* is a dismal masturbatory attempt at health and social conscientisation. In fact, it has probably done more harm than good — and created more myths and misconceptions with regards to AIDS and HIV prevention and awareness.



Parties claim it's a cover-up

(92) CP 3/3/98

By **POLITICAL
CORRESPONDENT**

THE SHOW must go on was the message from parliament as ANC members closed ranks to support Health Minister Nkosazana Zuma's decision to spend more than R14,2 million on Mbongeni Ngema's Aids awareness musical *Sarafina 2*

But opposition parties accused the ANC of attempting to cover up a costly bungle.

We take a look at key questions of the controversy

■ Were the correct tender procedures followed?

The State Tender Board was not used because the money came from the European Union not the taxpayer. However the Department of Health says the customary tender procedure was nevertheless followed and three artists, Opera Africa and the Windybrow centre for arts were asked to tender for the contract in late July last year. The department awarded the contract

several weeks later. But Windybrow centre said the invitation arrived too late for them to submit a proposal

■ Were Aids organisations and provinces consulted?

The Minister said yes but two Provincial MECs said they were not consulted. The chairman of the National Aids Co-ordinating committee of South Africa, Mr Justice Edwin Cameron and Doctor Clarence Mini said that in a meeting with Zuma earlier this month, the Minister said her department had made a mistake. Zuma this week denied saying this

■ Was the European Union aware that its money was being spent on *Sarafina 2*?

Zuma said yes. The EU says no.

The EU says it gave R100 million to the department, R48 million of which was for the Aids programme. R6,9 million was approved for media and TV and the EU never approved *Sarafina 2*

■ Why is the department spending money on a musical?

Zuma said 600 thousand South Africans would have the virus which causes Aids by the year 2000 and between 300 and 500 people will die each day. This would have a serious effect on development and growth

■ Is R14,2 million too much money to spend on a play?

The Minister said the high price tag is because it will be dispatched to underprivileged areas. The budget therefore covers items like electricity generators, makeshift stages, transport and accommodation

But critics say how does government explain several costly items in the budget?

These include.

■ R100 000 for costumes,

■ A weekly budget of R2 000 for crew who usually earn this much in a month,

■ R32 000 for 2 cell phones,

■ R2 245 000 for two luxury buses and a truck and trailer, which the artist will have the

option to buy at the end of the play

■ Cleaning services costing R200 000;

■ Director's fees of R300 000

■ Has the money been used for the purposes intended?

Committed artists have received R9 million. The remaining R5 million has been frozen until a departmental inquiry is completed.

The department this week said while the auditor's report was not complete no important irregularities had been found

In September last year the department told Ngema that R1,4 million intended for office infrastructure was not available

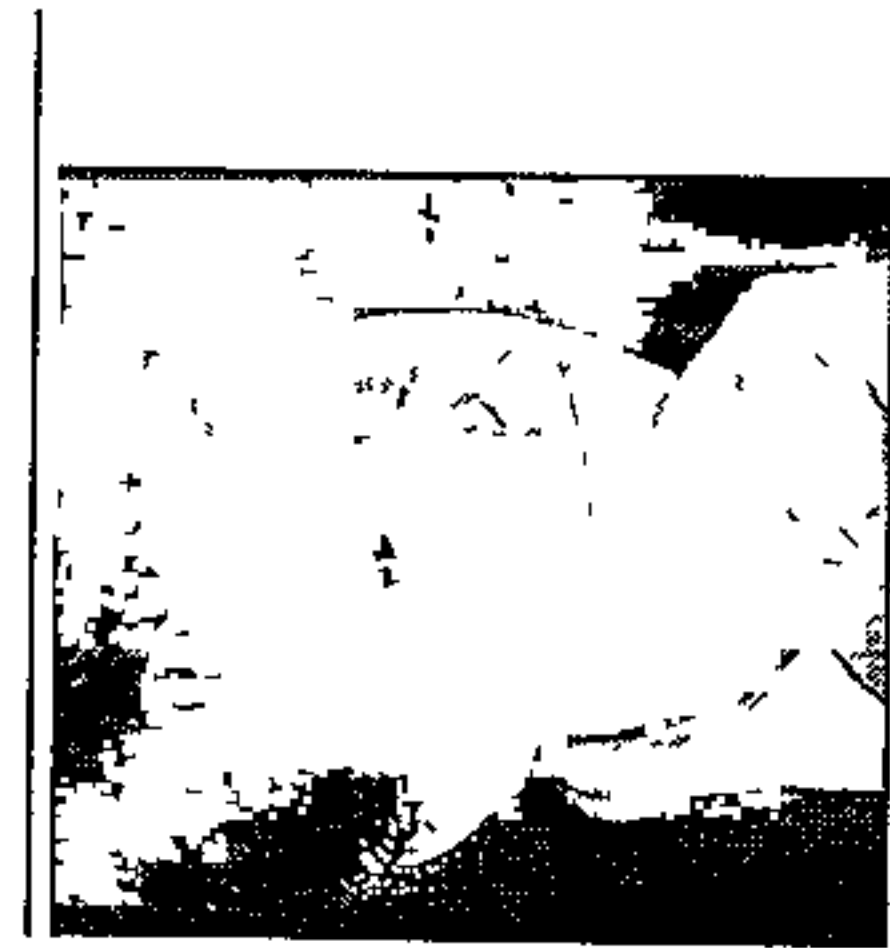
■ Will the department cover its costs from ticket sales?

The price of tickets varies. So far 20 000 have seen the show and R118 000 has been made.

The proceeds go to the department.

■ See breakdown of costs elsewhere on this page.

Aids play row raises serious questions about ANC's commitment to



PARLIAMENT REVIEW

By Patrick

Bulger

Health Minister Nkosazana Zuma finally made an appearance before Parliament's portfolio committee on health but this was very much a case of too little too late. An appearance that should have paralleled the strengths of Parliamentary democracy did exactly the opposite. It was only one of several developments last week that have raised serious questions about the commitment of the ANC to the democratic process.

It was obvious to all observers who attended the meeting that ANC MPs had been primed to refrain from asking anything that resembled a probing question. It was left to Mike Ellis of the DP, Patricia de Lille of the PAC and Willie Odendaal of the NP to carry the torch for the Parliamentary process.

Zuma lectured the meeting about the scourge of Aids, but, of course, the horse has already bolted and the Aids play controversy is no longer a health issue - it is about accountability and the squandering of public money. Of course, the media was to blame for all this. Journalists dutifully sat through the proceedings, faithfully recording the slander directed at them. Even the committee clerk joined in the abuse of the media, officiously refusing to hand to journalists the papers that were being referred to by the participants until the end of proceedings. It hardly helps to heap calumny on the media for its so-called reluctance to document the proceedings of parliamentary committees when some jumped-up pen pusher refuses to provide the most meagre assistance.

The same day the National Assembly was asked to debate, as a matter of public importance, the Aids play scandal. The ANC surprised itself on this occasion, childishly passing a motion of support in Zuma and commending her Aids-fighting efforts. The European Union was less impressed - it issued a statement saying it was not told that its money was being used for a play and that strict budgeting procedures appear to have been ignored.

That was the one controversy in Parliament last week. The other was ANC MP Tony Yengem's remark to the effect that whites had stolen what wealth they had from blacks. Regardless of the merit of the statement, it was sad to realise that beneath the talk of reconciliation there lurks a deep well of resentment and envy.

Also troubling was the Afrikaner Volkstaat Council's appearance before the Constitutional Assembly's deadlock-breaking committee. The VC said it had studied the options available to Afrikaners and had come to the conclusion that a 10th Afrikaner province was the only viable solution available to Afrikaners. None of the parties was impressed by the VC's performance, but it is worrying that at this late stage of constitution making, central issues remain unresolved. With just over two months to go before the cutoff date for the adoption of our new constitution, the so-called Afrikaner and Zulu questions remain substantially untackled.

One important piece of legislation to emerge from Parliament last week was ANC MP Carl Niehaus' Correctional Services

Amendment Bill which seeks to bypass the constitutional provision on the jailing of children. Last year Parliament passed a law saying children awaiting trial should not be jailed but rather confined to "places of safety" pending their trial and conviction or acquittal. Predictably, the NP government bequeathed South Africa a crime problem of massive proportions but, unfortunately, no places of safety. So the Niehaus bill makes jailing possible, but the law will only be on the statute books for a year until places of safety are built. Then it can be renewed for another year.

What other legislation did emerge last week, was all of a fairly minor nature. Instead, enormous effort is going into constitution making and, with the exception of the Budget, the constitution will

the democratic process
(92) Star 4/3/96

take up more of the MPs' time and effort in the weeks ahead.

Parliament's joint committee on intelligence continued its investigation behind closed doors into allegations that senior police officers, including National Commissioner George Fivaz, are being spied on. The committee issued a statement saying it intended getting to the bottom of the matter and would be taking evidence from, among others, the technicians involved.

Also behind closed doors was further work on the Government's National Growth and Development Strategy which aims to harness government, the trade unions and the private sector in an effort to bolster the economic growth rate and start providing jobs. Deputy President Thabo Mbeki is involved in this effort, as

is Deputy President FW de Klerk. While the initiative has been generally welcomed, the fact that it is being devised in secret away from the public eye appears an odd decision and it is difficult to grasp just what purpose the secrecy is serving. But if secrecy is needed to get the trade unions in particular to put the national interest before the interests of its members and their attendant union bureaucracy, then maybe it is for the better.

On the lighter side of things, ANC Senate chief whip Bulelani Ngcuka launched an attack on Parliament's catering, arguing that the food was "disgusting". DP MP Douglas Gibson asked "do you expect Mount Nelson catering for R7,25 a day?" Personally, I found the comment a little inappropriate given the millions without the prospect of jobs and food.

Aids workers furious over 'Sarafina II'

Now Women's League join the fray

Play placed workers' credibility at risk and swallowed future state funding.

The content and message are incorrect, says angry chairman of Friends for Life

Spar 4/3/91

By **JANINE SIMON**
Medical Correspondent

Aids workers say the health department's controversial R14.2-million Aids play Sarafina II has put their credibility at risk, swallowed future state funding, and compromised their ability to raise money from other government, international and private sector sources

Chris Avant-Smith, chairman of Johannesburg-based Friends for Life, is one of the few among the estimated 170 organisations working in the field willing to go public on their boiling anger and disappointment over the glibly musical

Others, like the National Association of People Living with HIV and Aids have reserved comment until seeing the play or, it seems, are too wary of losing state funding to speak out
Avant-Smith said lack of con-

sultation and autocratic decision making was the most worrying aspect of the department's approach

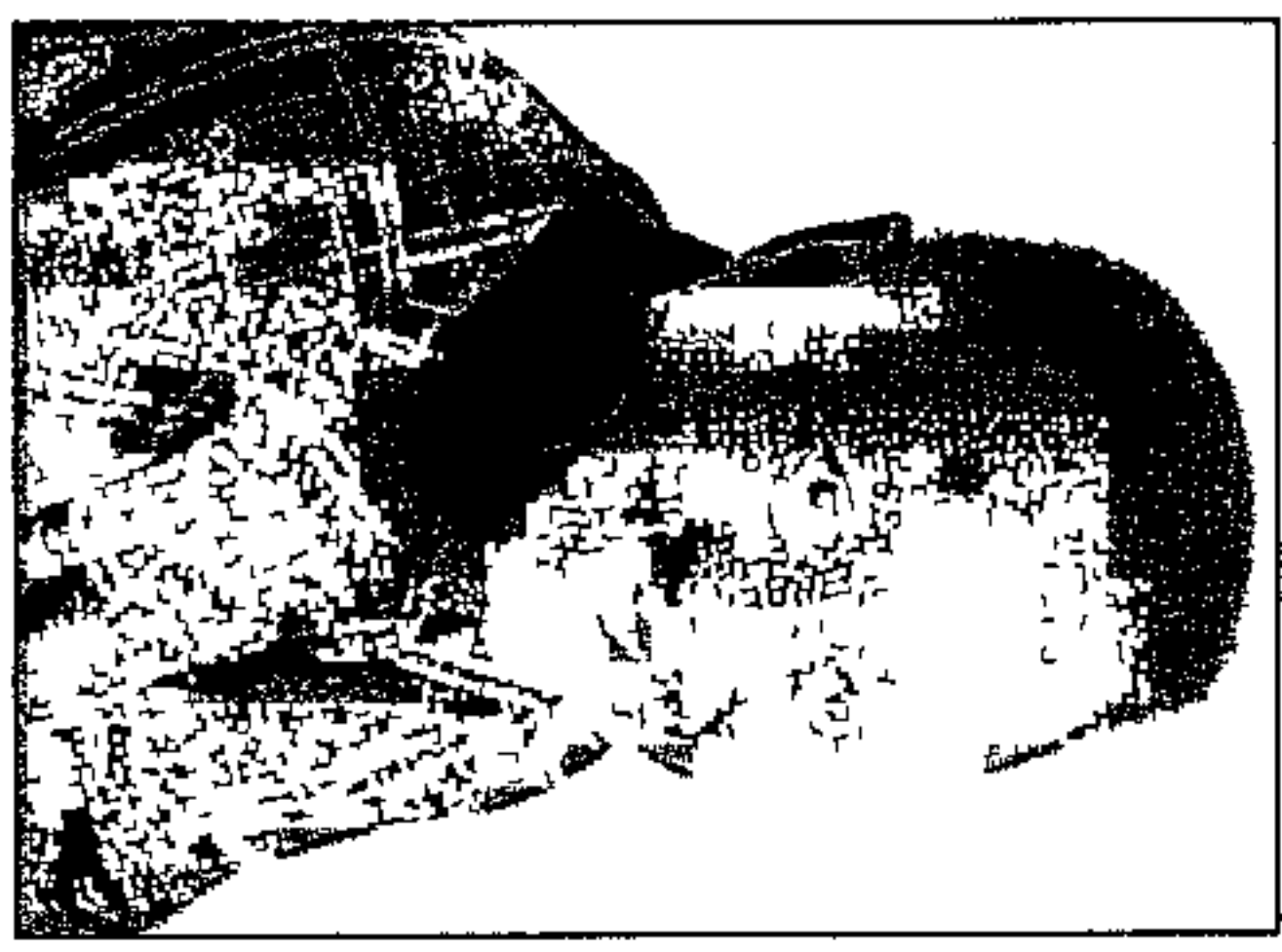
Many organisations had the infrastructure and credibility to have created the play, Mbongeni Ngenama had neither

The gagging of people working in the National Aids Programme and the department - including Aids activists and people with HIV recruited into those offices - was a "Verwoerdian" approach delivered in climate of apparent transparency, he said

"In the highly political Aids field, one of the things we are getting right is networking and consulting properly

"By all accounts, the content and message of Sarafina II is incorrect, and contrary to everything we are trying to do and promote," he said

Avant-Smith said most Aids organisations were doing grass-



Mbongeni Ngenama ... man at the centre of the controversy.

roots work in education, care and support, and offering resources for the uninfected. They worked with very low human and financial resources as the health department had only recently made

funding more accessible

Friends for Life, he said, had been running for more than four years, and received its first state grant of R65 000 for basic running costs only late last year

"We were hoping it would be annual, but this doesn't seem likely now," he said

Avant-Smith said minister Nkosazana Zuma was steeped in grassroots HIV and Aids work, but seemed out of touch with, for example, the fact that Aids workers earned per month the R2 000 Sarafina II stage hands earned a week

People wanted her to clarify expenditure, and the stream of contradictory reports on the play, he said

Sarafina II had infectious music and rhythm, but concentrated on the theme of death and appeared to indicate that only promiscuous people were at risk of contracting HIV, according to Karen Stone, of

the Aids Law Desk at the Pretoria-Mantzburg branch of Lawyers for Human Rights.

Stone saw the first production of the play, and says there have been substantial changes since then.

But, she said, the original script showed the lack of consultation with Aids service organisations

The original script centred on the subjugation of women, and treated this as normal, she said

"The role of women in the fight against Aids is complex for the very reason that women were not sufficiently empowered but are most susceptible to contracting the virus," Stone said

The play should also accord the role of teachers and nurses more respect.

They were portrayed very differently from the way in which one would anticipate them to be portrayed in such a production

Cape Town - The ANC Women's League decided this weekend it would send a memorandum to President Nelson Mandela about the controversial Aids play Sarafina II

Announcing this yesterday at the end of a three-day ANCWL conference in Bellville, near Cape Town, the league said it had agreed further discussions should take place about the matter within the organisation

Asked whether the weekend discussion on the issue had been lively, league deputy president, Thandi Modise, said "women are lively and Aids is a matter of concern to all of us"

Lulu Xungwana, executive committee member for training and development, added the league felt that, following reports of irregularities, the play should be stopped pending investigation

The league had full confidence in the integrity of Health Minister Dr Nkosazana Zuma and was confident any investigation would clear her name. Modise added that Zuma was still a member of the league. - Sapa

Mandela faces ANC call on Aids play

□ *Women's League breaks rank over Sarafina*

Political Staff and Sapa

PRESIDENT Mandela faces a call from within the ANC today for a full inquiry into the Aids play, *Sarafina 2*

It comes from the ANC Women's League, which met over the weekend, and will be the first such call from inside the party

Until now, the organisation has shown a united front in offering unconditional support to Health Minister Nkosazana Zuma and rejecting demands for a full-scale public inquiry

President Mandela, the ANC caucus, the national assembly and the portfolio committee on health have all backed Dr Zuma on the issue

Although Mr Mandela is visiting Mali and other West African countries, the Women's League resolved yesterday to deliver its memorandum to him today

The league, which ended its three-day conference in Bellville yesterday, said it had

(92) ARG 4/3/96
agreed that further discussions should take place about the matter within the organisation

Asked whether the weekend discussion on the issue had been lively, league deputy president Thandi Modise said "Women are lively and Aids is a matter of concern to all of us"

Lulu Xingwana, executive committee member for training and development, said the league felt that, following reports of irregularities, the play should be stopped pending investigation

If the allegation about R1,1 million of unauthorised health department spending was true, criminal investigations should be instituted immediately

The league had full confidence in the integrity of Dr Zuma and was confident any investigation would clear her name

Ms Modise said Dr Zuma was still a member of the

league and had only resigned from the executive

The league had not felt Dr Zuma should be taken away from her busy schedule of other commitments to attend the league conference

Meanwhile, the league said it had discussed its priorities following the Beijing Conference on the Rights of Women. These included

- Reproductive rights and women's health
- Promotion and empowerment of women in decision-making and leadership positions
- Violence against women
- Networking
- The ANCWL as an instrument of peace

In his address to the league's meeting, Deputy President Thabo Mbeki reiterated the government's commitment to the implementation of the Beijing Platform of Action

More than 150 league members attended the weekend conference. — Sapa

SARAFINA 2 CONCERNS TO BE RAISED

ANC women express support for Zuma

(92)

CT 4/3/96

HEALTH MINISTER Dr Nkosazana Zuma has the support of the ANC Women's League in the Sarafina 2 row — but her top officials do not. Health Writer **ANEEZ SALIE** reports.

THE ANC Women's League has full confidence in the Minister of Health, Dr Nkosazana Zuma, but not in her top officials, over the R14-million Sarafina 2 controversy, it emerged at a press conference yesterday.

The league has broken ranks with its "mother body" the ANC, which swept aside a host of unanswered questions over the musical last week and dismissed a groundswell of objections.

The women's stand is also at odds with the ANC Youth League, which endorsed the ANC's position at the weekend.

At the end of a three-day meeting at a Bellville hotel to form a plan of action to realise the goals of last year's UN Women's Conference in Beijing, the women declared yesterday they would

ensure that further discussion took place within the ANC.

They would also forward a Sarafina 2 memorandum to President Nelson Mandela, who expressed his support for Zuma on Friday after receiving a report from her

League leaders, including its head, Mrs Nomzamo Winnie Madikezela-Mandela, would not elaborate on their concerns over the musical, saying they would only raise it within the ANC.

But spokeswoman Ms Thandi Modise added "We have full confidence in the Minister of Health."

That sentiment did not apply to senior officials in the health department, she said.

The most senior health civil servant is director-general Dr Olive Shisana, who has been at the centre of the row, but who has

escaped much of the media attention as it focused more on Zuma.

The chairwoman of the National Assembly Portfolio Committee on Health, Dr Manto Tshabalala, also attended the press conference. She initially summoned Zuma to appear before the committee to answer criticism about Sarafina 2 when answers from her officials were not forthcoming.

At the weekend, Mr Jacob Zuma, who is chairman of the ANC in KwaZulu-Natal, blamed "professional noisemakers" for the Sarafina 2 debacle.

The KwaZulu-Natal ANC said it wondered "whether this hullabaloo is because both the minister and the artist involved are black and the play is targeting the poorest of the poor, who are black."

● The parliamentary health committee meets today and there may be a parliamentary snap debate on the controversy about the funding of Sarafina 2, our Political Staff reports.

Public protector to probe Aids play controversy

THE Public Protector had agreed to the Democratic Party's appeal for an investigation into the ministry of health's Aids musical row, DP health spokesman Mike Ellis said.

"The Democratic Party is concerned that the support given to Health Minister Nkosazana Zuma and her department by President Mandela and Deputy President Mbeki means that there will be no judicial inquiry into the matter and it will be allowed to die," he said in a statement today.

The days of government cover-up belonged to the past and if the government was not prepared to risk embarrassment by conducting its own investigation, "then it is important that some other body do so". (92)

African National Congress leaders and the rank-and-file have come out in support of Dr Zuma, who is under fire from opposition parties for her department's R14 million Aids musical, Sarafina 2. — Sapa

ARG 5/3/96

Mbeki supports Health Minister

DEPUTY President Thabo Mbeki has joined President Nelson Mandela in supporting Health Minister Nkosazana Zuma, who is under fire from opposition parties for her department's controversial R14 million Aids play *Sarafina II*

Speaking at Tuynhuys in Cape Town on Monday after talks with an Austrian trade delegation, Mbeki said he had not yet seen a report from the African National Congress Women's League calling for an internal party probe into the matter

"In the event that there is anything untoward in the handling of the funds, then the law must take its course," Mbeki said, reiterating his party's support for the embattled minister

At a conference in Cape Town at the weekend, the ANCWL expressed full confidence in Zuma, but questioned the role of senior officials in the health department

It resolved that discussions about the play should take place within the organisation and a memorandum

would be forwarded to Mandela on Monday

Mandela had yet to receive the memorandum, his office said last night

Mandela has rejected opposition calls that Zuma be sacked and the play be the subject of a full-scale public inquiry

Asked how he would have reacted to the controversy, Deputy President FW de Klerk said "Check my track record" - Sapa

(92)

semetan 5/3/96

Aids play cover-up claims 'insulting'

(92) Star 6/3/96

Cape Town - The insinuation by the Democratic Party that President Nelson Mandela and Deputy President Thabo Mbeki were engaged in a cover-up in the funding of the Aids awareness play *Sarafina II* was viewed in a serious light, their offices said in a joint statement last night.

The DP, the Pan Africanist Congress and the National Party have called for an independent probe into the funding of the Health Department's R14-million musical.

Public Protector Selby Baqwa would investigate the matter and his report would be tabled in Parliament, his office said earlier yesterday.

Mandela and Mbeki's offices said both men were briefed about

the concept to use theatre as a vehicle to raise Aids awareness. Both accepted and supported the principle and gave their blessing to the project.

Following allegations of irregularities in awarding the con-

No objection to Protector's probe

tract for *Sarafina II* to playwright Mbongeni Ngema, Health Minister Nkosazana Zuma instituted an internal inquiry.

To enhance the credibility of the inquiry, she asked for the participation of the Auditor-General

The statement said contrary to DP fears, Mandela, Mbeki and Zuma had no objection to the Public Protector conducting his own investigation.

"For the DP to insinuate that there is an attempt at a cover-up .. is insulting and must be dismissed with the contempt that it deserves," the statement said.

DP health spokesman Mike Ellis said earlier yesterday the party was concerned that the support given to Zuma by Mandela and Mbeki meant there would be no judicial inquiry into the matter.

He said if the Government was not prepared to risk embarrassment by conducting its own investigation into the matter, "then it is important that some other body do so". - Sapa

Protector to probe Sarafina 2

BD 6/3/96 (92)

Wyndham Hartley

CAPE TOWN — Pressure from opposition parties has resulted in public protector Selby Baqwa opening a probe into the R14m Sarafina 2 affair

Baqwa's office yesterday confirmed he believed it was in the public interest that the allegations surrounding the spending of R14,2m on an AIDS education play be investigated

The DP, the PAC and the NP, after being briefed by Health Minister Nkosazana Zuma and her director-general Olive Shisana in Parliament's health committee, all called for the public protector to launch an independent investigation

In a later debate in the National Assembly the DP's Mike Elhs called for Zuma to be suspended and for President Nelson Mandela to appoint a judicial commission of inquiry. The ANC has put its weight behind Zuma

Elhs said yesterday there was the fear that with Mandela's and the

ANC's support for Zuma the whole matter would be allowed to die. It is understood that he flew to Johannesburg to present Baqwa with the detailed DP complaint. Baqwa's report, after the investigation, will be tabled in Parliament

Zuma came under renewed fire last week over the Sarafina 2 AIDS education musical when she claimed that the European Union, whose money was used for the production, was informed. But the EU denied it knew about the production

Questions have also been asked about R1m of the money which cannot be accounted for. Producer and playwright Mbongeni Ngema has been paid about R9m of the R14m approved by health officials

The ANC Women's League on Sunday called for an internal investigation. While expressing confidence in Zuma, the league said the remaining money should be frozen until an internal investigation had been completed

Masondo comes to Zuma's defence

Sowetan 6/3/96
By Glenn McKenzie

ANYONE who had misused funds earmarked for Mbongeni Ngema's controversial Aids play *Sarafina 2* should be prosecuted to the full extent of the law. But Health Minister Nkosazana Zuma should not be "crucified" for commissioning the play.

This was the message yesterday from Gauteng MEC for health Mr Amos Masondo.

Masondo, who joined the fray surrounding the R14,7 million Aids play, said the Gauteng government fully supported the play.

"I believe that hiring professional actors to convey a positive message about Aids can have a very profound impact indeed," said Masondo.

Masondo said the controversy surrounding the play was "probably inevitable", but added that he did not believe Zuma had "any bad intentions, and had not been involved in day-to-day dealings of the play".

Various Aids organisations, political parties and even the ANC Women's League have expressed reservations about *Sarafina 2* and have questioned its effectiveness in spreading the message about the disease.

Zuma has consistently defended the play and said it was paid for with funds from the European Union.

However, EU officials have said no portion of their funds to the Health Ministry had been earmarked to be used for the play.

Sarafina 2 will have its premiere in Gauteng at Eyethu Cinema in Soweto on Friday and will run until the end of March.

The production is also expected to tour Daveyton, Mamelodi, Atteridgeville, Shoshanguve and Sebokeng in the coming months.

Since December, the play has been touring KwaZulu-Natal.

The play must go on - despite outcry

□ But Durban Playhouse re-negotiates contract of Sarafina director

The Argus Correspondents

DURBAN - The Playhouse Company (PC) is re-negotiating its contract with controversial playwright Mr Mbongeni Ngema, whose lavish spending of public funds on Sarafina 2 has sparked an outcry

In spite of the dark cloud over Sarafina 2, the cast were in high spirits during a rehearsal with Mr Ngema, but refused to talk to reporters

Mr Ngema said "So what about it? I'm too busy to waste my time with this. The show is going on. We're on our way to perform in Soweto this weekend."

The cast left rehearsals at about 7pm and Mr Ngema sped away a shortly after in his silver grey sports car

The office of South African Public Protector Mr Selby Baqwa has announced it will investigate the Ministry of Health's R14,2 million allocation to the musical

This follows an appeal for an investigation by the Democratic Party after its earlier calls for a judicial commission of inquiry were dismissed by President Mandela.

The protector's report would be tabled in parliament once the investigation was complete, said a spokesman for Mr Baqwa

The play, which has generated a storm of protest even although it has not been staged for a month, will return to the spotlight at the weekend when it is performed in Soweto

The Department of Health's spending on the play has been slammed for costing R9 million to date, while only earning R118 000 from ticket sales at 36 performances, representing 1,3 % of the cost

This means 163 people on average have attended each show, a figure lambasted by theatre critics as "shocking"

Playhouse Company chief executive officer Mr Johann Zietsman confirmed Mr Ngema's contract was being re-negotiated to give both parties "more freedom"

This comes amid growing criticism of the PC's failure to distance itself from its musical director whose extravagant lifestyle with a luxury sports car and Kloof mansion has drawn a lot of attention to the internationally acclaimed playwright and his Committed Artists company

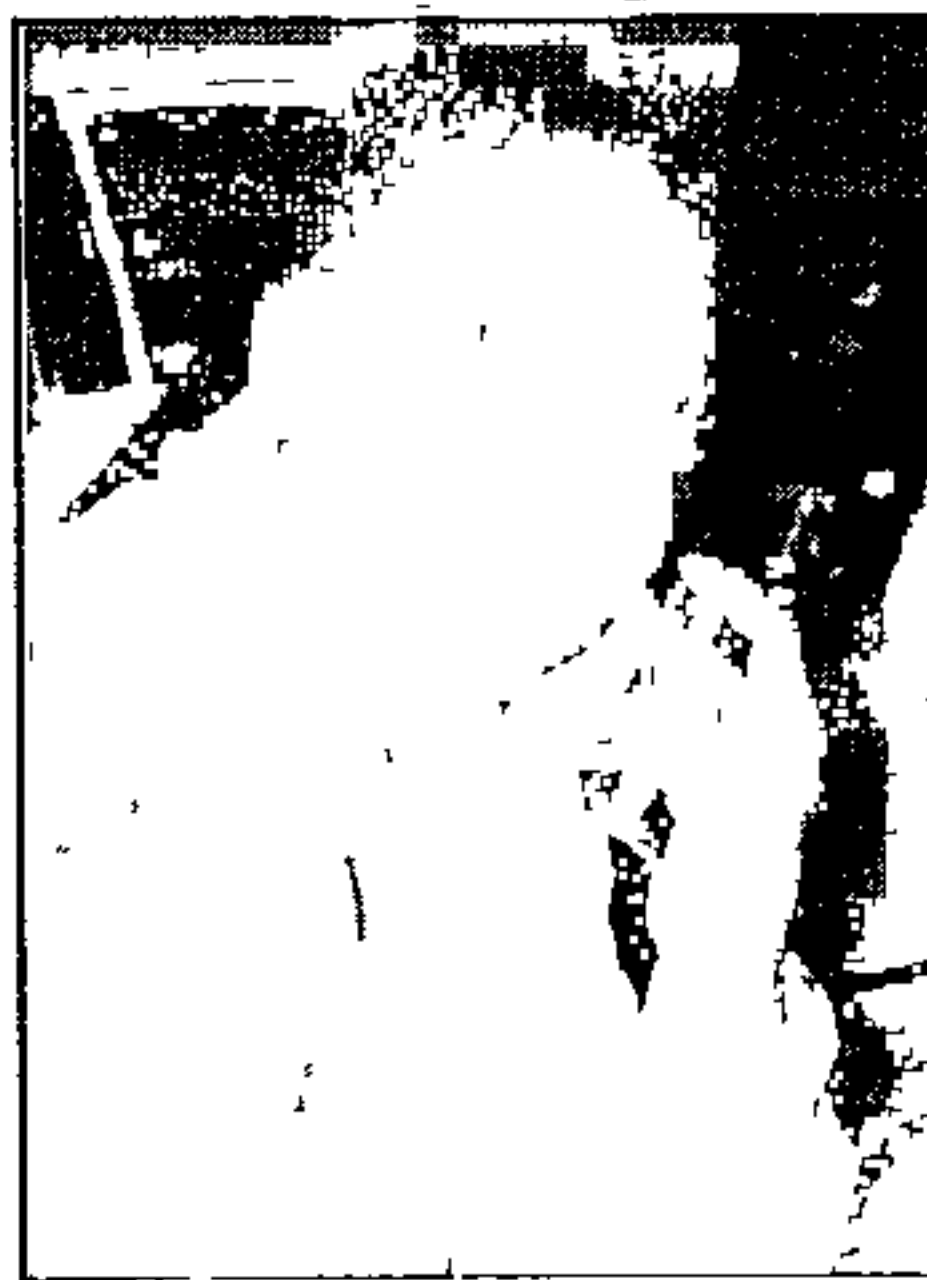
Durban Metro acting mayor Mark Lowe, who previously suggested Mr Ngema should be suspended, has called on the playwright to make a donation to the PC

"The PC is in a very difficult position. Mr Ngema's flashy lifestyle, the public perception is that he is making a packet out of the Playhouse. I'm not saying this is fact.

"This is how it appears. And I doubt the ratepayers will sympathetically view putting a few million rand into the Playhouse in light of this. The tragedy is that the artists will suffer," he said.

Earlier this week, Mr Zietsman confirmed the PC was going through difficult financial times and would appeal for a budget increase

Last year, the company



CENTRE OF CONTROVERSY

Mbongeni Ngema seen at rehearsals for Sarafina 2.

received a R3,5 million council grant

Despite rumours that patrons were about to withdraw donations because of Mr Ngema, Mr

(92)
Zietsman said the company was happy with the playwright's performance as a director

"It's not a question you can answer yes or no. We are happy with the exposure and profile he has brought in an area where we were lacking."

Mr Zietsman said the PC could not comment on the Sarafina 2 debacle because it had nothing to do with the company

"What can we say except that there is nothing to say? There is a purely perceptual association. We are not guilty by association."

"He hasn't done anything wrong as far as the PC is concerned. He is doing lots of private work, his contract allows him freedom to do that. No doubt I would like him to spend more time on PC business."

"We are re-negotiating his contract to reflect both our needs. His current contract doesn't reflect that freedom," he said. ARG 6/3/96

Sarafina 2's sad legacy

ET 6/3/96 (92)

THE party bosses in the ANC have done their best to put a lid on the simmering *Sarafina 2* controversy — but the manner in which the matter was handled is likely to have negative repercussions, both at home and abroad, for some time to come.

One of the unwelcome spin-offs of the affair will be damage to the brand of democratic practice in Parliament that has been taking root and showing promising signs of flourishing during the past two years.

Another will be a further deterioration of the image of politicians among taxpayers and members of the public in general.

A third will be a growing leering among overseas governments, institutions and international donor agencies to provide much-needed assistance to South Africa.

The effect that the handling of the Aids play controversy will have on the mind-set and behaviour of parliamentarians might be difficult to gauge at first but it has set the stage for an insidious erosion of the democratic culture that has been so heartening to observe among this nation's first batch of popularly elected parliamentarians.

Examples of the ruggedly independent role that MPs and Senators were determined to play included the refusal of the ANC caucus to be pushed around, bullied or dictated to by the executive when it came to issues such as the sitting of Parliament.

When the Cabinet tried to muscle in on this issue during the early days of the government of national unity, the ANC caucus made it clear that it would not take instructions from or accept decisions made by the executive on what was essentially a matter for the legislature or the Constitutional Assembly (comprising the National Assembly and the Senate).

MIDWEEK POLITICS



ANTHONY JOHNSON

The determination of MPs to serve what they perceived to be the public interest — as opposed to following or sucking up to the executive — was also clearly evident in the myriad multi-party portfolios and select committees in Parliament.

A number of the committees, particularly those with live-wire and intelligent chairpersons (Foreign Affairs, Finance, Public Accounts, Mineral and Energy Affairs, for example), set the tone by adopting a pro-active, interventionist and watchdog stance towards government.

They played a leading role in setting agendas, shaping debates and making a constructive contribution to policy formulation and better governance.

The feeling among, particularly, the new intake of MPs and senators was that they should jealously defend their turf or face the danger of becoming rubber stamps of the executive — as was the case during the apartheid era.

There was also the sense, particularly in the majority party, that the newly-elected politicians included a large proportion of highly tal-

ented, experienced and opinionated individuals. As such, it would be short-sighted and wasteful to frustrate public representatives by insisting on a rigid conformity in toeing the party line.

Indeed, in many cases there was no clearly defined party line and MPs were given the opportunity of using their expertise to play a creative and active role in formulating policies, calling officials to account and ensuring that taxpayers' money was judiciously spent.

At one point, the Parliamentary Health Committee appeared set to continue this tradition when the Minister was summoned to clear up a growing number of questions that had arisen in the public mind about *Sarafina 2*.

But after a fateful meeting between the Minister and the President and his inappropriate intervention in the matter, the party bosses ensured that the ANC closed ranks behind the Minister in a bid to save her and her officials from possible embarrassment.

In other words, the narrow interests of the party and its senior representative in the executive were placed above those of MPs in service of the public interest.

The public, already browned off with politicians, if recent surveys are anything to go by, will also not be impressed by the fact that pleas for an independent probe into the spending of more than R14 million on *Sarafina 2* have fallen on deaf ears.

The international community, and the European Union in particular, will be alarmed that, once again, large sums of money have been spent on projects in South Africa without, it would seem, proper authorisation from, and auditing by, donors.

Taxpayers' money remains taxpayers' money.

Sarafina: Health Department admits it did not meet EU funding requirements

MEDICAL CORRESPONDENT

The Department of Health admitted yesterday that it had not met European Union requirements in allocating R14,2-million (\$3,7-million) in aid funds to Mbongeni Ngema's controversial national Aids play *Sarafina II*.

This emerged from a meeting between Director-General Dr Olive Shusana and health department officials and a European Commission delegation in Cape Town on Tuesday.

Shusana said in a statement

that a communication problem had led to a "misunderstanding of funding procedure" on the department's side.

Measures were being taken to deal with the problem, including requesting the EC provide copies of revised instructions for managing their programmes in South Africa.

Shusana had also proposed an independent management committee within her department on European Commission funding, with representatives from non-governmental and community-

based organisations and an internal auditor.

The department would work with the EC to improve communication, and meet monthly to discuss programmes.

The EC delegation reiterated its full support for Zuuna.

The ministry has also welcomed the announcement by Public Protector Sam Bagwa that he would conduct an investigation into the allocation of EU funds to *Sarafina II*, and promised full co-operation.

The Association of Law Soci-

eties (ALS) said in a statement yesterday that the powers and functions assigned to the Public Protector were designed to provide an independent investigative mechanism to instantly terminate and defuse further debate and unnecessary mudslinging.

All opposition parties in Parliament have criticised the extravagant budget for the specially commissioned play.

In Gauteng, DP spokesman for health Jack Bloom labelled MEC Arnos Masondo's statement supporting Zuuna "disgraceful" and a

slap in the face for the province's Aids directorate, which was working on an entire budget of R14-million to act on priorities such as lifeskills education, provisions of condoms and care

The Aids Consortium, which represents more than 100 of the 170 organisations active in the field, has called for an independent commission of inquiry into the play, saying it was morally indefensible to waste resources in a country which could not provide adequate treatment and care for all people with HIV/Aids

922 Star 7/3/96

EU's AIDS funding 'misunderstood'

Bonile Nggivaza

BD 7/3/96 (92)
THE health department admitted yesterday it had "misunderstood" funding procedures in the 1994 HIV/AIDS contract between it and the European Union, citing a breakdown in communications

This followed a meeting in Cape Town on Tuesday between health director-general Olive Shisana and department officials, and a European Commission delegation

In an effort to rectify the situation, Shisana had asked the commission to provide the department with copies of revised instructions which it was developing from management programmes in SA, the department said

Shisana had also proposed establishing an independent management committee on European Commission funding to ensure transparency and accountability in the department. This would include representatives from non-government organisations, community groups and the department

The ministry also welcomed the public protector's investigation of AIDS play Sarafina 2, and promised full co-operation in the matter. An internal inquiry into Sarafina 2's finances had been instituted and there was already co-operation between the department and the auditor-general

Continued on Page 2

Sarafina 2 (92)

BD 7/3/96
Continued from Page 1

In a bid to improve communication, the department said it had been agreed to have monthly meetings with the European Commission delegation to discuss programmes

Meanwhile, the AIDS Consortium — including more than 100 organisations involved in the field — also called for an inquiry into the play. The inquiry should investigate the allocation process, the amount allocated, the content of the play and its effect, and report "fully and publicly on its findings". In a country which could not provide adequate treatment and care for all who had HIV/AIDS, it was morally indefensible to waste resources

Although the consortium was committed to the national AIDS plan and supported the use of drama and other cultural vehicles in AIDS education and prevention, it believed the amount allocated in this instance was a "gross misjudgment of priorities". It said Health Minister Nkosazana Zuma's response to the controversy threatened to undermine the credibility of the directorate's "many excellent initiatives" and of AIDS service organisations

Gauteng DP health spokesman Jack Bloom lashed out yesterday at provincial health MEC Amos Masondo's "disgraceful support" for Zuma, saying it was incomprehensible in the light of last week's admission in the Gauteng legislature that the province had not been consulted about the play

Comment: Page 18

Sarafina about-turn

□ From Page 1

92
7/3/96

"Secondly, she has proposed to establish an independent management committee on European Commission funding in the Department of Health which will have representatives from non-governmental organisations, community groups, an auditor based in the department and departmental officials to ensure transparency and accountability".

The department will work with the Europeans to improve communication, and will meet them monthly to discuss programmes.

It added that the Europeans had reiterated their full support and commitment to the efforts undertaken by Zuma and her department in addressing the needs of the people of South Africa in the health sector.

Meanwhile, Mr Mike Ellis, DP health spokesman and leading member of the parliamentary health portfolio committee, said he was astonished by the department's admission that it had made a mistake.

"The admission now, one week after the matter had been raised in the portfolio committee, only raises speculation as to what other matters the committee was misled about," Ellis said.

"Would the department have admitted anything unless unremitting pressure had been placed on them by the DP, in particular, as well as other political parties and the media?" Ellis asked.

"Moreover, the statement in no way addresses the other very important matters that need answers, such as the extravagant budget, the missing R1,1m, the lack of accountability, the effectiveness of the play itself, etc."

Ellis said the admission heightened the need for an urgent and full investigation into the matter.

"There can be no doubt that heads must roll over this entire issue, and the director-general herself should be the first to go."

● A third investigation may be held into Sarafina 2 debacle

The Office of the Public Protector has launched a probe, and yesterday it was disclosed for the first time that Zuma had instituted an internal inquiry.

Sarafina 2 a mistake, says government ⁽⁹²⁾

ARG. 7/3/96

□ European donors assured

The Argus Correspondent

JOHANNESBURG. — The Department of Health has admitted it had not met European Union requirements in allocating R14,2 million in aid funds to Mbongeni Ngema's controversial anti-Aids play *Sarafina 2*

This emerged from a meeting between director general Olive Shisana and health department officials and a European Union delegation in Cape Town on Tuesday.

Dr Shisana said in a statement yesterday a communication problem had led to a "misunderstanding of funding procedure" on the department's side.

Measures were being taken to deal with the problem, including a request to the EU to provide copies of revised instructions for managing its programmes in South Africa

Dr Shisana had also proposed an independent management committee within her department on European Union funding, with representatives from non-governmental and community-based organisations and an internal auditor.

The department would work with the EU to improve communication, and meet monthly to discuss programmes.

The EU delegation reiterated its full support for Minister of Health Nkosazana Zuma

The ministry has also welcomed the announcement by Public Protector Sam Baqwa that he would conduct an investigation into the allocation of EU funds to *Sarafina 2*, and promised full co-operation.

The Association of Law Societies (ALS) said in a statement yesterday that the powers and functions assigned to the public protector were designed to provide an independent, investigative mechanism to instantly terminate and defuse further debate and unnecessary mudslinging

"The public and minister should be able to draw comfort from the fact that the matter is being investigated independently, without fear or favour," the statement said

Govt admits mistake on funding of Sarafina 2

ANEEZ SALIE
HEALTH WRITER

IN A dramatic about-turn yesterday, the Department of Health admitted a mistake had been made about European Union funding for Sarafina 2, despite previous denials.

The Democratic Party is now demanding that heads roll, starting

with health director-general Dr Olive Shisana.

Besides the funding error, transparency and accountability had also been lacking, the department admits.

Both Shisana and Health Minister Dr Nkosazana Zuma had insisted that the European Union had known of, and approved, funding for the controversial R14,27m Aids musical — even

after the EU issued a statement to the contrary.

They had also maintained that they had undertaken the necessary consultation with civil society, particularly the Aids sector, despite denials from that quarter.

The department released a statement yesterday in which it revealed a meeting had been held in Cape Town

on Tuesday between the European Commission and departmental officials headed by Shisana.

"It was established that there was a misunderstanding of funding procedures on the (health) department's side, which were due to communication problems," the statement said.

Shisana declined to comment on the statement. Asked to comment on

DP calls for her dismissal she said "I am not responding, thank you."

To deal with the problem, the department said "Firstly, Dr Shisana has requested the European Commission to provide the department with instructions which they are developing for management of their programmes in South Africa.

Turn to Page 3



HEADS MUST ROLL: DP wants Dr Olive Shisana fired



Disquiet grows over ANC's disregard for

Sarafina fiasco highlights dangers of one-party rule, writes Political Reporter Mondli Makhanya

Whenever independent commentators bemoan the absence of a strong and effective opposition in South Africa, ANC leaders and activists are quick to retort that this role is being adequately filled by vigorous debate and divergence of opinion within the ruling party.

But the party's arrogant behaviour regarding the granting of a very generous fee of R14-million to playwright Mbongeni Ngema for an anti-Aids play has highlighted the dangers inherent in a democracy with one powerful party.

Both the ANC as a party and Health Minister Dr Nkosazana Zuma have behaved in a manner reminiscent of the peak years of National Party rule, scorning public opinion and closing ranks to protect a beleaguered colleague.

In the kind of democracy South Africa professes to be, Zuma should have at least been censured by President Mandela and the national legislature. Instead, Zuma, backed by the ANC hierarchy, spent a week avoiding public scrutiny by dodging Parliament's health committee. In the meantime the party whips forced party dissidents to toe the line so that by the time Zuma appeared before the full health committee there was never any chance that there would be a real inquiry. The committee hearing turned into a sham as ANC members closed ranks behind Zuma.

lion had already been spent. The figures made some startling reading: R10 000 a month for an administrator, R4 000 a month for secretaries and R1 500 a week for members of the cast. Fixed costs included R50 000 for a photocopying machine, R45 000 for a colour printer and R120 000 for telephones. And another R200 000 was spent on "security equipment" and a R300 000 budget for the services of two security guards.

All this extravagant waste of money in a country in which, according to Zuma's statistics, up to 500 people will be dying of Aids daily by the year 2005.

It was left to the NP, itself tarnished by decades of corruption and incompetent governance, and the Democratic Party, the whitest party next to the Freedom Front, to carry the fight forward.

The ANC's publicity machinery imme-

diately exonerated Zuma, saying she had ensured that "the resources of our country are used in a cost-effective manner in the fight against Aids". The organisation wrote off as the pursuance of "narrow interests" the opposition's attempts to get to the bottom of the matter.

What Zuma and the ANC are failing to grasp is that the furore surrounding *Sarafina 2* is not only about balancing the books and accounting for every cent spent. The main bone of contention is that R14-million of public money was given to Ngema without consultation or proper tendering. And the play has a chance of reaching only a fraction of potential Aids victims.

The public is asking why money which was meant to aid the fight against the killer disease should be spent boosting the career

of actors, employing security guards and hiring secretaries to make copies on expensive machines. Most of the country's health MBCs, who would have appreciated a portion of the R14-million to add to the stretched budgets in their own provinces, were not even consulted about Zuma's grand project. Neither were the hundreds of community-based organisations and non-governmental organisations with proven records in the anti-Aids war. Operating on shoestring budgets, these organisations have developed effective campaigns which have included low-budget stage plays performed in dilapidated township halls and puppet shows in remote rural areas.

If Ngema's play fails to teach us anything new about Aids, it will have taught the public to be ever vigilant about putting too much power in the hands of one party.

(92) Star 8/3/96

NKOSAZANA ZUMA AND SARAFINA 2

NO CURTAIN CALLS

(92) FM 8/3/96

The ANC's attempted cover-up of Health Minister Nkosazana Zuma's ill-conceived Aids awareness play, *Sarafina 2*, is collapsing

The ANC Women's League has broken ranks, accusing the play of being racist and calling on President Nelson Mandela to mount an internal ANC inquiry into the matter. And the Public Protector, Advocate Selby Baqwa, has agreed to investigate following a formal request from the DP on Tuesday.

It is the first inquiry involving a Cabinet Minister to be undertaken by the Public Protector. It will start immediately and Baqwa, who had been considering initiating the inquiry of his own accord, says he may ask the Auditor-General's office to assist. The DP is also demanding that Zuma resign for allegedly misleading parliament by stating that the European Union (EU) had agreed to fund the R14m musical. The EU maintains the project was never discussed.

It is more than a week since the controversy erupted and the EU continues to deny knowledge of a report which Zuma claims was sent to it last year providing details of *Sarafina 2*. If the report exists, why has Zuma not produced it?

It is not enough that the President says he is satisfied with Zuma's personal explanation. As a public official, she is accountable to the electorate which is clamouring for answers. While expressing faith in Zuma's integrity, league deputy president Thandi Modise says the play is unlikely to have an impact on Aids and could be handled more effectively by community drama groups.

To target only black township youth

also appeared "racist" and many in the league want the play halted.

Zuma is still a member of the league despite being one of 11 national executive members who resigned in February 1995 in protest against the leadership of Winnie Madikizela-Mandela.

The league is the only ANC group to have voiced concern about the play. ANC backbenchers and health committee members failed dismally to exercise their watchdog role in parliament last week, allowing Zuma and her director-general,

Olive Shisana, to softsoap the R14m debacle. The finesse with which the ANC stage-managed this superficial display of ministerial accountability was itself worthy of theatre.

But the fact remains that R9m of unauthorised donor funds have already been advanced to create a travelling Aids theatre company from scratch, whose production costs (R7,6m) are as

much as double the industry standard.

Of this, about R1m appears unaccounted for and the Department of Health is conducting an internal audit of all expenditure to date. A private auditor is making recommendations "to improve control and efficiency."

Mbongeni Ngema is being paid R300 000 to direct the production. A director normally receives R25 000 for a musical. He is also head of musicals at the Natal Playhouse, whose annual State subsidy is only R21,6m. Had he produced the play in this capacity and made use of existing infrastructure the costs would surely have been slashed, not to mention the mileage that could have been obtained by parcelling the project out to community-based drama groups. (Non-governmental organisations received

R17,5m of the R85m national Aids budget last year. The total provincial Aids budget was about R19m.)

In accordance with the EU's minimum requirements, only three theatre companies were asked to tender. Ngema's Committed Artists, Pact Windybrow Centre for Arts and little-known Opera Africa.

The Windybrow Centre received the invitation by fax just 24 hours before the August 1 deadline and was therefore unable to tender.

Centre manager Ali Hlongwane says "The ministry has chosen the wrong approach. Ngema's orientation is Broadway. He has never been involved in theatre for development or educational drama, which suggests the ministry didn't get proper advice on how to use theatre to address health issues."

Instead, Zuma decided to take Broadway to the townships, forking out about R2m on musicians and stage crew, R1,37m on luxury buses, R1,86m on subsistence allowances and accommodation for cast and crew, and R100 000 on costumes.

Fewer than 5 000 people have seen the play, most free, and it has generated only R118 000 in income. It has been panned by theatre critics.

Zuma says the play is an educational, not profit-making, venture and the youth should judge it, not commentators "who probably don't understand half of it." She denies she has made an error of judgment and says the show must go on. ■



Nurses call for halt to Sarafina 2

ANEEZ SALIE
HEALTH WRITER

CS 8/3/96

IN a further blow to the embattled Aids-awareness musical, Sarafina 2, the SA Democratic Nurses Union (Sadnu) has demanded it be stopped immediately.

The money saved could be used to finance badly needed salary increases for nurses and other medical staff, says Ms Gloria Mnqanqeni, national deputy general secretary of the 1 500-member union, formed in October last year.

At a press conference after a meeting of the union's Western Cape regional executive yesterday at the Nico Malan Nursing College in Surrey Estate, Sadnu also criticised the deployment of Cuban doctors.

They also threatened large-scale strikes if their demand for a 33% salary increase was not favourably considered in the Bargaining Chamber — the negotiating forum between government and organised health workers — among other claims.

It was clear the Department of Health did have money available for decent increases because it had been prepared to spend R14,27m on the Aids play, Sadnu said.

Mnqanqeni said Sadnu supported the Aids education initiative of the Progressive Primary Health Care Network, of which they were part. It reached the community far more effectively than a single play could.

Mnqanqeni said many nurses in primary health care were already doing more than expected of them, and money spent on Cuban doctors should have been spent instead on upgrading their skills and training.

POLITICS The ANC's united front over Sarafina II begins to crack

So who did pay for the Aids play then?

(92) M+G 8-14/3/96

**Jacquie Golding-Duffy
and Justin Pearce**

THE scandal over the *Sarafina II* Aids play is threatening to escalate yet further with indications that the production may not have been financed by the European Union, but by the Ministry of Health.

The development comes amid signs that the united front presented by the African National Congress over the *Sarafina II* affair is beginning to crack, with members starting to question, albeit cautiously, Minister Nkosezana Zuma's handling of the issue.

The question as to who put up the R14.7-million to stage the production has major implications, because if South African taxpayers' money was used, the ministry has blatantly flouted state tendering procedures.

It would raise further questions as to why Zuma attempted to attribute funding to the EU, which has easier tendering controls than the government

The EU maintained its insistence this week that it knew nothing about the project and did not fund it. It pointed out that the play did not feature in its contract for funding of its South African HIV/Aids programme. The EU said it had received no prior request for changes in budget allocations.

But the Health Department sat tight, saying it had "misunderstood" the original 1994 HIV/Aids contract with the EU, and blaming it on a breakdown in communications. The director of the Aids committee in the department, Quarisha Abdool Karim, told the M&G that the money had come directly from EU headquarters in Brussels.

"The EU would never hand out money without seeing a detailed plan first," said an NGO source. "I don't believe there was a plan."

In the first indication that ANC solidarity over the scandal is cracking, the Women's League this week sent a memorandum to President Nelson

Mandela — in his capacity as ANC leader — expressing concern over the Health Ministry's use of the money.

Women's League deputy president Thandi Modise confirmed that the funding had been raised at their summit meeting last weekend and it reflected township sentiment.

The league was worried that the play was aimed only at young people, and that the sum of R14-million was excessive. Participants in the meeting were also concerned about community drama groups which are performing educational plays without the benefit of state funding. Modise emphasised that the women wished to raise their concerns without being seen as a divisive force within the ANC.

Similarly guarded criticism is beginning to emerge from within the ANC's parliamentary caucus, despite the fact that ANC members of the Standing Committee on Health rallied behind the minister last week. Some MPs believe

Zuma was mistaken in allocating the money, but her previous excellent track record in the Cabinet made it inappropriate for them to support the motion originally tabled by the Democratic Party which called for her dismissal.

The matter has been referred to the Public Protector, whose job it is to investigate allegations of government mismanagement which could have a bearing on the public interest. On Wednesday, the Health Department issued a statement welcoming the Public Protector's investigation, and promising the full co-operation of the department and the ministry.

Foreign donor organisations and embassies are closely following the controversy over *Sarafina II*, because of its potential significance for future funding. The German embassy's development division confirmed its ambassador had requested "more information". The embassy said it did not foresee the same problems within its own department. "We have established

monitoring systems to ensure money is specifically used for projects that it was set aside for."

The British development division said it had no concerns and foresaw no repercussions, but was awaiting a report from the EU. It said its own appraisal system was "robust", adding that its development division always agreed on the dispersal of funds beforehand.

A spokesman for the United States embassy, Bruce Wharton, said there were no plans by his government to redirect funding, but they were following the controversy.

The Swedes said they were monitoring developments "very closely" to see "how it's resolved and what mechanisms will be put in place to prevent a recurrence."

The United Nations Development Programme said it eagerly awaited the steps government and the EU would take to deal with the matter.

■ **The director speaks up, PAGE 16**

The show goes on, says Ngema

Star 9/3/96

(92)

By THAMI NGIDI

A defiant Mbongeni Ngema vowed yesterday that his Aids play, *Sarafina II*, would go on despite growing controversy surrounding its R14-million funding.

Ngema arrived in Johannesburg yesterday confidently forecasting "another successful *Sarafina* run".

All eyes will be on Soweto's Eyethu cinema this weekend. This afternoon there will be a preview for schools. The official opening of the Soweto run of the play is tomorrow at 3pm.

Attendance figures during the Durban run in January averaged 163 a show.

A dress rehearsal planned in Soweto yesterday was cancelled without any reason being given. Ngema refused to speak to the press.



Mbongeni Ngema

Ngema has promised to ride the storm, "as he has before"

"I taught myself to play the guitar as a teenager and went on to become probably the most successful playwright ever to come out of South Africa

"Everything I know about theatre today I have picked up from the street and fused with

my own experience

"I have worked hard for the money I have today. But people act as if, before the R14-million (from the Health Department), I did not have a cent in my pockets. People will forget anything if it suits them."

Victor Sibeko, spokesman for Committed Artists (Ngema's company), said media reports had not dampened spirits in the *Sarafina II* camp. But he added Ngema was angry and disappointed at the way the media had handled the issue before knowing all the facts. "We might have been quiet through it all but that doesn't mean we're stupid."

The country's Public Protector announced this week that his office would investigate the musical. And the Department of Health said it would not comment until the investigation had been completed.

Another successful Sarafina run, boasts playwright

THAMI NGIDI
Own Correspondent

DURBAN — "The show will go on", a defiant Mbongeni Ngema said following the controversy over the R14-million funding of his Sarafina 2 Aids play

Ngema took his young charges to Soweto yesterday with a forecast of "another successful Sarafina run", saying he would respond at length to the many accusations "only after three weeks".

All eyes will be on Soweto's Eyethu Cinema — and in particular attendance figures which at previous performances have averaged about 163 a show — following the continued furore over the show's funding.

This week Ngema was putting his young charges through their paces at a hall in Durban, promising to ride the storm.

"I taught myself to play the guitar as a teenager and went on to become probably the most successful playwright ever to come out of South Africa," he said.

"Everything I know about theatre today I have picked up from the street and fused with my own experience," said Ngema

Referring to reports about his extravagant lifestyle, luxury car and Kloof mansion, he said: "I have worked hard for the money I have today. But people act as if before the R14 million (from the Health De-

partment) I did not have a cent in my pocket

"People will forget anything if it suits them and gloss over facts to make sure their agenda succeeds."

Victor Sibeko, spokesman for Committed Artists, Ngema's company, warned: "Sparks will fly when we provide a full response to the libellous allegations made against Ngema and our company."

He said media reports around the funding of Sarafina 2 had not dampened spirits in the camp, but added that Ngema was "angry" and disappointed at the way the media had handled the issue before knowing the full facts.

Said Mr Sibeko: "We might have been quiet through it all, but that does not mean we are stupid."

Meanwhile, the office of the Public Protector announced that it would investigate the allocation of the R14,2 million of taxpayers' money for the musical.

The Department of Health also announced that it would not comment further on the controversy until after the Public Protector's investigation.

Yesterday the final dress rehearsal, to which guests had been invited, was cancelled at the last minute. No reason was given and Ngema refused to speak to the Press.

However, publicity spokesmen assured the show would go ahead as planned today.

Health department silent on Aids play

Staff Reporter

THE Department of Health, which has come under intensive criticism from the public and media over the Sarafina 2 Aids play for the past weeks, has suddenly clammed up over the issue

In a terse statement released yesterday from Pretoria, the department says "Since the Aids awareness play, Sarafina 2, is now being investigated by the Public Protector, the Department of Health will not issue any further media statement or hold media conferences on the matter until the investigation is completed."

A spokesperson for the Department of Health in Cape Town explained that the temporary ban on Press statements and conferences was in deference to the work of the investigators

He said, "We feel it is better to present all the information we have about Sarafina 2 directly to the Public Protector, rather than through the media."

The probing of the controversial Aids awareness project comes after reports that a substantial percentage of the millions spent on the controversial play could not be accounted for in a preliminary probe by the ministry of health.

Last week, the African National Congress gave Health minister Nkosazana Zuma a vote of confidence. President Mandela subsequently gave his support to her.

But the ANC Women's League disagreed and said transparency, accountability and good governance demanded that the matter be discussed further within the ANC.

HEALTH AND DISEASE - V. D.

1996

MAY ← JULY

Aids pushes coffin sales up in Zim

AIDS has made coffin-making a big business in Zimbabwe
Caskets come in varied shapes and sizes made from all kinds of cut-rate materials. Some models can even be folded for easy transportation by bus to funerals in distant tribal villages

Sellers offer bargains next to roadside kiosks. Cut-price coffin stores have sprung up with brightly painted advertising signs *Rowan 2/5/96*

Putting aside its simple furniture, the main workshop for mentally handicapped trainees in Harare now makes rough caskets using donated materials

"The demand is very high. That's why you find everybody is into the business. That's why we are part of it," said Stephen Ncube, the workshop manager

Zimbabwe's biggest conventional funeral parlour says it opened eight new branches around the country to cope with increased demand for burials in the past five years

Regular coffins sell for about R480. New styles made from reject timber, cardboard packaging material or framed canvas start at around R96

The collapsible coffin, a shroud on a sturdy wooden frame folds into a small bag - *Sapa-AP*

5/11/95

The struggle continues — to provide for more Aids patients

Governments are short of money for treatment or even education campaigns

Star 2/5/96

92

By Angus Shaw

Harare — The skeletal young man with sweat-drenched limbs waited for four hours in the emergency room of Harare's main hospital.

He finally made it to a ward with other Aids sufferers where he spent a few days before being sent home to die.

With him went a leaflet on basic Aids care containing tips for those unable to afford medication, such as sucking tomatoes to soothe mouth lesions.

Zimbabwe's state hospitals and clinics offer little else for victims of "mukondombera" — which means "the big kill" in Shona. Aids has spread so far and fast in Zimbabwe that the government resources and medical care cannot keep up.

In a chilling example of priorities, Aids patients requiring expensive kidney dialysis treatment have been cut off by the government, which has decided it cannot afford to spend scarce health funds on dying people.

The situation is similar in other impoverished African nations where Aids is rampant and governments are short of money for treatment or even education campaigns. Zimbabwe now has the highest infection rate in Africa, partly because horrendous death tolls in Uganda and other spots in central Africa have wiped out many of the afflicted there.

At the end of 1995, nearly 97 of every 100 000 people in Zimbabwe were infected with the Aids virus, the World Health Organisation (WHO) says. The number was 100 in Botswana, 58 in Congo,

49 in Malawi, 45 in Ivory Coast, 33 in Togo, 25 in Kenya, 24 in Guinea-Bissau and 23 in Uganda.

In comparison, the United States had a rate of almost 23 for every 100 000 people.

But health experts stress these figures are based only on reported cases and say African nations grossly understate their Aids cases.

Zimbabwe Health Minister Timothy Stamp estimates that by the end of this year, the epidemic will have killed 270 000 of the country's 10.8 million people.

At least 300 victims die each week, according to official statistics, and the actual figure is believed to be two or three times higher because many people do not disclose they have the disease. By contrast, a little over 800 people die from Aids each week

in the United States, which has nearly 25 times the population.

An estimated 25% of urban adults aged 19-45 have contracted the Aids virus, mostly from heterosexual promiscuity rooted in polygamous African traditions.

Only one personality, David Mankaba of the Bhundu Boys pop group, has publicly admitted he had Aids. On April 6 Vice-President Joshua Nkomo became the first prominent person to announce an Aids death in the family — his son Edward Thutani, (41), a former guerrilla and businessman.

"We need someone like (US basketball star) Magic Johnson to give impact to Aids education," said Helen Jackson, director of Safards, a southern African Aids information service. "Right now, people are frightened" — Sapa-AP

Now taxpayers set to fund 'Sarafina 2' video

92

Star 4/15/96

The Department of Health is to spend more money on the controversial *Sarafina 2* anti-Aids play, but declines to say how much.

This time the money is to be spent on filming the play and capturing it on videotape, and the taxpayer will probably have to foot the bill.

A senior Health Department official said the reason was that the R14,2-million stage-play had

the shortcoming of having a limited impact. Tenders for the videotape project have been invited in the latest State Tender Bulletin.

Deputy director-general of Health Dr Harin Pretorius said in reply to questions that the money for the videotape project was not part of the R14,2-million from European Union funds, that had been used for the play itself. He declined to say how much

had been budgeted for the videotape project, saying this kind of information should not be available to tenderers.

Pretorius said the project would probably be funded from taxpayers' money, although negotiations were taking place with possible donor organisations, which he did not identify. He said the idea behind the videotape project was that although the play had a certain

educational value, its impact was limited as a stage play. Videotapes could be used for much wider applications.

They could be used in conjunction with lectures and could be made available to the private sector.

Pretorius said the amount of money to be used on the videotape project would be known only once the successful tender had been approved.

'Sarafina 2' a long way from success of 'Soul City'

(92) Star 6/5/96

By JANINE SIMON
Medical Correspondent

The Health Department's plan to video *Sarafina 2* may help the R14,2-million Aids play break into mass circulation, but the production has a way to go to catch up with the galloping success and value-for-money of the health and development TV and radio series *Soul City*.

According to weekend reports, tenders to commit Mbongeni Nge-ma's controversial stage play to video closed on Saturday.

Deputy Director General for Health Dr Harm Pretorius would not reveal how much had been budgeted for the videotape project, but said the funds would probably come from taxpayers money, or possibly donors.

Sarafina 2, now in recess for the department to improve its message, had limited impact as a stage play, he said. Videotapes could be used for much wider applications, at various venues at the same time, and in conjunction with lectures.

The R8,2-million *Soul City 1*, by contrast, had Aids/HIV as an important sub-theme throughout its 13 TV episodes. The impeccably researched TV drama series was first flighted in 1994 and is to be re-screened this month as part of the build up to the July launch of the

R16-million *Soul City 2*

Soul City 1, which had maternal and child health as its major theme, was linked to a radio drama series, serialised in newspapers country-wide at their own cost, and underpinned by a careful PR and advertising strategy.

According to its R400 000 evaluation by the Community Agency for Social Enquiry (Case), the series reached over 8 million people and

**13 TV episodes
cost R8,2-m
as opposed to
Sarafina 2's
grand R14,2-m**

46,8% of adult black South Africans. Amps data indicated the series also had substantial audiences among the under-15s and other population groups.

The radio series reached a total of 20% of all radio listeners. Of its audience, 44% were rural listeners, one in 10 of whom had no formal education and more than a third of whom had only primary school education.

Close to a million people changed their behaviour as a result of the various *Soul City* media pro-

grammes, and 87% of all who had seen, heard or read it said they would use the health information they had learned, the report said.

According to project manager Dr Garth Japhet, *Soul City* began with the philosophy that it should be a prime-time, multimedia programme which worked as a partnership between media and interest groups.

Topics were identified in collaboration with health and development experts throughout the country.

They were researched first by a thorough review of the literature and the messages developed by consultation with interest groups, and in focus group work and workshops.

Top writers collaborated from the early stages and were then commissioned to develop compelling characters and plots into which the messages could be woven. Draft scripts were tested before being approved.

HIV and Aids is to be one of the major themes for the *Soul City 2* series, and the Health Department has given R5-million to fund the series from its HIV/Aids budget.

The total budget will cover 2,25 million copies of three 32-page health education booklets based on themes in *Soul City 1* and 2, a new 13 episode TV series, a 45-episode radio drama to be broadcast in at least 8 languages, and a R2-million PR and advertising programme, Japhet said.

HIV virus makes fastest progress in Gauteng

Kathryn Strachan

20 7/5/96 (92)
THE health department's latest annual HIV survey showed that 10% of the country's population was HIV-positive, with the figure at 18% in KwaZulu-Natal, health sources said yesterday.

In Gauteng the HIV infection rate has risen to more than 12% — double the figure of a year ago. The doubling rate for the rest of the country is 15 months. This means the HIV infection rate is increasing more quickly in Gauteng than anywhere else in the country, including KwaZulu-Natal, and that the province's infection rate could soon outstrip the rest of SA.

In Richard's Bay, KwaZulu-Natal, up to 40% of people in certain age groups are HIV-positive.

Last year's survey showed an average infection rate across the country of 7.4%. The annual survey, which is to be released officially in a few weeks' time, is based on figures from tests carried out in antenatal clinics.

Asked to comment on the latest statistics, Alexander Forbes AIDS consultant Clive Evian said the results were in line with expectations. The progression of AIDS would rise steeply for the next three to four years, he said.

"The results are as expected because there has been no change in conditions," said Evian. "The socioeconomic situation is the same, mass education about AIDS is still being ignored and informal settlements are still springing up everywhere.

Evian said the incidence of AIDS in KwaZulu-Natal did not mean it was "worse" than other provinces. The progression of the disease there was simply a year ahead of other provinces.

Sarafina II video tenders spark controversy

BD 8/5/96

(92)

Jacqueline Zaina

CONTROVERSY over AIDS play Sarafina II flared again this week as it emerged that the health department had given film producers less than 10 days to compile bids to produce a video of the play

The department, which at the weekend issued tender documents with a May 14 deadline, refused to comment yesterday. It said previously the video would be funded from the public purse.

Producers said the bidding process was ridiculous, given the deadline and the stipulation that producers should secure music rights from all the play's musicians and separate contracts from all its artists as part of the bid. The

department, slammed earlier for pouring R14,2m into Mbongeni Ngema's stage play, had not said how much it had to spend on the video or asked bidders to detail production costs.

Leading film and television production company Creative Media dubbed the tender process a "total farce". Partner Paul Myburgh said "Everything about the tender process indicates the department is just paying lip service (to offering the work publicly)". The music rights "obviously" already lay with some party, or the play could not have gone ahead, he said.

Film producer Melanie Stewart doubted whether the department could make a judgment based on the information it was requesting. It had not

asked for a breakdown of costs which meant it had no idea where the money would be spent. A screenplay was normally created for approval by the client before finalising the budget, she said.

A draft was usually provided and financiers often set a budget at the outset. This tender required the successful bidder to script the stage play, break it down into a screenplay and arrive at a quotation without having the screenplay approved.

The tender system did not allow for budget changes should the state wish to change the screenplay.

Another firm said it suspected the department had identified a production house and merely put out the tender to compare its cost.

Ante-natal study reveals increased HIV in Gauteng

(92) Star 8/5/96

Infection rate of sample group – pregnant women attending clinics – shows figure has doubled to 12,3% and health workers fear it is in rapid-growth phase

JANINE SIMON
Medical Correspondent

The HIV infection rate among women at ante-natal clinics in Gauteng has risen to 12,3% – double the figure of a year ago, and the largest percentage increase in the country, the health department's annual HIV survey has shown.

Countrywide, 10% of women at ante-natal clinics were HIV positive, up from 7,57% recorded in last year's study, a health source confirmed yesterday.

The infection rate in KwaZulu Natal is now 18,23%, up from 14,35% last year, but the rate of infection appears to be

slowing. The Northern Cape also recorded a significant increase in the rate of HIV infection, from 1% last year to 5,34% now. Epidemiologist and medical director at Thebe Integrated

Figures may be deceptive as HIV rate is lower in men

Health Services, Dr Malcolm Steinberg, said that if the doubling rate in Gauteng was 12 months, it could be inferred that the epidemic in the province was in the phase of 'rapid' in-

crease. "If we look at KwaZulu Natal figures, where the rate of infection appears to be slowing, the Gauteng infection rate has the potential to go much higher," he said.

In Africa, where risk factors and economy were similar, the infection rate plateaued at between 20% and 25% of the sexually active population, he added.

Ante-natal surveys are regarded as a good indicators, but are not exact statistics of the HIV infection rate. Real figures could be slightly lower, as the HIV rate is higher in women than in men, and the sample is, by definition, of sexually active people only.

Receiver of Revenue offices, employees of Inland Revenue undergo functional training at decentralised training centres in Bloemfontein, Durban, Johannesburg, Cape Town, Port Elizabeth and Pretoria. These courses include training in

Accountancy 1, 2 and 3
Income Tax 1, 2 and 3
Value Added Tax (VAT) 1, 2 and 3
Cash Hall
Registry
Employees Tax (PAYE) and recoveries
Inspections

Communication

Over and above the normal day-to-day training, special emphasis has been placed on training the personnel of former homelands and TBVC states. The table as at 12 March 1996 indicates the number of staff trained from 1992 to 1996. See annexure

Computer courses as well as training to managers of the former homelands and TBVC states are presented by the Manpower Development section
Management training and development courses are also presented to personnel at all levels

(English version not furnished)

Opleiding TBVC- en Selfregerende State

Binnelandse Ipkonste

12-03-1996

Diensstaat	Studente 1996*	Studente 1995	Studente 1994	Studente 1993	Studente 1992	Total
Bophuthatswana	153	72	61	62	—	195
Ciskei	80	60	52	25	8	170
GatZinkulu	33	36	38	10	18	121
KaNgwane	0	0	—	1	1	3
KwaNdebele	#14	3	—	1	5	20
KwaZulu	104	120	175	185	96	576
Lebowa	68	44	5	3	14	133
Qwaqwa	#7	0	2	2	7	13
Transkei	127	96	64	—	—	160
Venda	58	58	33	19	35	165
Total	644	489	430	308	196	1 504
	75,93%	66,77%	47,83	30,43%	12,58%	

* Op drie maande periode gebaseer (na n jaar geprojekteer)

Hierdie kantore word gerationaliseer en word by groter sentrums ingelyf

Aids cases

73 Mr M J ELLIS asked the Minister for Health
How many Aids cases were identified in each of the provinces in (a) 1994 and (b) 1995?

N153E

THE MINISTER FOR HEALTH

Province	1994	1995
Eastern Cape	251	150

Province	1994	1995
Western Cape	84	40
Northern Cape	73	1
KwaZulu/Natal	1 606	625
Free State	421	322
Gauteng	80	10
Mpumalanga	186	109
North West	255	113
Northern Province	228	102
Total	3 184	1 472

The reason for such a variance for 1995 is that the data is collected by voluntary and anonymous AIDS reporting and the figures are a gross understatement of the true situation. The figures for 1995 are new cases and are not reflected in 1994.

From a public health point of view there is little value in making AIDS notifiable as it reflects behaviours of 5 to 8 years before. From health planning point of view it is important to have AIDS data. This data should be collected from sentinel hospitals and clinics. Such an initiative is already in the planning process.

A copy of the antenatal HIV prevalence rates is given below.

Statistics

(As of October/November 1994)

Overall prevalence = 7,6% ie out of 1 000 people tested, 76 were found to be infected with the HIV

Provincial prevalence

KwaZulu/Natal	14,4%
Mpumalanga	12,2%
Free State	9,2%
North West	6,7%
Gauteng	6,4%
Eastern Cape	4,5%
Northern Province	3,0%
Northern Cape	1,8%
Western Cape	1,2%

The doubling time is approximately 12 to 15 months

Total number of infections = 1,2 million

Estimated number of infections by Oct/Nov 1995 = 2 million

Schools: fraud

80 Mr A J LEON asked the Minister of Education

- (1) Whether any investigations have been concluded into any schools which do not physically exist but which have been registered as schools for the purpose of defrauding money from the Department of Education, if so, (a) which schools and (b) in each case, what (i) amount of money was involved and (ii) action was taken,
- (2) whether any investigations have been concluded into schools where the number of

pupils registered at the school exceeded the number of pupils physically attending the school, if so, (a) which schools were involved and (b) in each case, (i) how many pupils were falsely registered, (ii) what amount of money was defrauded from the Department of Education and (iii) what action was taken? N160E

THE MINISTER OF EDUCATION

- (1) The Education Departments of North West, Gauteng, Free State, Western Cape, Northern Province and KwaZulu-Natal indicated that there is no evidence of schools within their jurisdiction which do not physically exist, but which have been registered as schools for the purpose of defrauding money from their Departments of Education.

The Mpumalanga and Eastern Cape Education Departments indicated that investigations have been initiated to answer both questions (1) and (2) but that these investigations have not yet been finalised.

Northern Cape Education Department indicated that no investigation has been concluded

- (a) Falls away
- (b) (i) Falls away
- (ii) Falls away

- (2) The Education Departments of North West, Gauteng, Free State, Western Cape, Northern Province and KwaZulu-Natal indicated that no schools within their jurisdiction exist where the number of pupils registered at the school exceed the number of pupils physically attending the school

Since the Mpumalanga and Eastern Cape Education Departments' investigations have not yet been finalised, these departments could not respond to this question. Northern Cape Education Department indicated that no investigation has been concluded

- (a) Falls away
- (b) (i) Falls away
- (ii) Falls away
- (iii) Falls away

Officials duck
questions about
Aids' play video

92
BY JANINE SIMON

Medical Correspondent

Straw 10/5/96
The Health Department is ducking questions about its plans for a video of the *Sarafina 2* stage show and tender procedures are being slated as a whitewash by producers interested in making the video about the causes of Aids.

The department said in a statement yesterday "We are not in a position to give specific answers to questions dealing directly with the *Sarafina 2* video. It is one of the many tactics we have identified to achieve Aids awareness and education objectives.

"We are also not in a position to respond to queries about tender specification and related matters, at least until the process has been finalised."

The R14,2-million stage play was slated by Aids experts for its poor content.

The State Tender Board has sent out more than 200 documents to potential tenderers. The closing date is 11am on Tuesday.

Those who received tender documents, which requested submissions for a 90-minute video in English and located in Soweto, have slammed the process.

"It's a window dressing," said documentary maker Peter Frense. "In 12 days I would have to obtain the rights to the music, which probably rest with (Mbongeni) Ngema, and negotiate a contract with each member of the cast."

"The production has probably been given to someone long ago, and tenders sent out knowing no-one can comply."

While a video could be more effective than a play, it would cost up to R50 000 to rewrite the script for filming, he said.

Aids: Grim forecast for Malawi

(92) ARG 11/5/96

BLANTYRE - The World Bank estimates that by the year 2010, two million Malawians will be infected by the HIV virus that brings on Aids

In a report on the economic and labour implications of the epidemic, the World Bank - backing Malawi's economic reforms - says 350 000 children will be orphaned by the same year

Malawi, with a population of 10 million, has 225 000 Aids

cases. Due to the effects of Aids, the country's GDP is expected to decrease by 10 percent by 2010

"The epidemic will also have a negative impact on per capita income, productivity and labour," the report said

The bank recommended that the central African state develop a comprehensive health project to ensure effective participation by the community, which would help reverse the trend - Sapa-AFP.

Almost 2 million in SA have HIV infection

Nearly 2 million South Africans were infected with the HIV virus at the end of last year, according to research figures released by Health Minister Dr Nkosazana Zuma at an ANC media briefing in Midrand yesterday.

This means that 4,3% of SA's population has the virus. KwaZulu Natal and Mpumalanga were the hardest-hit provinces with an 18,23% infection rate each, reflecting an increase from 14,35% in KwaZulu Natal and 12,16% in Mpumalanga in 1994.

During the same period Gauteng's infection rate doubled from 6,44% to 12,03% while the Northern Cape's infection rate trebled from 1,81% to 5,34% - Political

Reporter

(92)
Stav 15/5/96

Cautious welcome for new Aids home test kit

ARG 17/5/96

(92)

Trial runs in Texas and Florida

WASHINGTON - The Food and Drug Administration has approved the first-ever Aids home test kit, acknowledging that conditions surrounding the controversial idea have changed substantially in recent years.

"We are confident that this new home system can provide accurate results while assuring patient anonymity and appropriate counselling," FDA Commissioner David Kessler said.

The agency said it was influenced by technological advances in the accuracy of the tests, the availability of more effective therapies for people who are infected but not yet symptomatic, and the public health benefits of having more people know whether they are infected.

"Science and technology have evolved to the point where we believe the benefits of this new product outweigh the risks," Mr Kessler said.

The federal Centres for Disease Control and Prevention have estimated that more than 60 percent of Americans who engage in high-risk Aids behaviour have not been tested.

Until now, all HIV testing was conducted under the supervision of a health professional, either in a clinic or a physician's office.

"Too many Americans do not know their HIV status," said Health and Human Services Secretary Donna Shalala. "Knowledge is power, and power leads to prevention."

The concept - initially rejected by the FDA six years ago - has been hotly debated.

Advocates of the home kits have argued that their availability would encourage testing by more people, thus prolonging or saving lives. Many individuals are reluctant to seek testing from clinics or private physicians, particularly in small towns or rural areas.

Opponents have countered that the kits hold the potential for abuse, such as pressure from spouses, employers or insurers, to submit to testing.

They are worried that the test might also be used by teenagers or children, who might not understand the implications of test results.

Furthermore, they are concerned about the impersonal nature of the process, which does not involve face-to-face counselling.

The product, known as Confide, was developed by Direct Access Diagnostics, a Johnson & Johnson company, in conjunction with Chiron Corp.

Initially, the kits will be available over-the-counter only in Texas and through the mail via a toll-free number in Texas and Florida. They will be available nationwide early next year.

Jeffrey Leebaw, a spokesman for Johnson & Johnson, said the company "wants to move slowly" in introducing the kits because "it's a new product, a serious product, and the company wants experience with it before going into a national launch."

Texas and Florida were selected because "they are manageable size populations, are culturally diverse,

and have a significant amount of Aids and HIV," he said.

The kits will cost about \$40 (R175) retail, he said.

Mary Fisher, the prominent Republican who heads the Family Aids Network, and who is HIV-infected, was among those who in 1994 urged an FDA advisory committee to recommend approval of the kits.

Reacting to the news, she said: "This gives privacy and anonymity for those who need it, and who feel this is the only way they would get tested."

"We are all at risk, and this gives us one more option for prevention."

Aimee Berenson, Aids Action Council's legislative counsel, acknowledged the potential benefits from the kits, but she also warned: "People should not forget all the potential risks. This is not the answer to stopping the spread of HIV."

"The answer is to make sure that we're educating people so they know they're at risk."

Gary Noble, vice-president of medical affairs for Direct Access Diagnostics, said the impetus for testing gained momentum with the development of new treatments that "can increase the quality and length of life" for many infected individuals.

Moreover, "a recent treatment breakthrough reduces the transmission of infected mothers to babies."

Dr Noble was referring to research that has shown that use of the antiviral Aids drug AZT can sharply reduce transmission of the virus from mother to foetus.

The kits contain pre-test counselling booklets about HIV and Aids.

Using lancets enclosed with the materials, the person takes a finger stick blood sample and places it on a designated area of a test card that is pre-coded with a unique identification number.

The card is then mailed in a protective envelope to a certified laboratory for HIV-1 antibody testing.

The lab work is identical to that conducted in other settings. Samples that test positive are retested, and then confirmed with another more specific test.

Seven days later, results can be obtained by calling a toll-free number and asking for results for the identification number supplied in the kit.

If the result is positive, certified counsellors, who speak both Spanish and English, will be connected to callers directly. They will offer local medical referrals, and encourage the caller to seek medical care.

The conversations will be confidential and anonymous.

Negative results will be provided by an automated message, although everyone will be given the opportunity to speak to a counsellor.

Also, all negative test results include an explanation of the so-called "window," which is the period of time between infection and the development of antibodies, usually about a month.

During that time, individuals could test negative even if they are infected - Los Angeles Times

Condoms for inmates

17/5/96

92

HENRY LUDSKI
POLITICAL WRITER

CONDOMS will no longer be taboo for South Africa's 118 000 prison inmates

Prison authorities who have until now stuck to the policy that sex in prisons — and the issuing of condoms — could not be "condoned" or "tolerated", have changed their thinking and reversed the policy, Correctional Services Minister Dr Sipo Mzimela announced yesterday.

He had also accepted a recommendation by a working group on health care services in South African prisons that HIV-positive

and Aids inmates not be kept apart from other prisoners

However, he still had "grave reservations" about this policy given the overcrowding in prisons and the "inherent danger" that it could contribute to the spread of tuberculosis and other infectious diseases

There are 647 HIV-positive and 23 Aids prisoners in South Africa

Mzimela said the distribution of condoms, which is expected to start within the next few weeks, would be done in association with the Department of Health.

The distribution would coincide with a structured counselling and educational programme.

SA to play part in development of gel to prevent HIV

Star 17/5/96 (92)

By JANINE SIMON
Medical Correspondent

South Africa is to play a key role in an international study to evaluate whether a new vaginal microbicide, Advantage 24, can protect women against contracting HIV and sexually transmitted diseases (STDs), UNAIDS has announced.

The World Health Organisation-funded study has excited researchers and is seen as a crucial step

towards finding a protection method which women can control and use without their partners' knowledge or consent.

Current methods of prevention - condoms, safer sex practices and the prevention and treatment of STDs - require the co-operation of male partners. If this were not forthcoming, women were not in a position to negotiate safer sex, UNAIDS said.

Heterosexual transmission of HIV accounts for more than 75% of HIV

infections in developed and developing countries, and women make up 9 million of the 20.1 million adults now living with HIV/Aids, it added.

Advantage 24 was developed by a women's health care company based in Miami, Florida, and contains the spermicide nonoxynol-9 and a bioadhesive gel.

Anyone interested in taking part in the study should contact Mags Beksinska on (011) 933-1228, or Herman van der Walt on (011) 725-6721.

Employees set to lose more as Aids costs business (92)

ARG 18/5/96
STAFF REPORTER

TRENDS to reduce employee benefits are likely to be accelerated by the latest Aids and HIV figures, which show that in the medium to long-term death rates could be four to five times higher than they are now.

Dr Erich Potgieter of Old Mutual Actuaries & Consultants said the latest figures should jolt business and labour into action

The direct implications for employees is that as costs are pushed higher for employers they will see reducing benefits

Potgieter said pay-roll costs of 20 percent could rise to as much as 30 percent as a result of additional benefits costs.

Employers will seek to reduce benefits, particularly of in-service death and disability benefits, which can be as high as six or seven times annual salaries

Health care benefits were already being restructured and reduced with employers moving towards insuring major health catastrophes, while for less serious problems employees would have savings-type accounts on which to draw.

Potgieter also predicts that more sophisticated remuneration packages would be created where employees could choose from a package of options of how they wanted to prioritise their benefits.

For example, they could elect to take greater death or disability benefits but at the cost of reducing health care benefits.

Potgieter said a strategy to deal with Aids in the workplace was urgently needed

The strategy should be based on negotiations between employers and unions with a realistic assessment of its financial, social and human impact

New play in wings as curtain set to close on 'Sarafina 2'

(92) Star 18/5/96

Durban - The Health Department might scrap the controversial Aids play *Sarafina 2* and is looking at other less costly stage works

In Pretoria last week, producer Mbongeni Ngema was given an ultimatum by the department to make substantial changes to the play

But, while Health Minister Dr Nkosazana Zuma's spokesman Vincent Hlongwane said the department believed Ngema would accede to the demand, Ngema's spokesman has said the opposite.

Ngema's R14-million contract to put on the play around the country is scheduled to expire on December 1. While Hlongwane did not want to speculate, sources in the department said the contract would be terminated

Ngema has already received R9-million in two payments, according to Ben Schutte in the office of the public protector - which is investigating the funding of the play

Ngema is due to get the R5-million balance at the end of next month. It could not be established yesterday whether, if the contract was cancelled, he would get the last payment

Ngema is out of the country until next week, but his spokesman Victor Sibeko said it was unlikely Ngema would accede to demands for changes to the play

The alterations would interfere with the "director's own creativity, which is not necessarily understood by people who are not artists" Sibeko argued that the play had sent out a message that the youth could protect themselves against Aids "by choosing God; by waiting for the right person to come along, and waiting until your traditional 21st birthday before having sexual relations"

Sibeko added "They argued there was no story line. We told them that the songs have a lasting impact on their own"

Meanwhile, the department has asked KwaZulu Natal playwright Jerry Pooe to submit a funding proposal to take his recently launched Aids play, *Living Our Lives*, on the road. Pooe said this week the national department's Aids unit had asked him to send the script, a videotape, reviews and written responses of influential people who had seen the play for it to be considered for funding

He would meet the department soon to finalise the submission, and has asked for R500 000 for his play to be staged, initially in KwaZulu Natal for six months

KwaZulu Natal department of health spokesman Dave McGlew said *Living Our Lives* and Pooe were held in high regard by the department. Health MEC Zweh Mkhize said he hoped the play would get the support it deserved - Own Correspondent

'Aids patients face same fight as apartheid victims'

(92)
ANEEZ SALIE
HEALTH WRITER

CT 20/5/96
THE struggle around Aids was much the same as that against apartheid and it would also succeed, Archbishop Desmond Tutu told the 13th International Aids Memorial, held yesterday at St George's Cathedral.

Prejudice, fear, marginalisation, discrimination and dehumanisation had underpinned apartheid — and the same was true of Aids, Tutu told about 300 people.

"We are here to show solidarity and provide support for those who have been pushed to the edge of society, who have been outcast, who are regarded as the untouchables.

"As you can see, Aids is not really the new struggle we have to engage in after apartheid — it is the continuation of it."

Candlelight memorials were held in 270 cities and 47 countries around the world yesterday to highlight the Aids/HIV pandemic.

About two million men, women and children in South Africa have been infected.

The Cape Town event was organised by the National Aids Council of South Africa (Nacosa).

Tutu said he hoped attitudes towards Aids and HIV were changing.

"South Africa has changed. It can be the same for Aids.

"God's dream of a new kind of world of caring, compassion, laughter, joy and justice is becoming a reality. Do not give up hope."

An International Aids Candlelight Memorial and Mobilisation Pledge was adopted at the memorial.

The pledge recognises that Aids is not divine punishment for promiscuity or homosexuality and that those who are HIV-positive or have Aids should enjoy basic human rights.

It demands of all governments a commitment to ensuring that their infected citizens are given comprehensive health care and the latest in Aids medication.

2 000 SA women at risk of HIV to take part in UN project

(92)

ARG 22/5/96

The Argus Correspondent

PRETORIA - A United Nations Aids programme is to include 2 000 South African women believed to be at high risk of HIV infection in an international study of a new gel

The study will assess the efficiency and safety of a product, called Advantage 24, which combines nonoxynol-9, a spermicide with anti-microbial properties, with a bioadhesive gel

Advantage 24 is used vaginally

The Joint United Nations Programme on HIV/Aids (Unaid) emphasised the urgent need for the development of new ways to prevent the heterosexual spread of HIV, the virus that causes Aids

Heterosexual sex now accounts for more than 75 percent of all HIV-infections worldwide

At the same time, the HIV/Aids epidemic is increasingly affecting women and latest figures show

that nearly nine million women are now living with HIV/Aids out of a total of about 20,1 million adults

Efforts to decrease the spread of HIV infection consist primarily of widespread condom promotion, the promotion of other safer sex practices and the prevention and treatment of other sexually transmitted diseases

All available methods for protecting women involve the co-operation of their male partner

This co-operation is not always forthcoming and women in many parts of the world are not always in a position to control or negotiate safer sex, including the use of a condom, said a spokesman

So a key research effort is to develop prevention methods that can be controlled by women and which, ideally, can be used without the partner's knowledge or consent

Aids advice from experts

— they have it!

(92) ARG 23/5/96

Mashadi Mashabela
The Argus Correspondent

PRETORIA - The people running the Department of Health's Aids desk know what they're talking about - at least 10 of them are infected themselves.

The 10, who come from various parts of the country, attended a week's training in Pretoria to help them with their jobs - providing information about the epidemic.

They will be very instrumental in efforts to spread information about the projects from the national office to the provinces, said Prudence Mabele, co-ordinator of the women's desk in the Aids/HIV department.

They will be the national office's link to the provinces.

The department has decided to hire as many people living with Aids or the virus as possible to make people aware that it is possible to be infected and still contribute constructively to society.

A great deal of research is being done at present into how Aids affects women.

The epidemic has caused special problems for women because of their weakness in relationships.

"Increasing awareness of the problem and reducing women's vulnerability is one of our key strategies," said Ms Mabele.

"Stopping the spread of Aids is something I am passionate about because I am also an HIV statistic," she said.

"A focus on gender issues can be used to complement our approach to women's health in terms of HIV/Aids. We have also developed a media strategy that deals with women's health care, like the need for regular mammography (to test for breast cancer), pap smears (to test for cervical cancer) and blood pressure checks.

"We stress the need to speak up regarding one's sexual needs because people have to understand that when you sleep with somebody, you're actually sleeping

with everybody else that the person has slept with," she said.

"The issue of reproductive rights also becomes important. That is why the gender desk wants to ensure that the bill on health includes legislation that gives infected women the right to an abortion, because those with the virus frequently pass it on to their babies."

Pregnant women sometimes had a problem with hospitals after they had been tested positive for HIV, she said. The hospitals were on occasion hesitant to deliver the babies of infected women, which meant the women had to go from hospital to hospital seeking help.

"We have had a problem with black women because they refuse to abort on cultural grounds. In fact 65 percent of them will not abort, even in cases where their illness is really bad," said Ms Mabele.

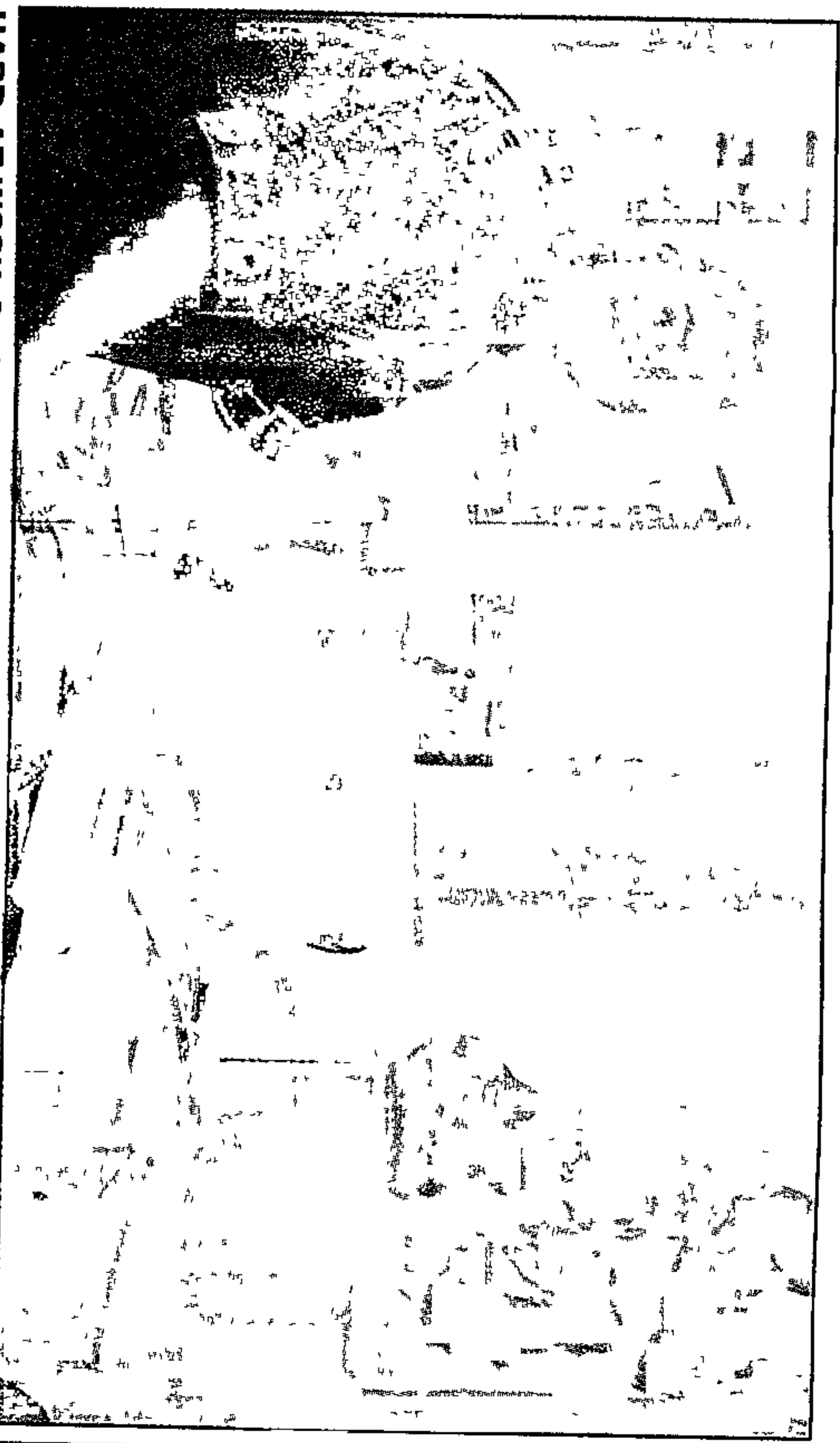
So the task of the HIV/Aids department was to counsel infected women, to make them aware of the financial and emotional costs of having an infected child.

The mothers also needed to know that low Vitamin A levels increased the chance of passing the infection on, and that Caesarian births were preferable to natural births. Bottle-feeding rather than breast-feeding was also recommended.

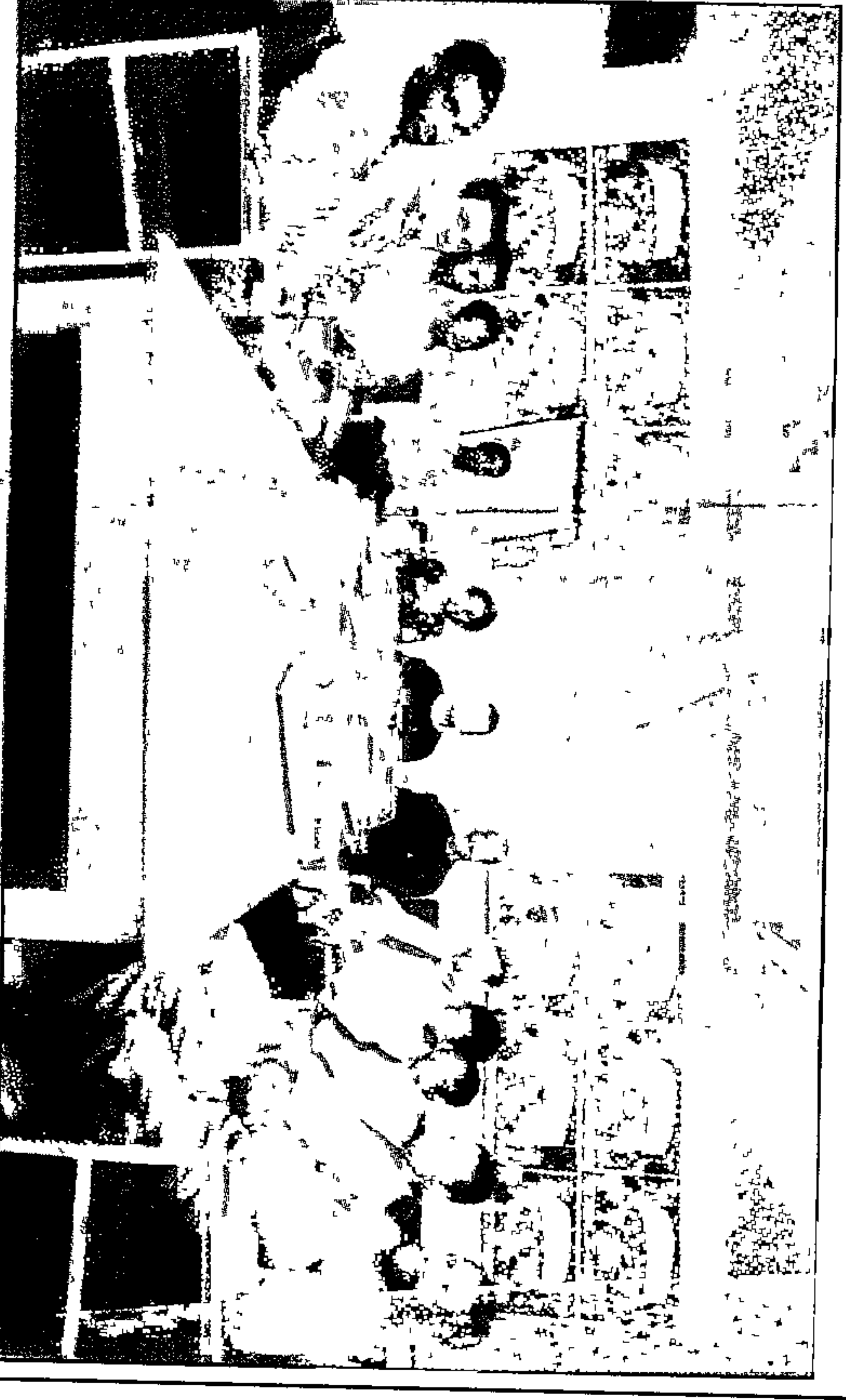
"The gender desk meets organisations like the Women's League and the National Women's Caucus annually to reach rural groups and farm workers," said Ms Mabele.

"While it is well recognised that the prevention of Aids is inextricably linked to sexual behaviour, only recently has the social and cultural contexts that affect sexual behaviour received attention," she said.

But addressing the underlying issues of women's vulnerability to HIV infection required social changes that would take at least a generation. Shorter and medium-term measures were urgently needed.



HARD AT WORK: Prudence Mabele, co-ordinator of the gender desk in the HIV/Aids department of the health ministry



SPREADING THE WORD: Department of Health staff from various provinces who came to the national office on a week's orientation course. From left, Alfred Timba of KwaZulu-Natal, Vincent Veal from Gauteng, Paul Radebe of Gauteng, Elizabeth Mokgobo of the Free State, Gladys Xabanisa of Northern Cape, Sarah Smiles of Eastern Cape, Stefan Victor of Western Cape, Zandile Elson of Eastern Cape, Phillip Brown, project co-ordinator at national level, Etienne Joseph of Western Cape, Joel Mokgosi of Northern Cape and Lawrence Doro from Eastern Cape.

Pictures: Kendridge Mashabela

¹²
Aids in SA could exceed 100 000 by 2000

(92) *STW 27/5/96*
More than 1,5 million people in SA are now estimated to be infected with the HIV virus and there are prospects that HIV infection could reach higher levels than in most other countries. The actual number of active Aids cases will probably exceed 100 000 cases by the year 2000, life assurance expert on Aids Peter Doyle says. — Own Correspondent

Aids crisis takes toll on employers and employees

CT (BR) 28/5/96

(192)

Unless action is taken to resolve the consequences of the Aids epidemic employers face a significant reduction in profitability, while employees will see a substantial reduction in their benefits

Life assurance expert on Aids, Peter Doyle of Metropolitan Life, told the annual conference of the Institute of Retirement Funds in Cape Town that there was no chance of heading off the epidemic in South Africa with more than 1,5 million people now HIV infected

Doyle said the window of opportunity to avoid an epidemic similar to that seen in other sub-Saharan countries had passed.

"Since most Aids cases occur amongst young adults there will clearly be an impact on those in employment"

Doyle said employers could expect the mortality rate to double over the next five years, with serious implications for employee benefits and for profits

The implications on employee benefits from the higher than would normally be expected mortality and disability would be exacerbated because of the generous in-service lump-sum benefits in South Africa, which ranged up to seven times annual salary

Medical schemes and other health care costs would also be affected. The impact of Aids on any particular

employee benefit arrangement would be affected by three important factors. These were: how the risk benefits were structured, who paid for the risk benefits; and was the benefit structure or the contribution rate fixed

Doyle said the issue was further complicated by the new Labour Relations Act, supported by the new Constitution Central to these changes in legislation and the greater focus that would be given by organised labour to the economic struggle, was the "question of discrimination in the work place"

The trade unions were already well aware of the issues, which were brought into focus by the increase in premium rates for the National Union of Mineworkers' fund last year

Doyle said World Health Organisation principles for employment of HIV positive people were likely to be legally entrenched in South Africa

These principles stated:

□ The only criterion for employment was fitness to work,

□ HIV infection did not, in itself, constitute lack of fitness to work,

□ HIV screening for employment was not required; and

□ Employees affected by Aids must be protected from discrimination.

The Labour Relations Act would also make it difficult for employee benefits to be separated from employment

Doyle predicted the HIV epidemic

and the new Labour Relations Act would come "face-to-face over the issue of employee benefits.

The problem was that many of the actions required to ensure financial soundness of retirement funding could be construed as unfair discrimination

However, if some action was not taken, all employees would face a reduction in the level of employee benefits

Doyle said there were a number of options available depending on the structure of the benefit arrangement.

These included. A review and agreed purpose of employee benefits; risk benefit costs had to be capped in some way, basic levels of cover had to be reduced and voluntary top-up cover increased; retirement funding had to be protected from escalating in-service costs; changes to benefits had to be negotiated, professional and objective advice had to be received; and well-structured health care and educational practices in the work-place had to be implemented.

Doyle said until cost-effective treatment for HIV-related diseases became available, most South African employees could expect a continuous reduction in the value of their employee benefits.

It was up to the retirement industry to find creative solutions to escalating employee costs, while not falling into the mire of unfair discrimination.

(9a)
First 'Sarafina 2' play, now the video
Star 29/5/96

Department of Health officials yesterday declined to say how much the department had budgeted for a planned video production of the R14-million Aids awareness play *Sarafina 2*

It also emerged at a briefing for video producers in Pretoria that the playwright, Mbongeni Ngema, would receive additional musical royalties from the video production.

The department's chief director of support ser-

vices, Hugo Badenhorst, yielded to pressure from tenderers who argued that the department's tight deadlines would compromise the quality of the video production. The deadline for the final product was changed to August 31

Ngema said he wished to have the stage play videotaped, using the stage set and costumes. Some 80% of the cast were from Durban and would have to be housed on the

Reef during the production of the video

The briefing was told the 90-minute video was not intended to be distributed abroad or to be aired on public TV, but could be distributed to schools

Department of Health Aids programme spokesman Ria Schoeman said a departmental panel of experts, including a consultant from the video industry, would evaluate the tenders - Sapa

Plan for Sarafina 2 video

ED 29/5/96 (92)
PRETORIA — Health department officials declined yesterday to say how much the department had budgeted for a planned video production of the R14m AIDS awareness play, Sarafina 2.

It also emerged at a briefing for video producers that the playwright, Mbongeni Ngema, would receive additional musical royalties from the video production.

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Ngema said he wished to have the stage play videotaped, using the stage set and costumes. Eighty percent of the cast were from Durban and would have to be housed on the Reef during the production of the video. The briefing was told that the 90-minute video was not intended to be distributed abroad or to be aired on public television, but could be distributed to schools.

Health department AIDS programme spokesperson Ria Schoeman said a departmental panel of experts, including a consultant from the video industry, would evaluate tenders.

Tenderers would be able to attend a production of Sarafina 2 in Mamelodi on Friday. — Sapa.

More money for Sarafina 2

CT 29/5/96

(92)

PRETORIA: Department of Health officials yesterday declined to say how much the department had budgeted for a planned video production of the R14-million Aids awareness play, Sarafina 2

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Sarafina II video questioned ^{BD 30/5/96} 92

IT WAS incredible the health department was moving ahead with plans for a video of Sarafina II before a report of the public protector's investigation into the play was tabled in Parliament, DP spokesman on health Mike Ellis said yesterday.

Ellis was reacting to reports that health officials had declined to say how much the department had budgeted for a planned video production of the R14m AIDS awareness play Sarafina II.

It also emerged at a briefing for video producers in Pretoria that playwright Mbongeni Ngema would receive additional musical royalties from the video production, the reports said.

'Sarafina' video sparks new row

(92) ARG 30/5/96

Public has right to information, says DP

JENNY VIALL
Health Reporter

THE public has a right to know full details of the proposed video production budget of *Sarafina 2*, the R14,2 million Aids awareness play, and questions about the play's effectiveness have to be asked

So says Democratic Party spokesman on health, Mike Ellis, who called the Department of Health's plans for the video "incredible", especially since the Public Protector's investigation into the play still had to be released

The Democratic Party condemned spending more money on the pro-

duction before the Public Protector's report had been tabled

The report, due at the end of April, should be tabled in the next few days

Mr Ellis said "I have every reason to believe that the Public Protector's report will be revealing in all aspects, including the worthiness of the play from an Aids awareness point of view

"Yet the Minister is proceeding with plans to produce a video of it"

He said questions would have to be asked about how much was to be budgeted for the video, who would fund it and who would draw up the budget.

"But the most pertinent question is whether it is all worth it in terms of its effectiveness as an Aids awareness programme, or is it simply feeding the egos of the minister and her director-general who appear to refuse to accept that the production to date has been fraught with problems mainly of their own making," said Mr Ellis

He said the play had, from an Aids awareness point of view, generally been considered a flop

He had indicated to the Speaker that he proposed to request a further debate in parliament after the Public Protector's report was tabled

At a briefing for video producers in Pretoria this week, the Health Department's chief director of support services, Hugo Badenhorst, said the budget would not be disclosed

Playwright, Mbongeni Ngema would be paid a consultant's fee for the production

The video would be in Zulu and English and dubbed into other languages



801

MONDAY, 20 MAY 1996

802

HANSARD
~~DEBATE~~

QUESTIONS

(92)

†Indicates translated version

For written reply

Contracts entered into with certain body/Wits

156 Mr M J ELLIS asked the Minister for Health

- (1) Whether contracts were entered into at any stage with (a) a certain body, the name of which has been furnished to her Department for the purpose of her reply, and/or (b) any research units of the University of the Witwatersrand, if so, for what reasons,
- (2) whether in each case the proper tender procedures were followed, if not, why not,
- (3) whether any other bodies or organisations tendered for these contracts, if so, (a) which bodies or organisations and (b) what was the tendered cost in each case,
- (4) whether the contract was successfully completed in each case, if not, why not,
- (5) whether she will make a statement on the matter?

N297E

The MINISTER FOR HEALTH

(1) Yes, in the 1994/95 financial year, funding from the Directorate HIV/AIDS and STD's budget to NGOs was allocated in terms of Chapter K5 of the Financial Handbook further pinpointed by this Department's Combined Office Instructions Chapter E, Section VI, "Policy Guidelines for the Funding of Non-Governmental Institutions". The financial controls of such transactions are being governed by the requirements set out in Chapter K5 of the Government's Financial Handbook which only prescribes that financial reports must be submitted before further financial aid may be allocated. The Department of Health's aforementioned office instructions prescribes that financial statements and a director's report must be submitted after the first year's financial assistance. The Department of State Expenditure also approved this Department's "Policy Guidelines for Funding of NGOs".

Contracts were awarded in 1994/95 to

- (a) "Living in Hope" and
 - (b) The University of the Witwatersrand
- "Living in Hope" was allocated funding to

- offer effective HIV/AIDS education to companies and their staff,
- provide a self-help organisation to people living with HIV/AIDS,
- to inform people of the advantages of early knowledge of their HIV infection and of the value of holistic health care, and
- to establish a community based newsletter which would provide information and advice to people living with HIV/AIDS

The University of the Witwatersrand was funded to implement an acceptability study on the female condom. The study focused on whether or not the female condom would be utilised by women as an effective barrier against pregnancy and STD infection

(2) and (3)

Both the above-mentioned institutions have no profit motive. Their aim and functions are reconcilable with the HIV/AIDS programme of the Department of Health as they also combat HIV/AIDS or do research to combat HIV/AIDS.

Therefore the aforementioned institutions were seen as instruments furthering the Department of Health's goals and objectives within the judicial authority given by the Budget Act as the functions executed by them were within the programme description authorised in the Department of Health's budget by Parliament.

(4) Living in Hope closed down in October 1995, and the research into female condoms by the University of the Witwatersrand was carried over to 1996 on the same funding grant.

(5) No statement is being planned but the Minister and the Directorate HIV/AIDS and STDs, and its NGO Funding and

Research Funding Committees are quite prepared to make a statement on this issue if further information or clarity is required

In the 1995/96 financial year the Directorate HIV/AIDS and STDs set up both an NGO Funding Committee and a Research Funding Committee. Both committees are made up of members who were nominated through a process of public nominations. They are entrusted with the responsibility of establishing funding criteria, establishing annual priorities, calling for funding proposals, assessing and evaluating funding proposals, allocating funding, and monitoring and evaluating the use of such funding. The list of NGO allocations during 1995/96 is available

Minister for Health: rental of accommodation
274 Dr W A ODENDAAAL asked the Minister for Health +

What amount was spent during the (a) 1995 calendar year (i) by her on the rental of accommodation provided by the State in (aa) Pretoria and (bb) Cape Town, (ii) by her Ministry on hotel accommodation for her (aa) in Pretoria, (bb) in Cape Town, (cc) elsewhere in South Africa and (dd) abroad and (iii) by her Ministry on (aa) domestic and (bb) overseas flights undertaken by her and (b) 1995/96 financial year on the (i) refurbishing and (ii) interior decorating of her office suite in Pretoria?

N475E

The MINISTER FOR HEALTH

- (a) (i) (aa) R12 400 was spent on accommodation provided by the State in Pretoria
- (b) (ii) (aa) No amount spent on accommodation provided by the State in Cape Town
- (ii) (aa) No amount spent on hotel accommodation in Pretoria
- (bb) No amount spent on hotel accommodation in Cape Town
- (cc) R4 968 spent on hotel accommodation elsewhere in South Africa
- (dd) R30 393,81 spent on hotel accommodation abroad

the ratio indicates a cost of the order of R8 200 per claim

(ii) The amounts paid by way of compensation to victims of road accidents (excluding reimbursement of legal fees) were as follows

Financial Year	Amount (Rm)
1992/93	560
1993/94	654
1994/95	798
1995/96	(estimate) 932

It is not known how much victims pay out of this for further legal fees

(b) (i) The number of claims outstanding were as follows

30 April	Number
1993	56 429
1994	60 726
1995	65 709
1996	(estimate) 71 000

These figures increase by approximately 8% per annum. If the time taken to finalise remains constant, the outstanding claims will grow as new accidents and claims grow

(1) The principal reasons for the delays are listed below. The first four items (a)-(d) were findings of the Melamet Commission, and the numbers in brackets denote the page numbers of the Commission and the numbers in brackets denote the page numbers of the Commission's Report where the respective findings were made. These findings are confirmed by the MMF's subsequent experience in particular, inflated claims, fraudulent claims and inflated legal accounts have assumed vast proportions

render highly inflated accounts (68, 75 and 76)

(b) Some medical specialists, known to prepare medico-legal reports exclusively for claimants, quote estimates of future medical expenses which are many times higher than the estimates obtained by the MMF and its agents from other medical specialists (69)

(c) Some agents maximise their profit on the handling fee received from the MMF by being understaffed (28, 54, 55, 67 and 73). In his Special Report on his investigation—which coincided with that of the Melamet Commission—the Auditor-General also severely criticised the quality of claims handling by the agents, but found the claims handling of the MMF itself to be good

(d) The long prescription period (generally three years) before a claim needs to be submitted makes it difficult to reconstruct the events giving rise to the claim (92)

Other reasons contributing to delays include the following

- (e) The legislation pertaining to road accident compensation is extremely complex
- (f) The documentation of a claim as submitted is often of poor quality, incomplete, lacking in evidence, or self-contradictory
- (g) Sometimes many weeks pass before police or hospital reports are made available
- (h) If an inflated claim cannot be settled amicably and litigation ensues, long queues at the Courts can delay matters further

Hospitals: cost/income per patient per day
290 Mr M JELLIS asked the Minister for Health

The MINISTER OF TRANSPORT

N490E

(a) (i) (aa) The pattern varies somewhat from year to year, but the average time taken for an MMF claim to be lodged in some 18 months, and the average time taken to finalise the claim is a further 16 months thereafter, that is some 34 months in total from date of accident to date of settlement

(bb) During the MMF's financial year 1994/95 the following costs were incurred in the process of settlement

Fees to attorneys and other experts like doctors and actuaries	187
Administration expenses including handling fees to agents	31
Total	218

During that year 26 492 claims were finalised. These two figures are not directly related since the settlement procedures straddle more than one year, but

Damning report on R14m AIDS play

ST 21/6/96

(92)

THE decision to fund Mbongeni Ngema's controversial AIDS play, *Sarafina 2*, was taken before the Health Ministry even mooted a tender for a play, according to the Public Protector's report.

The 68-page report, which comes before Parliament on Wednesday, is still under strict embargo but the Sunday Times can disclose that it is a powerful indictment of irregularities in the way the Department of Health handled the play's sponsorship.

The report shows that the decision to fund Mr Ngema's play was in flagrant violation of government tender procedures.

Most of the blame falls on the Department of Health. The report lets the Minister of Health, Dr Nkosazana Zuma, largely off the hook. It finds that, while she authorised the project, she was not part of the budgeting process.

Hugo Badenhorst, the department's financial services director, is given much of the blame. In consultation with Mr Ngema, Mr Badenhorst worked out the details of the contract. In the process, *Sarafina 2* grew from an original budget of R5-million to a bloated R14,27-million monster.

The head of the AIDS Directorate, Quarraisha Abdul-Kareem, who was immediately in charge of the project, is also strongly censured.

The project took place under the direct authority of Dr Olive Shisana, the department's director general, and was also her responsibility, the report says.

The report refuses claims by the Health Ministry that the European Union had agreed that its R40-million AIDS grant be used to fund Mr Ngema's play.

Sarafina 2 was merely mentioned in passing in two communiqués from the department to the EU, and never in the context of funding the report says.

By NOR POWELL
and PAT SIDLEY



BACK IN THE SWING former Health and Welfare Minister Abe Williams, centre, on the campaign trail at the National Party stronghold of Mamre on the Cape West Coast this week

ST 21/6/96

Picture JUSTIN SHOLK

Yengeni tipped to match 'macho' Kriel

By NORMAN WEST
Political Reporter

THE ANC's Chris Nissen is likely to lose his job as Western Cape leader after his party's rout by the National Party in local government elections this week.

ANC sources suggest Mr Nissen could get the chop at the ANC congress later this year in favour of someone able to match the macho leadership style of Western Cape Premier Hannus Kriel. Former ANC Western Cape sec-

retary and MP, Tony Yengeni, has been tipped as a strong contender.

Mr Nissen, an ordained minister of the Lutheran Church, indicated last year that he wanted to step down, but was persuaded to stay after the ANC's credible showing in the Transitional Local Council elections in November.

The NP won four out of the six metropolitan substructures, including a narrow victory in Helderberg (Somerset West). The NP and ANC won 35 seats each in

Tygerberg after the discovery of a computer error forced election officials to grant the ANC another seat yesterday. The last seat in Tygerberg will be decided through a by-election, which the NP is expected to win. The ANC was expected to achieve easy victories in both substructures because of an agreement brokered at Kempton Park under which former black areas were allocated the same number of seats as white, coloured and Indian areas, irrespective of their population.

The same agreement helped the ANC capture Central (Cape Town) with its nearly 500 000 voters. The DP gained six Central wards, holding on to areas such as Pinelands, Rondebosch, Bishops-court and Sea Point, but lost Green Point and Claremont to the NP. Significantly, the ANC beat off the DP in Houtbay.

The 1,3 million voters also cast a third-party list (proportional) vote for the 60-member Cape Metropolitan Council. Indications are that the NP will rule the council which will provide services for the six substructures.

The NP also romped to victory in 24 out of the 27 rural councils. The DP's Western Cape leader, Hermie Bester, described his party's overall performance as "disappointing".

ANC spokesman Carl Niehaus said the results indicated a disturbing swing to the right among white metropolitan voters, adding that the NP had fanned race-based fears.

WEATHER AND TIDES

GAUTENG: Fine and cold. **MPUMALANGA:** Fine and very cold. **NORTHERN PROVINCE:** Partly cloudy and cool in the northern lowveld otherwise fine and cold in NW PROVINCE. Fine and cold with morning frost. **FREE STATE:** Fine and very cold with morning frost. **WESTERN CAPE:** Partly cloudy and very cold. **NORTHERN CAPE:** Partly cloudy and very cold.

EASTERN CAPE: Very cold over the interior with morning frost. **KWAZULU NATAL:** Very cold over the interior with snow on the Drakensberg.

Highlow **Highlow**
Cape Town 09400857 15172222
Mossel Bay 04011009 15172222
Port Elizabeth 03420558 15172222
East London 03491003 15192218
Durban 03411001 15152218
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SPECIAL

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NEW YORK R3300 SYDNEY

Cape heads for HIV and TB explosion

By CHARL DE VILLIERS

CAPE TOWN could earn the chilling distinction of becoming the world's HIV and tuberculosis capital by the time it hopes to host the 2004 Olympic Games, says a University of the Western Cape public health specialist.

According to Professor David Sanders, the Western Cape is heading for an "explosion" of Human Immuno-Deficiency Virus and TB infection within the next 10 years if the diseases are not treated as socio-economic problems.

"It will be a stark image to have South Africa hosting the 2004

Olympics in the TB and HIV capital of the world," says Professor Sanders, who heads UWC's public health programme and is a contributing author to a forthcoming book on AIDS, *Questioning the Solution*.

"It is becoming increasingly clear to public health workers that HIV, like TB, is a social disease. Unless that nettle is grasped, and vigorous measures are taken to address socio-economic problems, neither condoms nor treatment of TB alone will stem the spread of these diseases," he said this week.

Because of impaired immunity,

HIV-positive individuals were particularly at risk from TB. "In many countries, such as Zimbabwe, successful TB control programmes have been shot to bits with the advent of HIV," he said.

Under-nutrition, overcrowding and poorly ventilated housing in the Cape Flats had already resulted in Cape Town gaining its reputation as the tuberculosis capital of the world.

Poverty and the breakdown of family life by the migratory labour system had led to many individuals having multiple sexual encounters which were often as-

sociated with sexually-transmitted diseases, genital sores, limited use of condoms and heightened risk of HIV infection.

"The HIV situation in the Western Cape is not that serious at present, in that less than one percent of the population is HIV-positive. But the doubling time in all parts of South Africa seems to be 12 months.

"So, in my prediction, unless something is done to reduce the transmission of HIV, a combination of a rising prevalence in HIV infection in the context of widespread TB is explosive," he says.

ST(CM) 216/96 (92)

'Sarafina' saga: DP wants Zuma's head

Star 3/6/96

(92)

Report by Public Protector on 'sloppy' handling of Aids play funding could result in European Union demanding money back: heated parliamentary debate likely

By JUSTICE MALALA
Political Staff

The Democratic Party will call for the resignation of Minister of Health Nkosazana Zuma when a damning report on the funding and procedures used in tendering for the AIDS play, *Sarafina 2*, is tabled in Parliament on Wednesday.

The party's health spokesman in Gauteng, Jack Bloom, said the Government should act with "absolute transparency" on the issue in his reaction to media reports yesterday that the report, prepared by the Public Protector, criticises sloppy control of the R14,27-million spent on the play.

The report does not place blame on the minister herself, but

Bloom said yesterday "The minister is responsible for what happens in the ministry and must take responsibility in the matter. We must have a resignation if the report shows that the minister was responsible. The Government must be clean and open on this matter. Political heads must roll," he said.

The party's finance spokesman, Ken Andrew, was more cautious this morning. He said the DP would only make recommendations after the report was tabled. "It would be premature of us to call for any action on the basis of press speculation."

A parliamentary spokesman for the party, Mike Ellis, referred the controversial transaction to the Public Prosecutor for investi-

gation in March.

The report is believed to have already been passed to the local representative of the European Union, whose funds were used to fund the play. There are reports that the EU will demand its money back on the basis of the Protector's report.

When tabled in Parliament, the report will bring to a head months of controversy over the play. It has been condemned by voluntary organisations as being too costly, and not relevant to educating people on the epidemic, which is its stated mission.

There has also been criticism of the procedures that led to its staging in schools and townships.

The Sunday Independent reported yesterday that Zuma and

playwright Mbongeni Ngema, who was awarded the tender to stage the play at a cost of R14,27-million, come out relatively unscathed in the report.

Department of Health director-general Olive Shisana is criticised, and two of her department's senior officials take the brunt of the blame.

But Bloom said it was not sufficient to blame and sacrifice civil servants. Zuma would have to take responsibility.

Zuma's special adviser, Ian Roberts, said yesterday the minister could not comment on the report because it was under embargo.

ANC spokesman Ronnie Mamoepa said the party would abide by the report.

Heads may roll over Sarafina 2



IN WHAT was meant to be a week of glory for health authorities, several heads could roll over Sarafina 2. Health Writer **ANEEZ SALIE** reports.

It can now be confirmed that although key figures knew well in advance that something was seriously amiss with the Aids-prevention musical Sarafina 2, they pretended to the public and Parliament that all was well.

Allegedly fraudulent use of state money was uncovered even before the production saw the light of day on International Aids Day, December 1 last year. Even though an internal investigation confirmed it, the play went ahead nonetheless.

When the Cape Times first uncovered the debacle in February, a cover-up followed which aimed to bash the media to divert attention.

But the Office of the Public Protector intervened, and its report — leaked to sections of the media at the weekend — confirms the worst fears.

The damning report is up for debate in Parliament on Wednesday. Today and tomorrow Health Minister Dr Nkosazana Zuma, her director-general Dr Olive Shisana and senior officials are set to bask in a blaze of praise over the many milestones clocked up in the transformation of the health sector.

Today they present the health budget in the Senate and tomorrow it is the National Assembly's

turn. Pre-budget parties have already been laid on and post-budget parties are planned.

Without doubt, the Health Department has largely succeeded in bringing decent, free health care to the poor, especially children and mothers.

It has set an entirely new, developmental health agenda, which has upset the power relations in the multi-billion rand health industry.

The privileged benefactors of apartheid health services — many consumers and practitioners — have put up fierce resistance to the National Health Plan.

In the face of the broader battle, the R14.2-million Sarafina 2 debacle may have paled into insignificance had it not been for concern that fundamental democratic principles such as accountability had been crushed and that a bureaucracy had gone arrogantly out of control.

At the heart of the matter is the fact that Parliament, as the highest representative organ of the will of the people, was abused and misled. Vital foreign funding was also affected.

Key figures are Zuma, Shisana, the head of the department's aids directorate, Mrs Qurasha Abdul-Kareem, health spokesman Mr Vincent Hlongwane, the director

of financial services, Mr Hugo Badenhorst, and the playwright at the heart of the scandal, Mbonjeni Ngema.

The Cape Times can now reveal that, as a result of its own investigations, it has come to light that the first R3m forwarded to Ngema for the play was allegedly spent on his own, private recording studio.

When this was discovered, a private accountant was assigned to investigate. He confirmed the worst. Ngema was ordered to pay back a portion of the money, believed to be R600 000.

However, World Aids Day on December 1 last year was looming. In view of the play having been punted among key national players and foreign funders, and because the department and ministry were under pressure to produce the goods, it was decided to cover up the issue and let the play proceed.

Ngema was then given an extra R6m. At R9m the Cape Times broke the scandal, and all further funding to Ngema (R5m was outstanding) was subsequently frozen, pending the report of the Public Protector, advocate Mr Selby Baqwa.

He was astounded this weekend to learn that the Health Department had invited tenders for a video to be made of Sarafina 2 for distribution to schools and that more millions

were likely to be spent

Ngema is set to profit hugely from the video through copyright, use of sets, costumes, royalties and consultancy fees.

This is despite the fact that Ngema has yet to return any money. Latest information is that he has accounted for all but R300 000 of the disputed funds given by the European Union to boost the struggle against an HIV/Aids pandemic that has affected one in 10 South Africans.

Now, besides a demand for action against Ngema, calls by the Aids community, opposition parties and civil society are likely to be for these heads to roll.

● Zuma who, as political head, should shoulder ministerial responsibility for the mess, but who also

allegedly misled Parliament and the public by saying the EU knew and approved of its funds being used for Sarafina 2. Despite Supreme Court judge, Mr Justice Edwin Cameron, as co-chairperson of the National Aids Committee of South Africa (Nacosa), having gone on record as stating she had admitted committing a serious error of judgment and that she had regretted it during a meeting, Zuma subsequently denied this.

● Shisana, who knew about the initial corruption but publicly presented a different picture, and

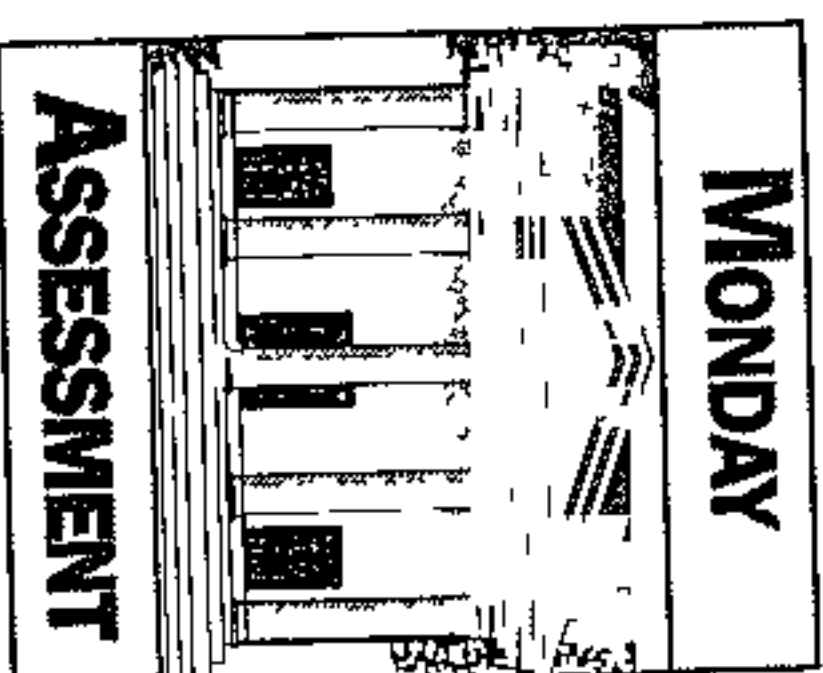
who tried to blame an alleged low standard of journalism by the Cape Times and other media for the furore.

● Hlongwane, for similarly misleading the public by claiming that the Cape Times' running expose was wrong, and that it was done by and at the behest of racist white journalists in the service of an equally racist, white-owned and controlled media unable to stomach a black success story such as the transformed health ministry and department.

● Abdul-Kareem, who headed the Sarafina 2 initiative after it was devised by Zuma, who also allegedly participated in a cover-up, and who insisted the play would pay for itself by attracting 1.4m patrons, each paying about R10. When that logic (or the complete lack of it) was questioned by the Cape Times, the paper was vilified.

● Badenhorst, under whom an allocation of R5m for Aids awareness shot up to R14.2m for Sarafina 2. He takes responsibility for the tendering process. Last week, he admitted to the National Assembly Portfolio Committee on Health that the Sarafina 2 tender was handled only by junior officials, a situation that has since been rectified.

Attention will also be focused this week on the ANC, which has steadfastly stood by Zuma and her officials despite mounting evidence of corruption and cover-up. According to the ANC, there was nothing wrong with Sarafina 2. Mr Baqwa, on Wednesday, will beg to differ.



AIDS now a huge problem — Zuma

Tim Cohen

CAPE TOWN — Health Minister Nkosazana Zuma yesterday emphasised the huge problem AIDS was becoming in SA, saying the new government had quadrupled the AIDS budget.

However, during her budget vote in Parliament she side-stepped the controversy over the Sarafina 2 AIDS awareness play.

A report by public protector Selby Baqwa on the play is due to be tabled in Parliament tomorrow, although copies have been made available to Zuma, health director-general Olive Shisana, DP MP Mike Ellis, who referred the issue to Baqwa, and the European Commission in SA.

Zuma said she would respect the public protector's embargo on the report and react to the allegations tomorrow.

In her speech, Zuma emphasised SA's AIDS dilemma, saying her department had estimated that 1.8-million South Africans were infected with HIV virus.

The previous government had not made sufficient effort to address the scourge of HIV/AIDS. "They behaved like this was not a problem," she said.

Zuma said her predecessor, Rina Venter, had not mentioned the HIV/AIDS epidemic or given statistics

During the NP era, the amount spent on combating the virus had been about R20m a year.

Since the government

of national unity had come to power, the budget had been increased from R41m in 1994/95, to R63m in 1995/96 and about R80m in 1996/97.

On the primary school nutrition programme, Zuma said it was in force in about 16 000 schools, while 5.5-million children benefited from it.

The provinces to benefit most from it were the Eastern Cape — where the programme was reaching 5 500 schools — and KwaZulu/Natal, where it had reached 3 287 schools.

Zuma said the Eastern Cape had run out of funding for the programme because it had tried to feed every schoolchild, rather than targeting only the poor.

Reuter reports Zuma also said SA would employ an additional 200 Cuban doctors this month to help fill health services gaps due to emigration and fear of violence. The Cuban doctors would join 96 doctors who had arrived earlier this year to work mainly in rural areas.

Discussions were also being held with Germany and other European Union states to provide doctors, she said.

Sapa reports the NP

BD 4/6/96 (92)
called on Zuma to resign as she had wasted the department's money on Sarafina 2

NP Senator Cornelius Ackerman referred to Zuma's statements that she had been unaware of the R14.2m spent on the play, and he said she had "lost" R100m to R150m of "the EU's money"

STATEMENTS TO MEDIA 'MISLEADING'

Scrap Sarafina 2, report urges

ST 4/6/96

(92)

Man in the middle



POWER BROKER: Mr Ramo Cioili, Tygerberg's only DP councillor among 35 ANC and 35 NP colleagues, is caught between two powerful parties — but he is not the sort of man who will be squashed or worn down by pressure ● See Page 4

PUBLIC PROTECTOR Selby Baqwa has found that tendering for the Aids musical, Sarafina 2, was fraudulent, officials were guilty of neglect and the R14,2 million spent was unauthorised. **ANEEZ SALIE** and **HENRY LUDSKIL** report.

ARAFINA 2 should be scrapped, the Public Protector, Mr Selby Baqwa, has recommended. This would save the taxpayer R5 million still owing to playwright Mphongeni Ngema.

To recoup losses, the Department of Health should also repossess all equipment and other assets acquired by Ngema's company, Committed Artists.

The R14,2m spent on the Aids-prevention musical, Sarafina 2, had been unauthorised expenditure, Baqwa concludes in his report to Parliament. The report is to be released by the Speaker, Dr Frene Giniewala, this morning and debated tomorrow.

Baqwa also found the tendering had been fraudulent and that the musical was ineffectual.

Another major finding is that Health Minister Dr Nkosazana Zuma's claim, made to Parliament and the public, that the European Union was aware it had funded the musical was untrue.

The funding had been intended for other projects and the Department of Health had used it without the EU's knowledge or consent. The EU was likely to demand its money back.

Baqwa found that various officials of the department, headed by director-general Dr Olive Shisana, were guilty of serious maladministration and negligence.

He recommends that two line managers, Mr Hugo Badenhorst, chief director, support services (which includes finance), and Mr J G Angelo, acting chairperson of

the departmental tender committee, be charged with misconduct.

The health ministry and department's dealings with the media are also criticised, with Baqwa concluding that some statements were misleading or not true.

His report recounts a litany of irregularities and maladministration that indicates that key officials, from Zuma down, knew about the problems surrounding Sarafina 2 well before it was staged, yet it was allowed to continue.

Subsequent information to the public and Parliament that all was well was therefore known to be not true.

On the question of pulling the plug on Sarafina 2, Baqwa said this would have to be done in co-operation with the state attorney because of contractual obligations to Ngemph, who had already been paid R9m.

He said, however, there was sufficient evidence that Ngema had not complied with the contract and it therefore could be terminated.

Of this evidence he cites

- R431 000 seems to have been spent irregularly on the private studio owned by Ngema
- Shisana, who is also the departmental accounting officer, has asked that this be refunded, yet it is still outstanding
- The department asked Committed Artists to furnish it with invoices every month, but it failed to do so
- At a meeting on September 20 last year, Committed Artists was asked to submit receipts for all expenditure

It was also asked to obtain quotes for any goods and to pass copies to the department, but failed to do so

- Committed Artists has failed to maintain proper control over the use of funds. Numerous examples of this were listed in the financial inspection report of March 1996 by the department's internal audit unit

Committed Artists was given a copy of this report and asked to respond by March 10 this year, but no satisfactory response was received and some items remain unaccounted for.

Baqwa carried out his investigation at the request of Mr Mike Ellis, Democratic Party spokesman on health and leading member of the parliamentary portfolio committee on health.

Ellis expressed concern last night that action might be taken against lesser officials "when in actual fact the minister and her director-general have got to take the full blame."

"Both of them have been guilty of a cover-up and have not been open with the portfolio committee on health and yet they may walk scot-free," Ellis said.

"You can delegate responsibility, but certainly not accountability and while junior officials must be severely dealt with, the ultimate blame must lie with the minister."

Ellis said the onus was on President Nelson Mandela to decide whether Zuma remained in the cabinet.

Zuma refused yesterday to be drawn on the Public Protector's report. She said she was not prepared to comment before its release.

"I respect the rules of Parliament and cannot say anything about this matter before then."

PICTURE THEMINKOSI DWAVISA

Committee joins in Sarafina row

(192)

ANEZ SALIE
HEALTH WRITER

CT 5/6/96

ON THE eve of today's parliamentary grilling of Health Minister Dr Nkosazana Zuma over her department's Sarafina 2 scandal, the portfolio committee on health has slated the musical.

The multi-party committee, dominated by the ANC, said in a report on the health budget vote debated yesterday "The utilisation of funds for the Sarafina 2 production appears to have wasted substantial resources and departmental time, which could have been used more productively on targeting the high risk groups identified by the (health) department."

It is certain to cause a stir this afternoon when an historic report on Sarafina 2 by the Public Protector Mr Selby Baqwa is debated by parliament.

His report is devastating for the health ministry and department, charging it with corruption and a waste of R14,7 million on the musical. Baqwa has called for it to be scrapped to recoup losses, and for officials to be charged with misconduct.

Until now the ANC has closed ranks behind the embattled Zuma. But yesterday the committee said: "Apart from the control, accountability and governance issues raised by the Sarafina 2 incident, it is clear that very little effort went into ensuring that any of the objectives of the HIV/Aids strategy, identified by the department itself, were to be achieved through this production."

● HENRY LUDSKI reports that a row has broken out over the publication of the findings of the Public Protector's report before its official release today.

Speaker of the National Assembly Dr Frene Ginwala yesterday criticised certain newspapers for disclosing the key findings before today's 3pm expiry of the embargo on the report.

However, journalists argued that the publication of a "leaked" document did not constitute the breaking of an official embargo.

RIDGE 10 ECONOMICS 10 SPORT 30

TV GUIDE 10 CROSSWORD 10

Zuma to account for her role in Sarafina 2 scandal

Wyndham Hartley

CAPE TOWN — Embattled Health Minister Nkosazana Zuma will attempt to account for the Sarafina 2 scandal today, with a row brewing between Parliament and the media over leaks of the public protector's findings

Public protector Selby Baqwa's report will be officially tabled in Parliament today and will be followed by a special debate on the controversy. Weekend newspapers published details of Baqwa's report on the controversial AIDS play last Sunday and they were repeated yesterday in the daily Press. This has led to accusations that the media has been unethical in publicising an embargoed report.

The tabling of Baqwa's report, which according to reports calls for the R14m play to be scrapped, will be preceded by a special statement from Zuma. It was also reported Baqwa found that Zuma had provided "untrue" information to a parliamentary committee.

Speaker of the National Assembly Frene Ginwala, when releasing the embargoed report to the media yesterday, said that further urgent discussions had to be held between Parliament and the media because the newspapers that had published in advance of today's release of the report "will have to account for why they broke the embargo". (92)

Outgoing chairman of the portfolio committee on health Santo Tshabalala added to the gloom by observing in the committee's report on the health budget that "the utilisation of funds for the Sarafina 2 production appears to have wasted substantial resources and departmental time which could have been used more productively on targeting the (HIV) high risk groups identified".

BD 5/6/96

Health forum reaches youth

Kathryn Strachan

"WE THOUGHT you could get AIDS only if you lived in Johannesburg—we never knew you could get it in Bushbuckridge," says teenager Victor Theko. "But now through the reproductive health programme we have learnt that it is everywhere and anyone can get it."

Theko is now chairman of the Xantha reproductive health forum—a youth group set up by the local clinic which goes to schools and clubs teaching teenagers about sexuality and AIDS prevention.

"We were in the dark before this project came, especially us men, we did not know about contraceptives. We heard about condoms, but we did not want to see them—we heard all kinds of things about them."

"We never came to the family planning clinic because we thought the nurses were talking nonsense, but now we know they are not."

The nurses at Xantha clinic in Bushbuckridge, on the border of the Kruger Park, found many women had to hide from their partners the fact that they were taking contraceptives—and they realised they had to educate men as well as women. From their efforts the forum emerged.

Shley Ngwenya, a researcher with the Wits Health Services Development Unit, based in Bushbuckridge, says reaching the youth is far more difficult in rural areas. With the distances between clinics, it is difficult to back up the information given on contraceptives with access to health services.

Teenagers cannot simply go to the clinic after school as they do in urban areas because the clinics are so far

away, while taking health services to the schools themselves fails to reach the many teenagers who have dropped out of school.

The challenge then is structuring reproductive health services to reach the rural youth, says Ngwenya, and the unit is working on this concept, developing a strategy with schools and the health department.

The project is finding out from teenagers what they want, as well as assessing the level of teen sexuality, the incidence of sexually transmitted diseases and how they are treated by health professionals. The next phase will involve workshops, not only for youth but also for parents, schools, clergy and health workers.

While access to clinics makes the situation easier in urban areas, the overwhelming number of children to be reached by school nurses still presents an obstacle. For this reason integrating sex education into the school curriculum as a compulsory subject for all schools is seen as the best way of reaching the widest possible group of pupils.

A comprehensive package on health, including sexual health, will be included in the school curriculum next year.

In preparation for the new curriculum, a lot of effort will be given to training teachers as the effect of the lessons will depend almost entirely on the teachers' approach. Pupils have reported bad experiences with teachers' lack of confidentiality, and sensitising teachers to the importance of trust and empathy is crucial.

"Teachers have a captive audience, they can reach far more children than we can," says Sharon Kruger, who is

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involved in the Gauteng health promotion programme. "But we have to be there to provide back-up support. Giving children information on sexuality and contraception is meaningless unless we give them access to clinics."

School nurses and health educators will still have an important role to play even after reproductive health is included in the school curriculum, says Deborah Mopedi, a school nurse working in Soweto. "Children talk to us about things that they could never discuss with their parents or their teachers. Because we come as nurses in our uniforms they feel they can trust us, we are not judgmental."

As there are too many schools to be reached, deprived schools in informal settlements or very poor areas are prioritised by health educators who are trained in basic primary health care, life skills and sexuality.

Mopedi says black schools and parents are very encouraging to the health educators' efforts. But Christa Muller, a school nurse in Germiston, says white schools, particularly conservative Afrikaans schools, tend to be more cautious, wanting to know the content of the lessons beforehand.

In the previous dispensation, white schools had a lot of attention, but with nurses now spread out to all schools, and with the most deprived schools being prioritised, she is concerned about white schools being left out altogether, when the need there is just as great.

"When it comes to sex the problems are the same everywhere. The pregnancies, the diseases and sexual abuse are the same wherever you go, it's just that in white communities problems like abuse are more hidden."

Street children face high risks

Kathryn Strachan

AS STREET children with their vulnerable, unstable lives are more at risk of contracting sexually transmitted diseases, the Medical Research Council is initiating a programme which targets them, passing on life skills and knowledge on sexuality and AIDS.

There are no initiatives in this field for the growing number of children living on the streets in the Western Cape. Research has shown that the longer a child lives on the streets, the more risky its behaviour becomes.

There are a number of characteristics that predispose adolescents to HIV and other STDs, says researcher Priscilla Reddy. These include early sexual initiation, a likelihood of multiple partners and a general non-use of condoms. Adolescents also perceive themselves as invulnerable to the consequences of risky behaviour. In addition, there is low self-esteem and peer pressure, and heightened fatalism.

In street children, these factors are intensified and they are thus more vulnerable to the risk of HIV, says co-researcher Tami Toroyan.

Street children also stand apart as a high risk group as they often engage in sex as a form of survival. Condoms are a low priority in their daily needs. For this reason the council has started its programme with two street children's shelters in Cape Town, using games, drama, and story-telling to educate them on their sexual and general health.

'Sarafina 2' video goes on despite row

(92)

BY TROYE LUND

MAN 5/6/96
Politicians will today debate the Public Protector's damning report on the R14-million Aids play *Sarafina 2* while the huge cast continues to rehearse for a video of the stage production expected cost more than R2-million.

Democratic Party MP Mike Ellis, who requested the Protector's investigation into the play's funding, said: "Continuing with the video before the Public Protector's report has been debated in Parliament is typical of the arrogance Minister of Health Nkosazana Zuma has shown throughout this fiasco.

"She allowed the continued financial misappropriation and careless breach of protocol, tenders and European Union money. She is responsible and must be accountable," Ellis said.

The total cost of the video, excluding accommodation and transport of the cast and production crew, has been estimated at more than R2-million.

Bev Brown, spokesman for playwright Mbongeni Ngema and publicist for the lavish musical production, said the 80-person cast was recording the soundtrack for the video, which would be in video stores by December.

Once one of the 80 tenders to shoot the video had been chosen, Brown said, the venue for filming would be decided on and production would begin.

Aids activists condemned the making of the video as "throwing good money after bad".

Aids consultant Dr Clive Evian said: "It needs complete re-scripting with the full input from experts on Aids. People in the know must agree that the new message is appropriate. Why make the

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'Sarafina 2' video goes on (92)

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video with a flawed subject?"

Besides its inaccurate content, Evian stressed that the play's R20 entrance fee had excluded most people who needed Aids education from seeing it.

He added that the hi-tech show did not allow the message to be taken to outlying areas.

He believes that a video, with an accurate and appropriately targeted message, or radio show would have been cheaper and benefited more people.

The 13 episodes of the Aids radio series *Soul City* cost R8,2-million and reached more than 8 million people.

Brown could not say how many people had seen *Sarafina 2* so far but said it had been showing for 20 weeks since its launch in December. During this time the cast had given about 140 performances in KwaZulu Natal, Soweto, Daveyton and Hillbrow.

To reach the same numbers as the radio episodes did, *Sarafina 2* would have had to attract 57 000 people to each of the 140 shows.

Meanwhile, Zuma faces a chorus of calls for her resignation in Parliament today, reports Patrick Bulger from Cape Town. Also, a health committee report on her budget released yesterday expresses concern that "in the wake of *Sarafina 2*, the EU in particular seems to be in danger of withdrawing its funding for health".

- Director and Trustee of various organisations
- (a) Mr Z L Nonvete
- (b) Advanced Management Programme from Wits University
Diplomas in Airframe and Powerplant (Ethiopia)
Basic Aeronautical Engineering (Dublin, Ireland)
- (c) Flown a total of 3 300 hours as a Flight Engineer
Executive Manager—Strategic Marketing (SARCS)
Formerly a Marketing Manager Africa, Atlas Aviation
Director—Marketing Africa and Europe, Denel
Director of Sun Air, Airports Company Limited and South African Importers and Exporters Association
- (a) Mr J M Ndhlala
- (b) Diploma—Production Management
Higher Diploma—Production Management
MBA Northland Open University (Canada) and IMC (UK)
- (c) Founder Fellow of the Production Management Institute of South Africa
Chaperson of National Economic Initiative (Transvaal)
Deputy Chairman of En-Tout-Cas (Africa) Limited
Director of Electrosport (Pty) Ltd, Management Integration Consultants (Pty) Ltd and African Renaissance Holding
Association Member of the International Management Centre, Buckingham (UK)
Member of the Black Management Forum
- (a) Ms G T Serobe
- (b) B Com, MBA 1984 (Rutgers University, New Jersey, USA).
- (c) Standard Corporate and Merchant Bank (Corporate Finance Division, Structured

- Finance Division, Money Market Division, Back Office Treasury Department)
- Director of the Airports Company Limited
Munich Reinsurance Company of South Africa Deputy Financial Manager
Financial Accountant for Epic Oil Mills and consolidation into Premier Group
Exxon Corporation USA. Trainee accountant
ABASA National Vice-President
Greenhouse Child Care: Chairperson
Trustee of the City Press Child Care Fund
- (a) Mr M E Mkwanazi
- (b) Two BSc Degrees (Mathematics and Electrical Engineering (Heavy Current))
- (c) Metro Rail—Chief Executive Officer
BMW (SA)—Plant Manager
Bristol Myers Squibb—Plant Manager
South African Breweries—Unit Manager
Kriel Colliery—Graduate Engineer
IBM South Africa—Technician
Frank and Hirsch—Accounts Clerk.
- The appointment of one additional member to the Directorate of Transnet Ltd is under consideration
- *38 Mr H A SMIT—Justice † [Question standing over]
- Prisons: tenders for provision of food**
- *39 Mr C G NIEHAUS asked the Minister of Correctional Services.
- (1) Whether his Department has a tendering policy in regard to the provision of food to prisons, if not, why not, if so, (a) what are the stages that have to be followed in the tendering process and (b)(i) by whom and (ii) on what basis is such tendering handled,
- (2) whether any steps have been or are to be taken to ensure that emerging small and medium businesses from previously disadvantaged communities are empowered in this regard, if not, why not; if so, what steps? N852E

The MINISTER OF CORRECTIONAL SERVICES:

- (1) Yes, the Department of Correctional Services performs all the procurement actions with regard to food commodities according to the policies and regulations laid down by the State Tender Board
- (a) In cases where the procurement process of certain categories of commodities is not delegated, the Department's requirements are submitted to the office of the State Tender Board which then arranges and administers the contracts on its behalf
- In cases where the consideration and acceptance of tenders are delegated to this Department, all procurement actions are performed according to the Tender Board policies and regulations
- (b) (1) The Tender Board principally arranges all tenders on behalf of this Department. The Department is only authorised to obtain and accept tenders for highly perishable provisions (bread, meat, etc.) in respect of the smaller Prison Command areas
- (ii) Tenders obtained in the aforementioned manner must be considered and accepted by the Tender Board or the Department within a committee context, depending on the authority granted to this Department
- (2) All tenders with regard to food commodities which are administered by the State Tender Board, are brought to the attention of all suppliers by means of the State Tender Bulletin
- Tenders which are administered according to delegated authorities, are advertised at the different tender reception offices and are also posted to registered suppliers
- Since 2 May 1996 all tender invitations of this nature are published in the State Tender Bulletin according to the 10 point plan (Public Sector Procurement Reform in South Africa) of the Government in order to reach all possible suppliers (SMDMB included)

HIV/Aids: pre-employment testing (92)

*40 Mr C G NIEHAUS asked the Minister of Correctional Services

- (1) Whether his Department follows a compulsory pre-employment testing policy in regard to HIV and Aids, if not, what is the position in this regard, if so, why,
- (2) whether his Department follows a compulsory testing policy for employees in regard to HIV and Aids, if not, what is the position in this regard, if so, why,
- (3) whether any persons in the employ of his Department have been dismissed or removed from specific positions after they had tested HIV positive, if so, what are the relevant details,
- (4) whether his Department has ever refused to employ persons who have tested HIV positive, if so, what are the relevant details?

N853E

The MINISTER OF CORRECTIONAL SERVICES:

- (1) Yes For the Department to fulfil its statutory main line function namely to ensure the safe custody of those entrusted to its care, members appointed in the Department of Correctional Services must at all times satisfy prescribed medical requirements and therefore be suitable for service and also be free from any mental or physical defect or infirmity which is likely to interfere with the proper performance of their duties
- (2) No
- (3) Yes Since the results of applicants medical tests are normally only available after they have already assumed duty, they are employed on the specific condition that they have to be medically fit for duty. Should their medical tests indicate that they are HIV positive, their services are terminated
- (4) Yes The details as mentioned under point 1 are relevant.

*41 Mr C W EGLIN—Justice [Question standing over]

- (2) It is hoped that regulations in this regard will be published before the end of June
- (3) Falls away

Sarafina II: negotiations (92)

*24 Dr W A ODENDAAL asked the Minister of Health †

- (1) Whether negotiations in respect of *Sarafina II* on money donated are being conducted between her Department and the European Union, if so, when will these negotiations be completed,
- (2) whether she will make a statement on the matter?

N641E

The MINISTER OF HEALTH Madam Speaker, I would humbly request that this question stand over for a few minutes until the debate on *Sarafina II*

The SPEAKER Order! In order not to anticipate the debate, that is acceptable

Cuban doctors: salaries

*27 Mr M J ELLIS asked the Minister of Health

- (1) What salaries are being paid to the Cuban doctors her Department brought into the country in March 1996,
- (2) whether these salaries are being paid regularly, if not, why not, if so, what are the relevant details,
- (3) whether these doctors have been given schedules with a workload equivalent to that of South African doctors, if not, what is the position in this regard, if so, what are the relevant details?

N668E

The MINISTER OF HEALTH:

- (1) A Cuban doctor is paid the same salary and overtime payment as any South African doctor of the same rank in the same hospital
- (2) All salaries are paid regularly, except in the first month, when the doctors were given an advance to buy necessities, and they were not yet on the computerised payroll system. Certain provinces have experienced minor technical problems in

paying salaries at the end of the first month, such as not having check forms, computers not working or documents being submitted late. These problems have been corrected and the provinces have all paid the salaries on time since the end of April 1996

- (3) The Cuban doctors work the same schedules as South African doctors in the same areas of expertise. The Cuban doctors were granted limited registration by the Interim National Medical and Dental Council of South Africa (NMDCSA) to practise in their field of specialisation. Cuban doctors have therefore been allocated work in their special fields. This also applies to after-hours and emergency work.

Mr A FOURIE Madam Speaker, arising out of the hon the Minister's reply, may I ask her whether she is aware of the fact that Cuban doctors working in the Northern Province have been invited to participate in the SA Communist Party's congress and, if so, whether she thinks [Interjections.]

The SPEAKER Order! Please proceed with your question

Mr A FOURIE Madam Speaker, if so, I would like to know whether she believes it is correct for guest workers in South Africa to participate in politics? [Interjections.]

The MINISTER OF HEALTH Madam Speaker, firstly, this is a new question. Having said that, I was not aware of the fact.

Mr A FOURIE Madam Speaker, further arising out of the hon the Minister's reply, if she accepts my word that they have been invited, does she think that it is correct? [Interjections.]

The MINISTER Madam Speaker, if I accept the hon member's word, I must say that I think my jurisdiction or my department's jurisdiction regarding the Cuban doctors only applies to when they are on duty. When they are off duty, I think they are free to visit any South African, or do whatever they like, as long as it is not a crime. [Applause.] As far as I know, it is not a crime to attend a SA Communist Party meeting in this country [Applause.] [Interjections.]

The SPEAKER Order! Hon members, may I appeal to you. This is supposed to be a debate, not a shouting match.

New questions**SAPS: strategy in violence and crime**

*1 Mr R H GROENEWALD asked the Minister for Safety and Security †

- (1) Whether the South African Police Service is drafting a strategy in respect of violence and crime in the country, if not, why not, if so, (a) who are involved in drafting this strategy and (b) when is this strategy to be implemented,
- (2) whether he will make a statement on the matter?

N630E

The MINISTER FOR SAFETY AND SECURITY.

(1) Yes

In accordance with the South African Police Service Act of 1995 the National Commissioner is required to develop an Annual Plan outlining the priorities and objectives of policing for each financial year. The Annual Police Plan is part of a broader government initiative aimed at reducing crime and violence in South Africa.

(a) The Annual Plan is the outcome of an intensive consultation process between the Police, communities and the elected representatives of the community. During consultations a bottom-up approach was pursued and inputs were obtained from *inter alia* local community policy forums, area and provincial boards, the Minister and Members of Executive Councils responsible for safety and security in the provinces and various portfolio committees. These inputs were taken into account by a team appointed by the National Commissioner to draft the plan.

(b) The Community Safety Plan was implemented in March 1995 to address crime and violence in our country. This plan will be incorporated in the Annual Plan to ensure an integrated operational approach to crime. The Annual Plan should therefore not only be seen as the enhancement of

these endeavours already implemented, but will progressively also address additional priorities in terms of the needs of the community relating to safety and security

- (2) No
- Shell House: investigation**

*2 Mr H A SMIT asked the Minister for Safety and Security †

- (1) Whether the investigation into the Shell House massacre has been extended to other areas, if so, to what areas,
- (2) whether he will make a statement on the matter?

N640E

The MINISTER FOR SAFETY AND SECURITY

- (1) The investigation into the events of the 28 March 1994 are focused on violent incidents that occurred in the vicinity of Shell House, Selby Hostel, Park Station and Library Gardens

- (2) Yes

It was not a matter of choosing whether to extend the investigation into what is glibly referred to as "other areas". The lives that were lost on the day (even if they may be of no propaganda value to some people), are equally deserving of attention.

Mr J W MAREE, Madam Speaker, arising out of the hon the Minister's reply, the Shell House saga is of national interest, but it has now taken longer than two years to complete, so could he tell us how many policemen have been employed in his department to investigate this matter? [Interjections.]

The MINISTER FOR SAFETY AND SECURITY Madam Speaker, I still do not know what the hon member is talking about, because, to me, this reference to Shell House is a misnomer, particularly given the fact that he wants to know whether all the incidents of that day are being investigated.

I will assume, for the moment, that he is referring to all the incidents of that day, and my answer is that I cannot say offhand how many policemen and policewomen have been deployed to investigate this particular incident. He is free to put a

Aids play costs rocketed from R5-m to R14-m

By Patrick Bulger

Health Minister Dr Nkosazana Zuma conceived the idea for an Aids awareness play and approached playwright Mbongeni Ngema some time in June 1995, Baqwa reports



Ngema was approached in the light of a contract the Department of Health had signed with the European Union which provided funds for an HIV-Aids prevention programme Ngema told the minister a play would cost about R800 000

The Chief Director Departmental Support Services, A Badenhorst, was given the task of implementing the project which was due to premiere on World Aids Day on December 1 last year

The Departmental Tender Committee called for three tenders, two of which were returned Ngema's tender was problematic in that it stated that the company "must have the capacity and infrastructure to tour the production countrywide for 12 months", that is, it required items like a 45-seater bus, a 24-ton tractor and a semi-trailer

Even though the Departmental Tender Committee had not yet finalised its deliberations, Badenhorst entered a contract with Ngema's Committed Artists Theatre Company for R14,27-million,

R3-million of which was paid over on the signing of the contract

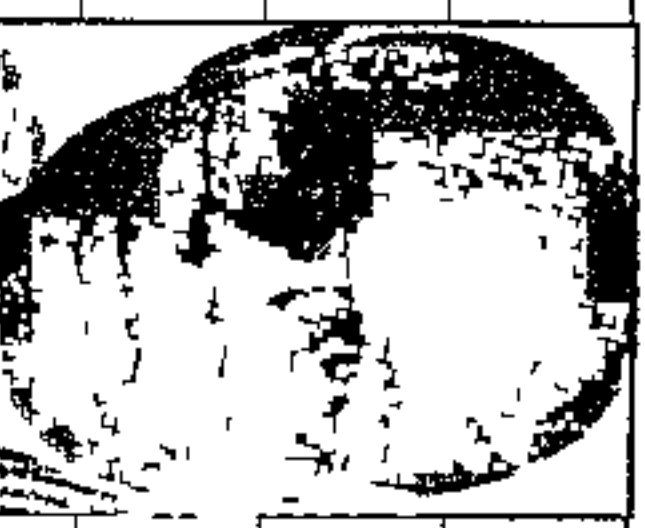
The European Union (EU), which was supplying the money, was at this stage unaware of how it was being spent, a fact which was "completely against the rules"

Reports submitted to the EU in August and October last year merely mentioned that *Sarafina II* existed and EU ambassador, O Fouere, attended the premiere

Baqwa found that the department's statements that the *Sarafina II* funding was "not taxpayers' money" was not the truth "International donor funds are in most cases also taxpayers' money This is the case even with regard to EU funds," Baqwa found

He accepted that there was some confusion during 1994 on how donor funding was to be used but said this does not save the case for the department The department should have ap-

Public Protector Selby Baqwa investigated 'Sarafina 2' and found that some things did not add up to the total expenditure



Baqwa investigated 'Sarafina 2'

proached the Department of State Expenditure to find out whether the EU money was in fact taxpayers' money and whether the correct tender procedures had been followed

Baqwa also took exception to the department's advice to tenderers, namely that "In the evaluation of this tender, quality will be the only main criterion and not the lowest price"

Baqwa comments "This was open-ended, unrestricted and carte blanche as if the department had limited funds"

In any event, a ceiling of R5-million had already been agreed to by the department's director-general and accounting officer, Olive Shusana, and the Director of the HIV/Aids programme in the Department of Health, Q Abdool Karrim

Baqwa further found that the purpose and extent of the play had not been fully defined, that insufficient background was provided on how to develop the script, that a target group was not

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identified and that the number of performances was not specified

He found "The tendering procedures which were followed by the department were completely flawed and defective Whether one were to view that process from the point of view of the State Tender Board regulations or the contract with the EU there was material non-compliance "It became clear from expert evidence that budgeting for a play is mostly dictated by available funds If one has R14,2-million available, that is what one will spend"

Both Abdool Karrim and Shusana were shocked to learn that the cost of the play had skyrocketed from the R5-million originally envisaged to the R14,2-million decided on by Badenhorst and Ngema

Shusana apparently wrote to Badenhorst "To Badenhorst I thought for such an amount you would have let me participate in the discussion Badenhorst please let's discuss The play was to have cost R5-million or less This was

Minister Zuma's instruction. Now the play is to cost us R14,2-million Please let's urgently discuss the matter"

Baqwa found that Badenhorst had acted without involving Shusana In September last year, Ngema, Shusana and others met to discuss the contract and certain proposed amendments relating to the proceeds of the play, the inclusion of costs for accommodation and meals for the artists, and the department's funding of infrastructure for Ngema

Baqwa was unimpressed with the department's reaction to the media when questions about the play were first aired

He found certain statements "simply not true", "of questionable validity" and not "correct"

He found that Abdool Karrim and the department's chief director of national programmes, G Mshah, "did not apply their minds properly when they made their recommendation to accept a tender for R14,2-million" and "they were negligent in the per-

formance of their duties" He did not find any "bad faith" in the actions

Badenhorst, he found, had "misrepresented the true facts" about the tender procedure and that the acting chairperson of the Departmental Tender Committee, J Angelo, had colluded in misleading Shusana on the tender procedures

Proper management principles had been flouted, he said

In his recommendations, Baqwa called for "an intensive education and training programme" within the department on tender procedures, proper legal scrutiny of future contracts

He also recommended an outside investigation into misconduct on the part of Badenhorst and Angelo, and a general Government shake-up on the issue of utilising international financial assistance

Sarafina II should be scrapped and the assets recouped

Grim Aids legacy of farm orphans

Star 6/6/96 (92)

LIZWE Moyo
Bulawayo

The HIV/Aids pandemic, leaving a death trail on Zimbabwe's commercial farms, has spurred farmers to start foster homes for the increasing population of orphaned children.

In Zimbabwe, like elsewhere in Southern Africa, the orphan problem has largely focused on urban-based children, with little or no attention paid to rural areas and farming and mining communities.

According to research conducted on 10 farms and interviews with 176 representatives of the farming community, farm workers are among the groups most vulnerable to Aids. The 10 farms employ 917 permanent-workers with 5 753 dependents while the 176 representatives work

on farms which employ 1 490 casual workers and 14 323 full time employees.

"The farmer is witnessing the destruction of family units, many of which have been linked to the farmer and his family for generations," says Peter MacSporran, president of the Commercial Farmers Union (CFU).

Two million of Zimbabwe's 10,5-million people live on 4 600 large-scale commercial farms, including one million children.

The research, conducted by the CFU and Southern Africa Aids Information Dissemination Service, predicts that at the rate HIV infection is spreading on farms at least 200 000 children could be orphaned in the next decade.

The research attributes the spread of HIV infection to the farming communities' social and geographical iso-

lation, lack of education and economic insecurity and large populations of female casual workers who move from farm to farm in search of seasonal work. It adds that recreation facilities centre on beerhalls where commercial sex is readily available.

The idea of foster homes came after it was realised that a substantial number of poorly paid farm workers have lost contact with their weakened extended family system.

The research found that 104 farm households are already looking after orphans while 65% of the farmers prefer the concept of foster care.

However, the farmers have expressed concern at the high cost involved and have requested tax relief and that the department of social welfare work out a mechanism for financial partnership - Star Foreign Service / Africa Information Afrique

Cabinet shields Zuma

ma from her critics

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Donor picks up 'Sarafina 2' tab (92)

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The play, which was to have cost R5-million, eventually cost R14,27-million and Zuma had ignored this information.

"The entire *Sarafina 2* is a debacle of major proportions

"There is no doubt that the minister, her director-general and others have gone to extraordinary lengths to cover up on departmental bungling of the highest order."

The chairman of Parliament's portfolio committee on health, Dr Manto Tshabalala, told the debate that the ANC was big enough to apologise for its mistakes

Zuma said the Public Protector's report had "helped us to take a second look at all our actions regarding the play" It had highlighted weaknesses in manage-

Report helped highlight weaknesses

ment and administration.

The department had restructured its departmental tender committee, and was ensuring that its members had the necessary training and expertise, she said.

On the European Union, which had unwittingly funded the play, Zuma said she regretted the department's misunderstanding of EU procedures, but had been assured of the EU's continued commitment to helping fund health transformation in South Africa.

CHRISTINE NESBITT



On the play itself, Zuma said she accepted criticism that it was a "play about condoms", but it was not the department's intention to promote sex and promiscuity among teenagers. "*Sarafina 2* has taught us that conventional methods and techniques for preventing and controlling the spread of HIV/AIDS are not sufficient for spreading the message on AIDS"

The Azanian People's Organisation expressed surprise that the Government and the ANC had pretended there was nothing wrong "in wasting taxpayers' money."

ANC moves swiftly to blunt widespread demands for Minister of Health's resignation over funding for 'Sarafina 2'

By PATRICK BULGER
Cape Town

Health Minister Dr Nkosazana Zuma drew the final curtain on the Government's star role in the AIDS awareness play *Sarafina 2* yesterday and her senior Cabinet colleagues blunted all demands for her resignation over the controversy

She took the unusual step of telling Parliament before rather than during what was expected to be a heated debate that she was taking the advice of the Public Protector and terminating the R14,27-million contract with Mbongeni Ngema, the play's author and producer

She said a private sponsor had been found, and her spokesman, Vincent Hlongwane, later explained that performances would continue with this new backing

Deputy President Thabo Mbeki issued a statement on what he termed Zuma's "swift response" to the highly critical Public Protector's report on her ministry's part in the controversial play.

Mbeki said her response had reinforced President Mandela's confidence in Zuma "and her efforts to transform the health system in our country as part of the national effort to ensure a better life for all our people".

Water Affairs and Forestry Minister Kader Asmal told the special debate: "On behalf of the Government, let me announce

quite clearly that we have total confidence in the Minister of Health."

Zuma told the National Assembly that, following the release this week of the damning report by Public Protector Selby Baqwa, an investigation would take place into the role departmental officials had played in the costly debacle.

The Government's immediate withdrawal from the play was the crux of Baqwa's recommendations.

Zuma said she had already accepted it, but insisted the play was a "good idea"

There had been problems with administrative procedures and financial controls, she admitted, and all unauthorised expenditure in terms of the contract between the department and Ngema's production company, Committed Artists, would be recovered.

Private sector donors had agreed to pay for the play and "this will therefore take care of Sarafina's total budget", she said

Spokesmen for the NP, the PAC and the African Christian Democratic Party called for her resignation.

The IFP, however, said Zuma should be given a second chance

DP health spokesman Mike Ellis, who had called for the Public Protector's investigation, said Zuma had lied and had tried to cover up the incident. He said the contract with Committed Artists "clearly did not comply with the specifications".

► .. To Page 2

Sarafina: the damning facts

(92) Howelan 6/6/96

By Rafiq Rohan
Political Correspondent

ALTHOUGH the Public Protector's report on the controversy around Sarafina 2 is a damning indictment of the Department of Health, the ministry and Minister Nkosazana Zuma come off relatively unscathed

After questioning some 38 witnesses, including Dr Zuma, Mr Selby Baqwa has concluded that Sarafina 2 must be scrapped, that two department officials are guilty of misconduct and that the department's tender committee needs to be reconstituted

After an intensive investigation, the Public Protector makes a number of far-reaching recommendations, some extremely serious and some exceptionally humiliating

- The department, in cooperation with the state attorney, should consider terminating the contract between the department and the Committed Artist Theatre Company (playwright Mbongeni Ngema's company)

- The department must repossess all equipment "in attempting to recoup their losses"

- Before contracts are signed, after being drafted by the legal section of the department, they should be referred to the state attorney for vetting

- It is recommended that the departmental tender committee be reconstituted and retrained to ensure that the officials constituting it have the necessary authority and expertise to see to it that all procedures are adhered to and implemented

- The Public Protector warns that the department and Government officials should be circumspect when issuing statements that could detrimentally affect South Africa's international relations

"This is said with specific reference to donor funding," Baqwa says, indirectly referring to the war of words that followed the European Union's questioning of procedures surrounding Sarafina 2

- Baqwa also comments in his findings on the care all Government departments should exercise when dealing with foreign funding that could have a bearing on the Reconstruction and Development Programme

"It is recommended that Government departments should ensure strict adherence to terms and conditions of agreements entered into with foreign governments

"This is very important for international credibility and trust. Failure to adhere strictly to the terms of agreements is a serious matter which can negatively impact on the RDP"

- A recommendation is also made that the department restructures its legal section

The Public Protector's report also adds "I have reasonable grounds to suspect that Mr AH Badenhorst, chief director of departmental support services, and Mr JG Angelo, acting chairman of the departmental tender committee, are guilty of misconduct"

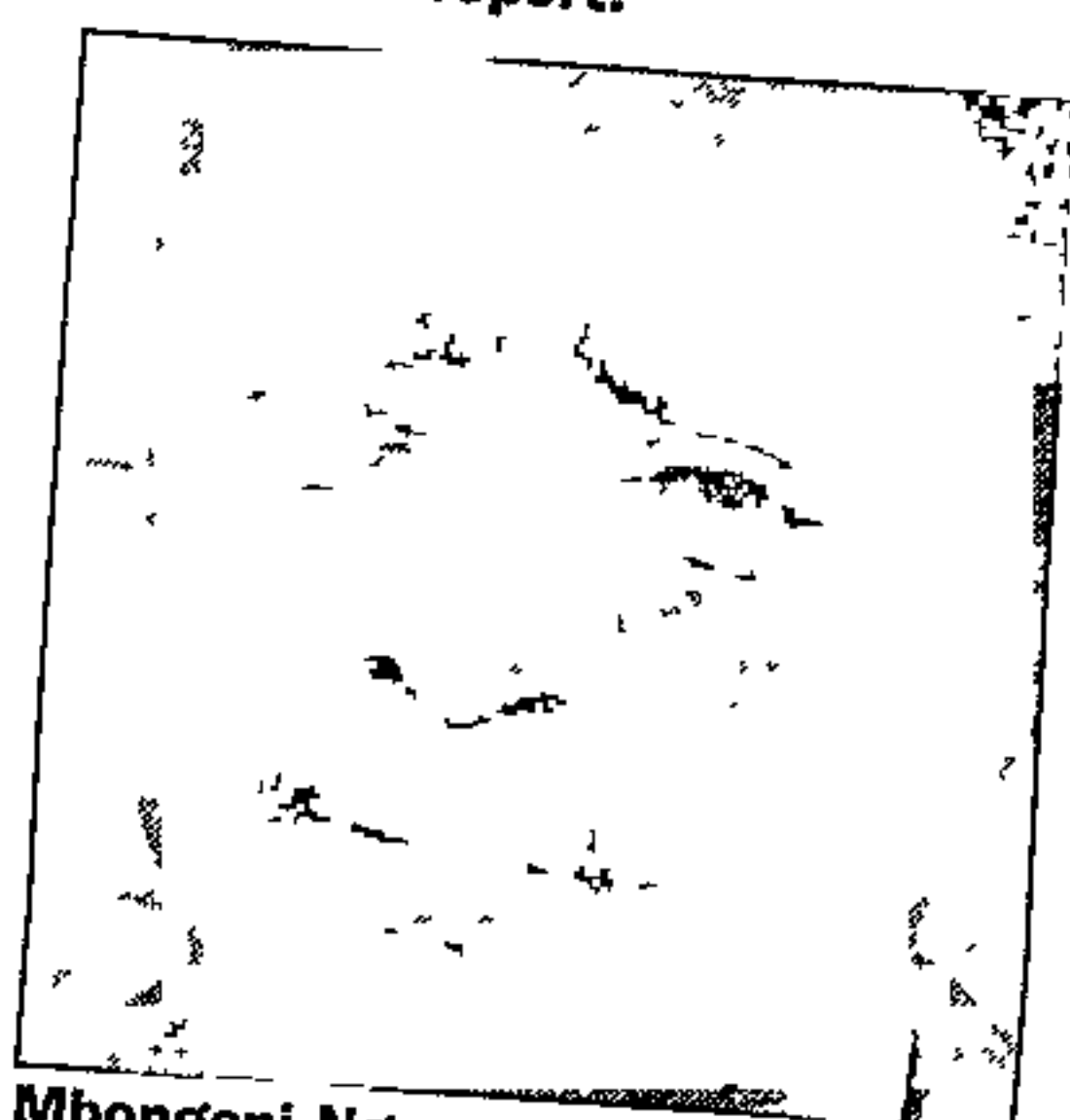
This matter has been referred to the director-general for investigation by an investigation officer from outside the Department of Health

An entire section of the report is devoted to the future of the Sarafina 2 contract with Ngema. The process that brought the contract into being was "flawed and defective"

The signing of the contract without the approval of the tender committee is also criticised "The signing of a



Nkosazana Zuma ... comes off relatively unscathed in the Public Protector's report.



Mbongeni Ngema ... his HIV-Aids play is described as inadequate and questionable.

contract for an amount in excess of R14 million without reference to the departmental accounting officer was also negligent"

Even though the contract was drafted by the legal section of the department, "there were insufficient or inadequate provisions for the control of spending of moneys at the implementation stage of the contract"

Baqwa discovered that there was an understanding among senior departmental officials that the play would cost R5 million. Despite this, the Public Protector found, a contract for R14 million was signed

This contract should never have been signed. Despite the contract being legally binding, the Public Protector believes that, because of the serious flaws uncovered, the original agreement should not be continued

Evidence before the Public Protector also reveals

- An amount of R431 000 appears to have been "irregularly spent" on a private studio belonging to Ngema, and this amount is still outstanding.

- Committed Artists failed to furnish the department with invoices every month,

- Committed Artists failed to provide proof of how an amount of R197 000 was spent on the project,

- Committed Artists failed to submit receipts for all expenditure, despite having been asked to do so, and

- Committed Artists failed to maintain control over the use of funds. These discrepancies prove that Committed Artists failed to adhere to the contract

"It would further appear that they rendered defective performance or alternatively acted in breach of the contract. It is accordingly recommended that the Department considers acting in terms of clause 15.1. If this is done, it effectively saves about R5 million of the taxpayers' money"

Referring to the haphazard procedure, the Public Protector concludes "I am of the firm view that the two officials did not apply their minds properly when they made their recommendation to accept a tender for R14,27 million"

Mandela behind Zuma as state drops *Sarafina 2*

TYRONE SEALE
Political Staff

(92)
ARG 6/6/96

AMID a chorus of calls for her resignation, Health Minister Nkosazana Zuma has received a vote of confidence from President Mandela

This follows her swift implementation of Public Protector Selby Baqwa's recommendation that the Health Department abandon the Aids musical *Sarafina 2*

At the same time, as yet unnamed people in the private sector have offered to pay for the rest of the *Sarafina 2* run

The curtain came down on the department's involvement with playwright Mbongeni Ngema's Committed Artists Theatre Company yesterday as Dr Zuma conceded that Mr Baqwa's report on his investigation into *Sarafina 2* left her no choice but to stop the contract.

Dr Zuma told a 90-minute special debate in the national assembly on the much-aligned stage production that her department would recover all unauthorised expenditure due to it in terms of the contract with Committed Artists

"Theatre, as an art form, is no doubt a very powerful instrument for spreading health messages. While we accept that there were problems with administrative procedures and financial controls, the play was a good idea."

She said there were people in the private sector who had said they accepted mistakes might have occurred and that they did not want to interfere with government procedures, but who were prepared to pay for the play and support future endeavours dealing with Aids. This would take care of *Sarafina's* total budget.

Dr Zuma's readiness to get out of the *Sarafina 2* earned her Mr Mandela's support. In a statement issued on his behalf by Deputy President Thabo Mbeki, Mr Mandela praised Dr Zuma for the steps she had taken and would be taking to rectify errors identified in the report, saying this had reinforced his confidence in her.

Dr Zuma said yesterday that among the recommendations she was implementing was one suggesting the health director-general, Olive Shisana, appoint an independent investigator to probe suspected misconduct by two senior departmental officials, Hugo Badenhorst and J G Angelo

● See page 27.

Sarafina II: What's all the song and dance about?

The fiasco over a play intended to educate people on the dangers of Aids has highlighted the fact that proper financing procedures were not adhered to and that authorities are not au fait with processing donor funds.

TYRONE SEALE of The Argus Political Staff reports

(9/2)

ARG 6/6/96

PUBLIC Protector Selby Bagwa's findings and recommendations on the Aids musical, Sarafina II, point to a host of bungled decisions that led to the launch of a project which, he says, is not justifiable, even on the basis of the threat of Aids.

● The source from which the play was to be funded was never formally decided on, but from the evidence it is clear that it would come either from the European Union fund or the departmental budget.

The line managers - chief director of national programmes Dr Mtshali or HIV/Aids and Sexually Transmitted Diseases programme director Quararasha Abdool Karim - ought to have made a formal decision.

This was never done

● A recommendation by the chief director and director of the HIV/Aids programme that the tender be awarded to Committed Artists was submitted to the tender committee.

They did not object to the R14.2-million figure, although they say they did so verbally to chief director of support services Hugo Badenhorst.

They ought not to have recommended the tender in light of the presumed R5-million ceiling and were therefore negligent in performing their duties.

● The departmental tender committee sat to consider the tenders on August 8 last year and on the very same day Mr Badenhorst was already requisitioning a cheque for R3 million to the paid to playwright Mr Ngeema.

● While Health Minister Nkosazana Zuma was correct in saying the department informed the EU about *Sarafina II*, those reports did not mention that the play would be funded from EU funds and they did not give details of the relevant budget as required by the agreement with the EU.

● The awarding of the *Sarafina II* contract to Committed Artists was not in accordance with state tender procedures.

It was not in accordance even with the agreement with the EU



and was never budgeted for, and this means the department spent money it did not have, or that it did not have to the authority, to spend

- If the department went out on open tender, chances are that it would have had a high-quality production at much less than the present cost

- It is clear from expert evidence that budgeting for a play is mostly dictated by available funds

If R14,2 million is available, that is what one will spend. If one has much less, one would use fewer actors and less expensive lighting, for example, but still produce a professional play that conveys an adequate message

- When expert witnesses were tested on what their tenders would have been, it became clear that the highest offer would have been

R8 million

The lowest tender, of R600 000, was a serious one, with the tenderer saying the job could be done for this amount

Had this tenderer had more time to evaluate the tender better, a more reasonable amount might have been in the region of R1 million to R2 million

- The HIV/Aids message the play conveys is inadequate and questionable in certain respects, and should be revised and improved if the play is to be continued

- According to the Aids Consortium - a grouping of more than 100 organisations active in the HIV/Aids field - the play gives a negative message, and educational messages are either weak or

seriously deficient

- The department never submitted a proper business plan for the HIV/Aids programme to the reconstruction and development programme office as required.

Therefore the RDP office will not make any funds available to the department until the necessary requirements are met

- Mr Badenhorst chose to present the director-general, Olive Shisana, with a note creating the impression that the tender committee had accepted the Committee Artists tender when he was requested to produce the minutes of the relevant meeting

This was over and above other reprehensible acts he had already committed, such as signing a contract without a recommendation of

the tender committee and without sanction of the accounting officer

- The scourge of Aids constitutes a threat of immeasurable proportions to the country in social and economic terms

From this view, the conceptualisation of the play itself was a commendable act on the part of the Minister and her department, but the mismanagement that followed cannot be justified even on the basis of that threat

- The Department of Health should embark on an intensive education and training programme which should involve the State Tender Board, the RDP office and the International Development Cooperation Committee

This course should inform all

relevant officials about funding and tender procedures, regulations and other information to increase efficiency in financial management

- Before contracts are signed, after being drafted by the department's legal section, they should be referred to the State Attorney for vetting, in line with treasury instructions

- The *Sarafina II* contract should be terminated and the equipment repossessed

- The department and government officials generally should be circumspect in issuing statements which could have a detrimental effect on South Africa's international relations and the domestic economy

- Government departments

should strictly adhere to terms and conditions of agreements entered into with foreign governments

This is very important for international credibility and trust

- Since international assistance is a new phenomenon for the government, there is a relative lack of capacity within the civil service to manage this assistance

- The government has no generic legal agreement concerning issues such as procurement, tendering and status of technical assistants - as this responds to different legal agreements presented by different countries and agencies

This can create confusion and needs to be rectified as a matter of urgency

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Argus

Private trust to continue with Sarafina

A group of private businessmen would take over the funding of the R14,2 million Sarafina 2 Aids play when the Department of Health terminates its contract with the Mbogeni Ngema's Committed Artists Theatre Company, Health Minister Nkosazana Zuma has said.

Answering questions from Sylvia Vollenhoven in the SABC 2 programme Focus last night, Dr Zuma said there had been a pledge to continue the idea of the play to educate the youth about the dangers of HIV/Aids.

She would not say who the businessmen were. Only that they had formed a trust and that it was "a spontaneous offer".

Asked if it was fine for the government to accept such large anonymous financial offers, Dr Zuma said "Yes it is if it is their wish to remain anonymous".

The termination of the department's contract with Committed Artists would also mean an end to the planned R2 million video of the stage production, Dr Zuma said.

Referring to Dr Zuma's earlier statements before the National Assembly's health committee and in parliament that she was convinced the contracts regarding Sarafina 2 were on track and that the European Union knew about the fact that the money for the play was coming from EU funds, Ms Vollenhoven asked who had lied to Dr Zuma or misinformed her.

15/6/96

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"At that time the information that I had was that the EU had been informed, but it is very clear that the procedures laid down by the EU were not followed," Dr Zuma said.

She said she only realised the procedures had not been followed when she attended the public protector's hearings on the matter.

"When I went to the public protector I came to know what I believed had been followed had not been followed," she said.

The public protector Selby Baqwa's report had recommended that certain officials in the Department of Health be investigated.

Asked whether people would lose their jobs as a result of the investigation, she said "I can't pre-empt any investigation that needs to start".

The department would act according to its findings.

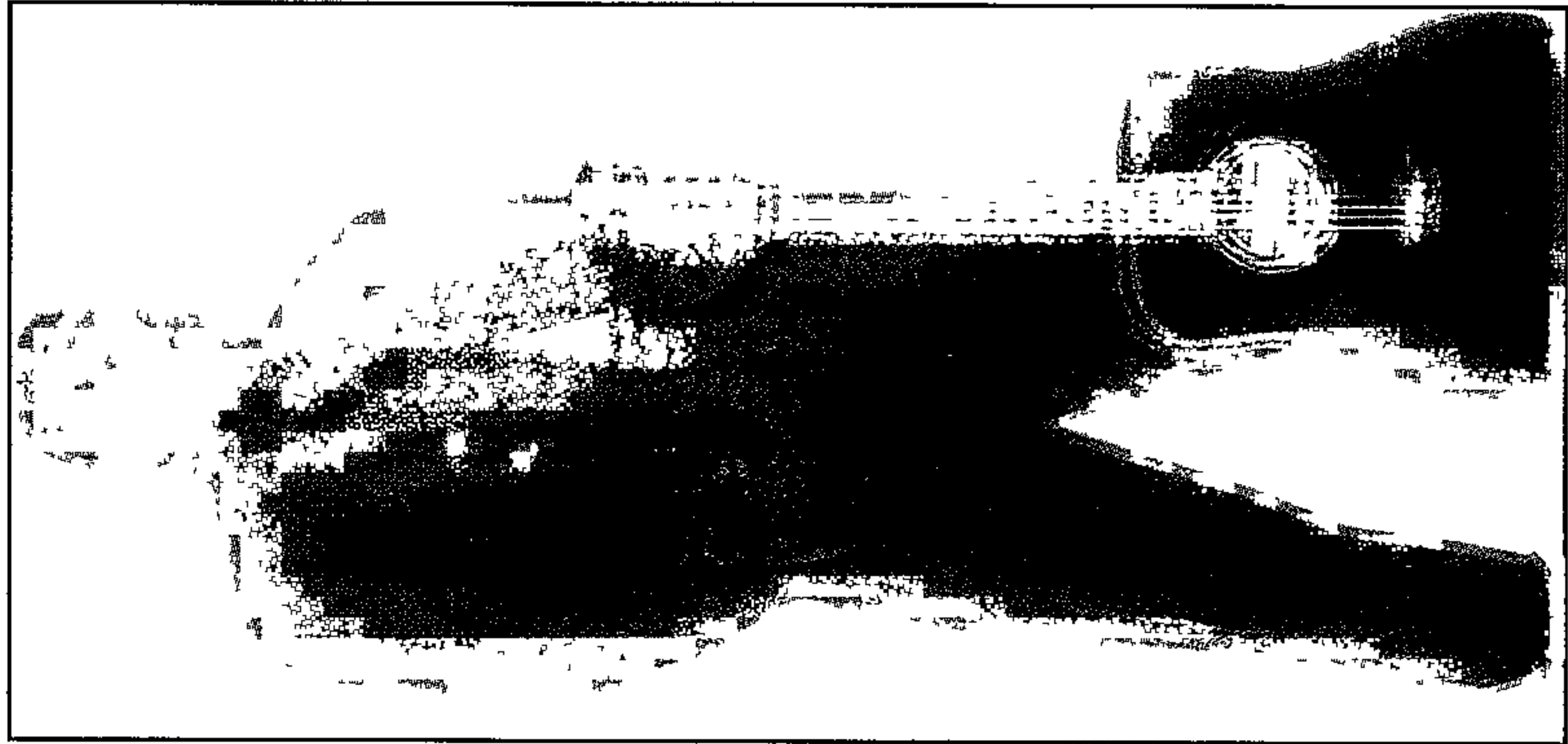
Dr Zuma denied that she had not accepted responsibility for the debacle, saying she took accountability seriously.

"Of course the department is my responsibility. I take accountability seriously."

Officials in the firing line

APR 6/6/96

A note from Health director-general Olive Shisana to chief director of support services Hugo Badenhorst shows there were early warnings and concerns about the multi-million tender for the Aids musical, *Sarafina II*, but that these did not stop the show.



STRIKING A BAD CHORD: Mbongeni Ngema's *Sarafina II* is causing a rumpus



UNDER FIRE: Health Minister Nkosazana Zuma is facing the music over the Aids play *Sarafina II*

TYRONE SEALE reports from parliament.

"TO Badenhorst 'I thought for such an amount you would have let me participate in this discussion. Badenhorst, please let's discuss. The play was to cost R5 million or less, this was Minister Zuma's instruction. Now the play is to cost us R14,2million. Please let's urgently discuss the matter'."

These remarks, dated August 16 1995, and addressed by health director-general Olive Shisana to her chief director of support services, Hugo Badenhorst, could very well prove to be Dr Shisana's and, more importantly, Health Minister Nkosazana Zuma's salvation today.

Dr Zuma ran the gauntlet of a special, 90-minute debate on the controversial musical yesterday afternoon, during which opposition parties pulled no punches in calling for her step down. While the African National Congress put on a brave face, some of its own members privately voiced concerns that Mr Badenhorst would be expected to take the rap - offstage, that is - for making bad decisions which senior departmental colleagues finally endorsed, one way or another.

Prescribed reading matter for MPs preparing for the rhetorical showdown was a document published last Friday - and leaked to some media at the weekend - under the sober title, *Report No 1 (Special Report) Investigation Of The Play Sarafina II Public Protector*.

In it, Public Protector advocate Selby Baqwa recommends that the health department terminate its contract with playwright Mbongeni Ngema's Committed Artists Theatre Company and sees to it that all equipment is repossessed and sold to recoup losses to date.

Mr Ngema, meanwhile, has been banking on seeing his music, song and dance production visit all major urban centres and as many rural communities as possible to communicate the message about the spread of HIV and Aids.

Dr Zuma has repeatedly argued that these methods are most effective in reaching young people who represent one of the most vulnerable population groups, in HIV/Aids terms.

On the subject of banking, Mr Baqwa has sug-

gested that the department could save about R5 million by stopping the contract now as, he says, Mr Ngema's company has not fully and properly adhered to the spirit and terms of the contract.

Mr Baqwa lists no less than 20 findings to support his recommendations, particularly the one in which he suggests that, with the help of an independent investigator, the director-general probe suspected misconduct on the part of two senior officials. The two officials are Mr Badenhorst and JG Angelo, acting chairperson of the department tender committee.

Nowhere does Mr Baqwa allude to impropriety on the part of Dr Zuma and he merely recommends, albeit sternly, that Dr Shisana tighten control over certain procedures in her department. Mr Baqwa says it is clear from the evidence that the original intention was to set aside R5 million for the play, and that Mr Badenhorst signed the contract without involving Dr Shisana.

25% of workers plagued by HIV

Tests on job-seekers could be illegal — attorney

ARG 8/6/96

ESTELLE RANDALL
Labour Reporter

MORE than one million South Africans have been infected with the human immuno-deficiency virus (HIV) and it is estimated that about 25 percent of the workers have the virus

Johannesburg attorney Zenwill Lacob, writing in the June issue of *De Rebus*, the SA attorneys' journal, has argued that anti-discriminatory provisions of the new Labour Relations Act and the new constitution will make it an unfair labour practice to discriminate against a prospective employee by requiring the person to be tested for Aids

It would also be unfair to freeze the prospects of advancement or to dismiss employees who had Aids

The new Labour Relations Act which takes effect in August this year, makes it an unfair labour practice to discriminate directly or indirectly against an employee, on arbitrary grounds

But there is nothing to stop an employer asking employees or applicants for employment to take an Aids test

However, the courts can regulate an employer's response to the results of testing, Mr Lacob said

He argued that there should be a blanket prohibition against Aids testing, unless this was accompanied by proper counselling, and allowed only in specific circumstances where it was relevant to job performance.

This was the case in the United States, Europe and Australia,

where laws existed to protect Aids victims from discrimination

In South Africa draft legislation has also been proposed The Prohibition of Pre-employment Testing for the Human Immuno-deficiency Virus (HIV) Bill says it is unlawful for employers to refuse to employ people on the basis that they have the Aids virus It is also unlawful for an employer to require an applicant for employment to take an Aids test or to answer questions aimed at finding out whether the employee has Aids, the draft legislation states

In South Africa's mining industry, where the incidence of HIV infection is particularly prevalent, the National Union of Mineworkers and the Chamber of Mines have concluded an agreement protecting HIV-positive workers from discrimination, victimisation and harassment

In terms of the agreement, principles for dealing with HIV infection are no different from those applied to other serious conditions Employees are not required to undergo tests for HIV, unless for medical reasons or as part of testing programmes needed for studying the incidence and distribution of the disease, and how to control or prevent it

Such testing must be accompanied by counselling and there must be awareness and education programmes, implemented in consultation with employers and employees, to help change lifestyles where necessary

The National Economic Development and Labour Council has also published a "code of practice", as a guide for employers in

their dealing with HIV-positive employees.

"I believe that more often than not a requirement for employment or continued employment that an employee undergo an Aids test would be motivated by an ulterior motive not related to job requirements," Mr Lacob said

He pointed out that Aids victims remained fit, healthy and productive for five to 10 years after contracting the disease, before they became ill and incapacitated

An Aids test did not ensure the person would not become infected in the immediate future Transmission of the disease was almost impossible in the work environment and precautions could be taken to prevent its transmission Employees who developed Aids-related symptoms and became incapacitated could be dealt with in the same way as any other employees suffering from an incapacity

The South African Medical and Dental Council, in its guide to management of patients with HIV, had stated that although infection with HIV and Aids was incurable, Aids was a "manageable" life-threatening disease

"So from an objective viewpoint there is little to be gained from employers testing for Aids," Mr Lacob said "It is probably more legitimate to test for tuberculosis, which is more prevalent and more infectious But, I have not heard it suggested that employees should undergo testing for this illness"

Testing might be legitimate in healthcare-related professions

BLUWAYO - The HIV/Aids pandemic, leaving a trail of death on Zimbabwe's commercial farms, has spurred farmers to start foster homes for the increasing population of orphaned children.

In Zimbabwe, like in other central and southern African countries, the orphan problem has largely focused on urban-based children, with little or no attention paid to rural areas, farming and mining communities.

According to research conducted on 10 farms and interviews with 176 representatives of the farming community, farm workers are among the most vulnerable groups of the Aids scourge.

The 10 farms employ 917 permanent workers who have 5 753 dependents while the 176 representatives work on farms which employ 1 490 casual workers and 14 323 full time employees.

"The farmer is witnessing the destruction of family units, many of which have been linked to the farmer and his family for generations."

"We have this growing problem of parentless children," says Peter MacSporrin, president of the Commercial Farmers Union (CFU).

Two million of Zimbabwe's 10.5 million people live on 4 600 large-scale commercial farms, including one million children.

The research, conducted by the CFU and Southern Africa Aids Information Dissemination Service (Safaid's) predicts that at the rate HIV infection is spreading on farms at least 200 000 children could be orphaned in the next decade - hence the need for pilot foster homes.

The research attributes the spread of HIV infection to

- The farming communities' social and geographical isolation
- Lack of education among farm workers and rural dwellers
- Economic insecurity

Most of the children interviewed identified their need for clothes, food, shelter and education.

The majority of farmers acceded to the concept of foster care on humanitarian grounds and also because of the rise in loss of skilled and experienced labour.

But, they have expressed concern at the high cost of looking after the children and have requested tax relief and that the government's cash strapped department of social welfare work out a mechanism for financial partnership.

Agriculture minister Dennis Norman, who foresees the creation of a generation of "farm kids" on the scale of urban street kids, has already pledged government support.

Zimbabwe's farmers help

Aids orphans

(92) ~~92~~ ARG 6/6/96

Large populations of female casual workers who move from farm to farm in search of seasonal work.

It adds that recreation facilities centre on beerhalls where commercial sex is readily available, without condoms.

The idea of foster homes came about after it was realised that a substantial number of poorly paid farm workers had lost contact with their weakened extended-family system.

Also, some of the workers came from neighbouring countries like Malawi, Mozambique and

Zambia and have lived all their lives on farms.

The research found that 104 farm households were already looking after orphans while 65 per cent of the farmers who participated preferred foster care rather than leaving the children to wander away after the death of parents.

"Foster care on commercial farms is both necessary and feasible."

"The study found a high degree of acceptance of the concept among farmers, key workers, general workers and children themselves," said Helen Jackson of Safaid's.

However, fears have been expressed that foster homes could inadvertently create a new form of child labour.

Ms Jackson admits that while the possibility exists, foster homes are the only immediate short-term option while long term methods are being worked out.

"That risk is there, but child labour has always been there."

"What is required is proper utilisation of existing regulations by reviewing some of them and streamlining the relationship between the department of social welfare and the farming community," she says.

Health experts also point out that while foster homes are a short-term measure the long-term solution lies in a continuous awareness campaign against behaviour that exposes people to infection in a community whose recognition of the impact and danger of HIV/Aids remains low.

There is also the problem that communities refuse to change social behaviour - Independent Foreign Service-Information Afrique

Horror greets Aids 'miracle cure'

(92)MTG 31/5-6/6/96

Chris McGreal

A SENIOR adviser to Kenya's president is selling a government-funded "miracle cure" for Aids which, education workers say, has set back years of safe-sex projects, the most recent funded by a £26-million World Bank grant agreed to three months ago.

Professor Arthur Obel, a leading doctor and chief scientist in President Daniel arap Moi's office, launched "Pearl Omega" in March with much fanfare in the state press, the personal endorsement of Moi and praise from the administration in Parliament.

Since the launch, thousands of the estimated 1-million Kenyans afflicted by Aids or being HIV positive have handed over £350 for a course of Pearl Omega, which comes in a wine bottle and is 5% proof

Non-Kenyans are also among the buyers. In sub-Saharan Africa alone, 13-million people are infected with the virus. Within Kenya, about 60 000 of the sufferers are children.

The drug is made by Biodiversity, a company set up specifically for the purpose with government funds, and headed by Moi's former press secretary.

Professor Obel claims secret research proves that Pearl Omega causes a reversal of Aids symptoms and can even totally rid the body of the HIV virus. But he has refused to reveal what is in Pearl Omega, to produce anyone who has benefited from the drug, or to hold himself accountable to Kenya's professional medical organisations

"My critics want to know how I get from the source to the end point," he said. "This means revealing the formula for my drug. No one knows the formula for Coca-Cola"

Critics say he has used powerful political connections to intimidate the medical profession into an uncomfortable silence. Moi's office did not respond to requests for comment.

Aids groups are outraged, arguing that there is no hard evidence to back the claims for a drug for which some people hand over their life savings.

Although a health ministry board banned the sale of Pearl Omega in pharmacies two weeks ago, Professor Obel continues to dispense it from his medical practice, where emaciated Aids sufferers pack the waiting room for the supposed cure.

Millions of pounds of foreign aid, along with tons of free condoms, have been dedicated to

persuading Kenyans to take Aids seriously. But Aids workers say they are running into increasing hostility from people who say safe sex no longer matters now that there is a cure.

Unless they can be persuaded otherwise, the health ministry's estimates that the number of Kenyans infected with HIV will have risen by 60% at the end of the century, may be conservative.

Next week, the courts are to hear an application by the Kenya Aids Society aimed at forcing Professor Obel to reveal Pearl Omega's formula, to register it as a drug and to submit it to government pricing controls.



**President Daniel arap Moi
Endorsing the 'cure'**

(92)
Sowetan
6/6/96

ZUMA MUST GO

DRC calls for resignation of embattled Health Minister

By Rafiq Rohan
Political Correspondent

MINISTRY OF Health Dr Nkosazane Zuma has been exposed for her lies and cover ups and she should therefore do the honorable thing and resign, Parliament was told yesterday.

Zuma has been the subject of a campaign to the Public Protector over her alleged cover up of the stage production of the R142-million *Sarafina 2* production and the reconstruction of the stadium in the Department of Health.

He also recommended that two departmental officials, **WENNIE** and **WENNIE** be investigated for alleged fraud of approximately R10 million. Before the inquiry started, Zuma booked a number of seats along with the Public Protector's recommendation that her department withdraw the agreement with Mthembu's company's **Curriculum Africa**.

The department withdrew and agreed with Mthembu, she said. However, this argument to the National Assembly that accountability did not exist with departmental fraud was met with the minister herself, who should resign.

She must resign to pave the way for South Africans that ministers understand and adhere to the principle of ministerial accountability. She must resign to protect the dignity and position of her colleagues in the Cabinet, Ellis said.

Dr Williams, Ombudsman of the National Party, backed the call, saying that South Africa could not afford Zuma. He called on President Nelson Mandela to dismiss her.

Only one member of the portfolio committee on Health, Dr. Mthembu, did not back Zuma and said the Public Protector's office was a creature of the African National Congress in the interests of the government and that Zuma herself had withdrawn her resignation.

Ministers engaged in "corruption, nepotism and a cover up of the truth of the revolving state institutions in their department".

While the leaders of the party were big enough to say sorry for one minister, we are not unshakable and with the assurance that all citizens can strengthen our drive to bring equity and social justice to South Africa, she said.

Another ANC MP, Mr. Cullinan, Clabane, rejected the call for Zuma's resignation.

"We have confidence that the Public Protector is satisfied that the findings do not suggest that the minister should be asked to resign. There is no basis in this report for Parliament to require that she resign," Clabane said.

Ellis was also concerned at the charge during the South Africa internationally following the transfer of one of the donors, the European Union on the grounds of

See Page 11.



Secretary 2... taking center stage has not been because a large political move.

Zuma drops play, but won't resign ⁽⁹²⁾

ET 6/6/96

HEALTH MINISTER Dr Nkosazana Zuma drew the curtain on the controversy-plagued Aids awareness play, Sarafina 2 yesterday, telling Parliament she would end her department's contract with the play's producer, playwright Mbongeni Ngema. She would not resign, however.

The termination of the department's contract with Ngema's Committed Artists would also mean an end to the planned R2-million video of the stage production, Zuma said.

Speaking on television last night she said a group of private businessmen would take over the funding of the R14,2m Sarafina 2 Aids play when her department ended the contract.

Fielding questions from Sylvia Vollenhoven on the SABC 2 programme Focus, Zuma said there had been a pledge to continue the idea of the play to educate the youth about the dangers of HIV/Aids.

She would not say if the businessmen were, only that they had formed a trust and that it was "not a spontaneous offer".

Asked if it was fine for the gov-

ernment to accept such large anonymous financial offers, Zuma said: "Yes it is if it is their wish to remain anonymous."

Earlier in the day in a fiery debate in the National Assembly after the publication yesterday of a damning report from Public Protector Mr Selby Baqwa, Zuma also announced that there would be an investigation into the role department officials had played in the debacle.

The closure of the play formed the crux of Baqwa's recommendations.

Zuma accepted the recommendation but insisted that the play was a "good idea". She said all unauthorised expenditure in the contract between the department and Committed Artists would be recovered.

DP health spokesman Mr Mike Ellis, who had called for the Public Protector's investigation, said Zuma had lied and tried to cover up the incident.

Spokesman for the NP, the PAC and the ACDP called for her resignation. The IFP said Zuma needed to be given a second chance.

— Sapa-Political Staff

ZUMA COMMENDED FOR ACCEPTING REPORT

NP men may have plotted Sarafina debacle — ANC

THE ANC came out in strong support for Health Minister Dr Nkosazana Zuma last night, saying her ready acceptance of the Public Protector's report showed that the government was committed to transparency. Health Writer **ANEEZ SALEH** reports.

THE National Party may have secretly engineered the entire Sarafina 2 scandal to discredit the ANC, the movement claimed last night.

In a statement from its department of information and publicity, issued shortly after a crunch debate on the damning Public Protector's report, the ANC said it noted with concern that Zuma was "misled" into taking certain decisions on the basis of "misrepresentation" by two officials in her department. It was "instructive" to note that the two officials were appointees of the previous NP government.

"Only history will tell whether the two had acted with political or sectarian motives in misrepresenting the facts to the minister.

"In this regard, the ANC gives its unqualified support to Dr Zuma's institution of an investigation into the allegations against

the two civil servants contained in the report."

This would be done in terms of the Public Service Act.

"If anything, the Public Protector's report has helped put into sharp focus the need to speed up the transformation of the civil service to ensure that it is geared towards the service of the people and the goals of reconstruction and development."

It continued: "The ANC was encouraged by the commitment of the European Union to continue supporting the transformation of the health services in South Africa.

"In this context, it is incumbent upon all political parties to resist the temptation of turning the matter into a political football for narrow sectarian interests, but to throw their full weight behind national efforts in the fight against the scourge of Aids/HIV and other



076/6/96 (92)

UNREPENTANT: Embattled Health Minister Nkosazana Zuma

diseases."

It added that the ANC welcomed the report of the Public Protector on Sarafina 2.

"This once more confirms the commitment of the democratic government to transparency, accountability and clean governance.

"The ANC commends Minister Zuma's acceptance of the entire

recommendations of the Public Protector on the matter.

"By this bold step, Zuma has achieved what the previous National Party government had failed to achieve in the past 40 years."

The ANC's position contrasted sharply with that of the Democratic Party's health spokesman, Mr Mike Ellis, who told Parliament yesterday that the Public Protector's report clearly proved that Zuma had known on August 18 last year that a number of irregularities had taken place in awarding the contract to playwright Mbongeni Ngenya.

She had been alerted to it by her own Aids director, Ms Qurassha Abdul-Kareem.

Despite this, Zuma did nothing to stop the musical, and subsequently went on to deny to the public and Parliament that anything was amiss.

Also, the report was clear that the EU did not know of, or approve, funding for it, despite Zuma's claim to the contrary, Ellis said.

Top health officials slate Sarafina 2 report

Kathryn Strachan

TWO senior health department officials hit back yesterday at the public protector's report on the Sarafina 2 controversy, denying accusations of misconduct against them.

The report recommended that health support services chief director Hugo Badenhorst and department assistant director Johnny Angelo be charged with misconduct for their maladministration. Badenhorst and Angelo said they would welcome the investigation as it would enable them to clear their names, an opportunity the public protector had not afforded them.

They said the main problem the report identified with their conduct emanated from a note they had submitted to director-general Olive Shisana. The note, written at a late stage in the proceedings and long after the play's production had started, did not create the impression that the departmental tender committee had accepted a tender.

The NP asked yesterday why "the future of the disaster that is Sarafina 2 is as murky and opaque as its past?" "The public needs to know who is taking financial responsibility for Sarafina's continued existence. Is the department of health involved in any way?"

It was speculated that Thebe In-

vestments was the anonymous new backer, but it would not comment.

However, Amanda Vermeulen reports that Thebe's health-care partner Macmed said neither company "would bail the minister out of her problems".

EU ambassador Erwan Fouéré said Health Minister Nkosazana Zuma had assured him the EU funds diverted to Sarafina 2 would be directed back to department projects they were originally intended for. He said Zuma had accepted the recommendations and would implement them all, saying that this was reassuring for the EU.

Comment: Page 8

BD 7/6/96 (92)

Unrepentant Zuma just grins

(92) Sowetan
7/6/96

Rafiq Rohan's Parliamentary Review

ALTHOUGH PUBLICITY around *Sarafina 2* and the Public Protector's report, the announcement that the Government will support the Olympic Bid and the uproar over Bloemfontein's celebratory South African National Defence Force parade around the ghastly Cassinga Massacre of 1978 garnered the headlines this week, there were numerous other issues that Parliament took time to consider

But these issues will have to wait for another time

The treatment meted out to the *Sarafina 2* Aids awareness play deserves deeper consideration

You can't help but comment on the plight of, as someone called her, Dr "Sarafina" Zuma. She pleaded and protested her innocence

Useless functionaries

She had been hard done by, by useless functionaries in her department who messed up on tender procedures, who got into a fight with South Africa's generous beneficiaries in the European Union and who quite simply forgot to tell her that R14,27 million of her tight budget was being used on a Broadway-style musical

In any other democracy the mismanagement of R14,27 million would, at the very least, see the top dog fall. Even if, as in this case, the accused had not personally enriched herself, it simply will not hold water to say "I did not know" or "It wasn't me"

She started off her speech in the national assembly saying the Public Protector's report helped her to see the "weaknesses in the administration and management of the department"

"What an understatement," Democratic Party leader Tony Leon said, while he heckled in typical fashion

"You shut up!" came back a chorus from the ANC benches

Perhaps it was not the right way to respond while the nation watched, but Zuma just grinned

In fact she grinned and giggled quite a lot while reading her disclaimer statement. Not a wise way to treat such a serious matter

'In any other democracy the mismanagement of R14,27 million would at least see the top dog fall. It simply will not hold water to say 'I did not know'

Her case was not strengthened any further when, referring to the running *Sarafina 2* controversy these past months, she argued that at least it (the controversy) brought into focus the Aids issue in the media. The mind simply boggled at this logic

She continued her defence (At this point, she should have consulted her lawyer) She agreed, she said, to accept the Public Protector's suggestion that she scrap the play but still insisted "The play was a good idea"

Expensive idea

"A very expensive idea!" someone from the NP benches yelled back at her

During her speech the biggest *blaps* came when her colleagues in the benches to her right launched back at the NP "What about Abe?"

We all know him. Abe Williams was he who resigned immediately when the scandal of corruption in his welfare ministry broke earlier this year. He was the centre of numerous scandals before that, but let's leave that for now

Under the barrage of ANC attack he jumped up, beating his chest "I had the guts to get out"

Even when the DP's Mike Ellis called on Zuma to do the "honourable thing" and quit, she simply smiled from the comfort of her ministerial front bench seat

The harder her ANC supporters tried to defend her, the more furious those in the opposition benches became

Through it all, Zuma just grinned. She was clearly having loads of fun

Implicated officials 'surprised and dismayed' at Baqwa report (92)

By JAVIAL RAUTAO
AND PATRICK BULGER
Political Staff

The two senior Health Department officials implicated in Public Protector Selby Baqwa's damning report on *Saragwa 2* yesterday denied that they had acted improperly and charged that Baqwa had violated the principles of natural justice by denying them a chance to be heard.

In a joint statement, support services chief director Hugo Badenhorst and assistant director Johnny Angelo said they were surprised and dismayed at the contents of Baqwa's report, which was tabled in Parliament this week.

They said they were not guilty of any fraudulent actions or any form of misconduct as implied in the report. They plan to answer the accusations during an investigation into alleged misconduct announced by Health Minister Nkosazana Zuma.

"We will welcome such an investigation since it will undoubtedly give us the opportunity of defending ourselves - an opportunity, we may add, the Public Protector did not deem necessary to afford us," they said.

The two said they had not been informed of their rights in terms of section 9 of the Public Protector Act (23 of 1994). They had also not been afforded the right of legal representation nor

the opportunity to cross-examine other witnesses.

"We were requested by the Public Protector to give evidence and to clear up certain issues, but we were never informed that we were to be implicated.

"The first time we heard of these allegations were after the final report had been handed to us," Badenhorst and Angelo said. They said Baqwa's biggest problem with their conduct emanated from a note they had submitted to the director-general.

"This note, which was only written at a late stage in the proceedings and long after production of *Saragwa 2* had commenced, is quite clear in its wording. It does not state what the Public

Protector says it does, and even if it did - which is denied - it has no bearing on the real issues." The note was "drafted merely to document a sequence of events".

Earlier this week, Zuma told the National Assembly she would accept Baqwa's findings on the Aids awareness play and that she would terminate the department's involvement and ask for an inquiry into the roles played by Badenhorst and Angelo.

The ANC has alleged that the minister was "misled into taking certain decisions on the basis of misrepresentation by two officials in her department" and that it was "instructive to note that the two officials are appointees of the previous apartheid government".

Star 7/6/96

D-G taking legal opinion on reclaiming assets

By JANINE SIMON
Medical Correspondent

Mbongeni Ngema may yet get to keep the R5,5-million worth of assets bought for *Sarafina 2*, including office furniture, cell phones, a R1-million 45-seater bus and a 24-ton tractor and semi-trailer

Director-General of Health, Dr Olive Shisana, said yesterday she would take legal opinion on whether the department was entitled to reclaim these assets

The Public Protector's report recommended the health department repossess all equipment and other assets to recoup losses incurred by unauthorised expenditure on the play

Shisana said she had told

Ngema the contract was to be terminated and she would complete the paperwork when they met in the next few days. She had no evidence that the European Union was not going to assist with future projects and had commitments from seven other international funders for departmental projects

The EU said yesterday it was happy with the manner in which Public Protector Selby Baqwa had handled the issue and that it had received confirmation from the Department of Health that its money would not be used for *Sarafina*.

Decisions on future funding would be based, as was standard, on the merits of each project submitted, spokesman Christine

Thompson said.

Shisana said the department of health might have made a mistake, but this did not reflect on its pattern of work, as there were very competent people who had delivered on most issues

"We all make mistakes, including myself, and I'm sorry that it happened," she said, adding that she switched from being the minister's special adviser to director-general on July 3 last year, and the debacle had mushroomed in the heat of the transformation period

Shisana said she had informed departmental staff she was opening an investigation and had contacted the department of public service to nominate an investigator

STAV 7/6/96

(92)

Health men ask for probe in twist to (92)

Sarafina tale

ARG 7/6/96

TWO senior Health Department officials have denied the Public Protector's allegations of misconduct over the *Sarafina II* contract, saying they would welcome an investigation.

Support services chief director Hugo Badenhorst and assistant director, Johnny Angelo, said in a statement this would give them a chance to clear their names, "an opportunity the Public Protector did not deem necessary to afford us".

In a report officially released on Wednesday, Public Protector Selby Baqwa found that the two men had mismanaged tendering procedures and the awarding of the R14,2 million contract to Mbongeni Ngema's Committed Artists Theatre Company.

He recommended they be charged with misconduct, and that an investigating officer from outside the department deal with the charges.

Mr Badenhorst and Mr Angelo denied having acted improperly or against departmental rules at any time.

They were disappointed that Mr Baqwa chose to table a report "which seriously impacts on the constitutional rights of individuals without in itself respecting the principles of natural justice".

National Party spokesman Johan Steenkamp said the ANC's claim that Mr Badenhorst and Mr Angelo were part of an NP plot to lead Health Minister Nkosazana Zuma into a trap illustrated the party's "crumbling defences against its own incompetence".

"Questions need to be asked about the competence of all the top officials in the Department of Health. And we need answers," Dr Steenkamp said.

The NP wanted to know why

- Dr Zuma had not yet explained why she misled parliament on the European Union's knowledge and backing of the project.

- Dr Zuma and her director general Olive Shisana had not been relieved of their duties.

- Who exactly was taking over financial responsibility for *Sarafina II* - Sapa

The real facts on SA crime

Crime correspondent **Angella Johnson** gained exclusive access to Nedcor's 'top secret' report on the increasing levels of crime in South Africa

CRIME is costing South Africa an estimated R41.1-billion per year according to a confidential report, to be released on June 11, by banking group Nedcor

The survey — said to be the largest and most comprehensive ever compiled on crime in the country — has taken a year and cost a staggering R3-million to compile

It reveals that, contrary to previous reports, the level of violent crimes is five times higher than the average rate on the international crime index

Murder increased more steeply than in any other country except the Bahamas, Swaziland and Lesotho, but other crimes are in line with world trends

The study found that a reign of sexual terror was being waged against children and teenagers, who are seven times more likely to be victims of rape. Although the current "crime wave" eclipses even unemployment as people's prime concern, the document argues that the problem was gathering strength even during the 1980s

The 43-page document (compiled

from a nationwide survey of some 2 600 households and more than 2 000 businesses) adds to the recent glut of crime surveys which have flooded the market in an attempt to understand and find a solution to the country's crime problem

An executive summary of the "top secret" document has been sent to Minister for Safety and Security Sydney Mufamadi

Nedcor hopes it will act as a working document alongside the government's Crime Prevention Strategy, published last month, and the police commissioner's crime fighting plan due to be published soon

Headed by Professor Robin Lee, the dean of faculty management at the University of the Witwatersrand, the research team concluded that businesses suffered an average 1.2 crimes (of all types) over the past 24 months

Weaknesses in the South African Police Services and the Department of Justice have "allowed the crime wave to increase above the level it might otherwise have operated at", warned the report. It said the public percep-



Tackling crime. Violent crime is five times higher than the average rate on the international crime index

PHOTOGRAPH HENNER FRANKENFELD

tion was that government was not doing enough to put things right.

About 80% of all households had experienced some crime over the same period, costing a total R11.5-billion

On the business front, up to 60% of fraud cases are found to be orchestrated by management.

Although the perception among most business organisations surveyed is that crime and violence are reducing confidence and diminishing investment, the truth is that foreign money entering the country has exceeded R30-billion between July 1994 and February 1996

Crooks in uniform under investigation

Angella Johnson

CORRUPTION among police officers has increased by 8% in the past year, and remains a major obstacle to tackling crime, says Stef Grobler, director of the national anti-corruption unit aimed at cleaning up the service.

Grobler disclosed that more than 800 allegations of police corruption were investigated by his team between January 1995 and May 1996 — averaging more than two a day. Half of these were in the Gauteng area.

"Some of these blokes are crooks in uniforms and that's our national commissioners' biggest problem when it comes to getting rid of this scourge," said the man charged with cleaning things up. He has no way of measuring the true extent of the problem, but knows it is having a negative impact on policing and the image of officers.

"You find corruption in many forms from receiving payments, to the misuse of police powers and facilities for personal gain. They start small, but quickly escalate into bolder ventures and syndicates."

Other incidents of corruption brought before the unit include the case of an officer who visited a suspect in a murder case and offered to have the charge reduced to culpable homicide if he was paid R1 000.

Despite every good intention, only about 170 officers have been arrested as a result of the team's inquiries. Convictions are even harder to come by.

In this case, the suspect reported the officer and the unit was able to catch him in a trap. But the charge never made it to court. The officer got off after his docket mysteriously disappeared.

It is therefore strange that Grobler has no power to ensure suspected officers are suspended from duty until their case has been heard. That is in the powers of the provincial commissioner.

He says it is therefore not surprising that Charlie Landman, head of Brixton Murder and Robbery Squad, remained at work despite being charged with corruption and obstruction of justice (though it now looks likely that he will be suspended).

Landman is alleged to have attempted to interfere with the case of a Cape Town man arrested for his involvement with counterfeit United States dollars. Landman, former Civil Co-operation Bureau agent Ferdi Barnard

and former Brixton policeman Gert Marais are said to have offered to have the charges withdrawn, or that the man be given early parole, for R20 000. They are expected to go on trial in Pretoria in September

The unit started out with seven people in September 1994, but it soon became clear the level of work would require many more investigators.

More money was found and it expanded to 83 people in nine provinces. It costs R500 per person per day to investigate a case. The department has an annual budget of R27-million and is expected to eventually reach a full complement of 200 personnel.

Grobler claims a 100% success rate for the unit, but it is a massaged figure. "I am a vain man," he explained. "So I only go all the way with a case if I think there is a chance we will win." There are some 351 cases pending. Most of his tip-offs come from officers inside the force squealing on their colleagues.

Even with the new police pay hike, Grobler says there seems to be no end to those who are susceptible to bribery and corruption.

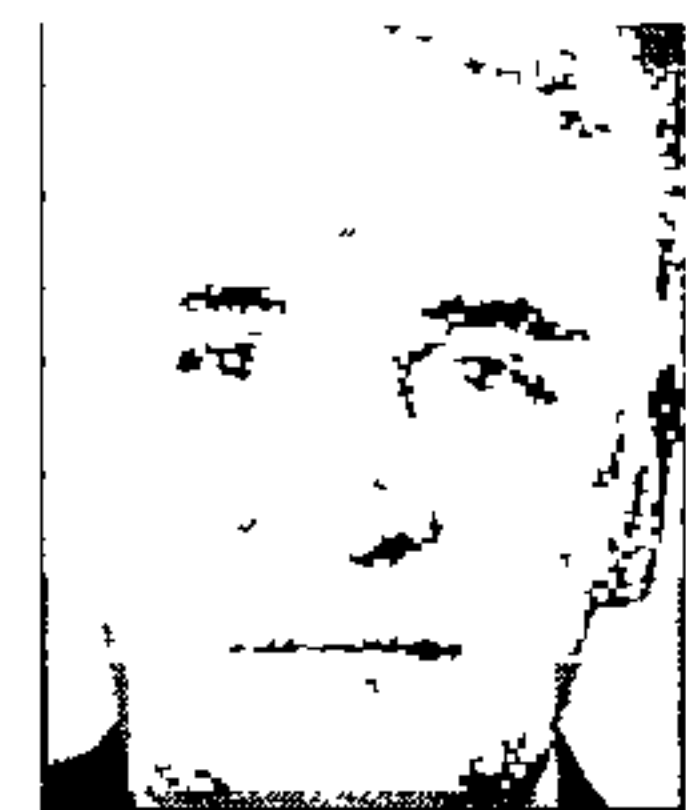
He says his team is not concerned with "the insignificant tuppence ha'penny type of allegation", but with those which have an impact on the way officers do their jobs.

One case involved the arrest of seven officers in Clarksville which took over 14 months' investigation. "My people usually work in a clandestine manner, moving into an area and looking into the background of the officer — even checking on his wife."

With more than 140 000 officers to police, it seems likely the incidents of corruption already uncovered merely scratch the surface and the unit will have its work cut out if it is to have widespread success

"One of our chief concerns are the allegations of police involvement in crime syndicates. Just the fact that people say this is happening causes serious erosions in public confidence," insists Grobler.

Grobler worked for Commissioner George Fivaz in efficiency services in 1991. He was never in the security police, but was connected in 1989 with an attempt to discredit renegade policeman Dirk Coetzee. Grobler sent handwritten faxed notes about Coetzee overseas to arms dealer Dirk Stoffberg who killed himself and his wife near Hartebeespoort Dam in 1994.



Mr Clean Stef Grobler

MAIL & GUARDIAN

Cape Town Readers

M&G regrets that we again experienced problems with freight to Cape Town last week, we apologise for the late delivery of papers in some areas.

To prevent a recurrence of this problem the Mail & Guardian will commence printing in Cape Town next week.

But although names have been named, nobody seems to be taking responsibility

issues on Sarafina

But ministerial responsibility could not be unlimited "If there are benchmarks for forced ministerial departures, let us not create benchmarks that are totally unreasonable."

But as a Western diplomat commented afterwards "There was an admission of problems in terms of the administration of the department — but there was no acknowledgement of the problem of accountability Not just in terms of actions by the department, but its relationship with the portfolio committee and the public at large"

Diplomats were "not surprised" by this, but "disappointed", he added Baqwa, who faced his first critical test of political independence as the

man who stands between the public and government maladministration, was commended from both sides of the house for his swift and rigorous investigation

Zuma said her department welcomed and agreed "in general" with the report "It helped us take a second look at some of our actions was helpful in highlighting some of the weaknesses in the management and administration of the department."

She had already acted on his recommendation that the department's tendering committee be restruc-

tured, a finance manager seconded by the European Union would tighten financial controls, contracts would first be vetted in line with

'The minister misinformed the portfolio committee on health, the press and the public ... that alone makes her unfit for office'

treasury instructions, the conduct of officials implicated by Baqwa would be investigated, and the contract with Mbongeni Ngema's company would be ended

Opposition speakers were savage in their criticism of Zuma

"There is now no doubt that the minister, her director general and others have gone to extraordinary lengths to cover-up on departmental bungling of the high-

est order," said DP health spokesman Mike Ellis

The issue was no longer about R14.2-million spent on an inadequate Aids awareness programme, but ministerial accountability "The minister misinformed the Portfolio Committee on Health, the press and the public that alone makes her unfit for office"

He was echoed by the Pan Africanist Congress's Patricia de Lille, who called for their resignation or sacking for misleading Parliament and the public The National Party's Dr Willem Odendaal was on weaker ground, coming from a party with its own long history of corruption and cover-ups

The Inkatha Freedom Party's Dr Kisten Rajoo said his party would give her another chance as she did not enrich herself

The Freedom Front said the affair was a stain on Zuma's good name but that it would only call for her head if she failed to act on Baqwa's recommendations

Don't be afraid to speak out

Unions are doing themselves a disservice by keeping quiet in the face of government mismanagement, argues Hassen Lorgat

MANY black people and progressive organisations failed to speak out on the Sarafina II saga for fear of being labelled sell-outs. Some hoped the whole affair would just go away. But it did not, and many of us knew it would not. Public sector unions should have spoken out when the fiasco first came to light — as they should now with the publication of the public protector's report on Sarafina II.

The issue is of cardinal importance to public sector trade unions at a time when the public service is undergoing major restructuring in the name of cost effectiveness. By speaking out on mismanagement — as in the case of Sarafina II — public sector unions would have placed themselves on the side of ordinary consumers and their members. They would be taking a stand against the kind of misuse of funds which, in a period of belt-tightening, will have consequences for jobs, salaries and working conditions for public service workers.

Speaking out presents members with a practical and winnable issue, of the type that labour and civic associations would have taken up in the old South Africa. If under apartheid the unions could fight for the liberation of all, why not in the new South Africa too? But in the case of Sarafina II, labour remained silent. Detractors of the labour movement see this as a case of double standards — others, such as myself, see it as an aberration which should be reversed

People in the progressive movement are afraid to be seen to be saying something that the Democratic Party and the National Party are saying too. Whether it is right or not, is not the issue. But this is more the reason why unions — particularly those in the public sector — should speak out and be seen to be on the side of justice, while exposing those who are riding the bandwagon.

It is fashionable in South Africa these days to compare the private sector to the public sector. Perhaps it is time to start subjecting employees of the state — from ministers down — to the same scrutiny which is the daily lot of private sector workers. The *Industrial Law Journal* records cases of workers dismissed for taking bananas. I know Nkosazana Zuma has not stolen bananas but she could rightly be accused of mismanaging the Aids education programme.

It is in the unions' interest to ensure that the people empowered and paid to take a vital decision do so with regard to public interest. In other countries unions have played a part in battling to counter mismanagement — for example, by unions having the right review and approve a business plan.

For the public sector unions, problems of mismanagement will promote a culture of transparency and improved delivery, which ultimately workers would be judged by. If members of the public are unhappy with the service, they have every reason to run the public protector's office. We need to make sure they are part of the solution — not part of the problem.

Hassen Lorgat is the Southern African coordinator of Public Services International, an organisation representing public service workers worldwide



Giving it a bad review: Public protector Selby Baqwa's report on Sarafina II uncovered maladministration and negligence

PHOTOGRAPH RUTH MOTAU

says Baqwa. He stops short of calling for disciplinary steps "because I could not find any bad faith in their actions".

The contract was unclear, badly drafted, did not give the department final control over the play's content and quality or Ngema's expenditure and takings

Its drafter, head of the legal section, Sello Ramasala, had been with the department just over four months when Badenhorst gave him less than a day to draft the contract Ramasala was "out of his depth" his academic grounding was a one-year course in contract law for his Bfurns He did not submit the contract to the state attorney for vetting in terms of treasury rules, saying the legal section was accused of being "obstructive" when it did so because of the time it took

Says Baqwa "There seems to be a failure on the part of many officials in the department to distinguish between performing duties with a sense of urgency, but with adherence to the rules, and a reckless abandonment of rules in the name of urgency" He recommends the legal section be restructured

The playwright

Mbongeni Ngema was told by Abdool Karim in November 1995 the Aids message in the play was inadequate, the script was only completed in February Dissatisfied with financial controls, the department did two audits during the same month which showed serious shortcomings

There was no salary or wage register, a "great number" of staff loans

and advances were made without approval or contracts, the first deposit of gate income was only made in January though the play opened in December, the absence of vouchers meant 274 transactions, worth R952 011.44 could not be accounted for, bookkeeping wasn't up to scratch, audit fees of R86 000 were paid but "no proof could be found of work done"

Cheques were made out for Ngema's personal expenses but listed as director's fees, cheques were made for an unbudgeted Opel Astra

There was no control over petty cash and not all salary expenses could be confirmed PAYE deducted was not paid over to the Receiver of Revenue

Eight days before Zuma and officials appeared before Parliament's

portfolio committee to answer questions, the department seconded an official to ensure tighter controls over money spent

The accountants

Ernst & Young ended their contract with Ngema after his Committed Artists' Theatre Company failed to carry out their recommendations for proper financial and administrative controls

In January Manase & Associates were asked to help with financial systems and answering audit queries They drew up a cash flow projection for the play which showed that if spending continued "at the current rate" the sum needed for the project period — until December 1996 — would not be R14.2-million but R18.5-million

The public protector's report has exposed severe financial maladministration in the Department of Health

Zuma ducks key constitutional

(92) M+G 7-13/6/96

If the head of a department is held accountable for all its actions, then Nkosazana Zuma should be out of a job now

Gaye Davis reports

THE Department of Health was seemingly in breach of one of the fundamental tenets of parliamentary democracy — ministerial accountability — when Health Minister Nkosazana Zuma misled the portfolio committee at its hearing on the *Sarafina II* row in February. Although it is not spelt out clearly in the report, this is in effect the cru-

cial finding of the public protector's inquiry into *Sarafina II* — a finding which raises an issue of major importance to the governance of South Africa.

The minister was silent on the question of her accountability as political head of her department to Parliament and the public at large in the crucial debate on the controversy in the National Assembly this week.

Instead she offered a bizarre rationale for the play, cheerily telling the packed parliamentary benches "It is amazing how much discussion the controversy around the play has generated on the subject of HIV and Aids."

It fell to Dr Manto Tshabalala, out-

going chair of the parliamentary portfolio committee — a member of the legislature, not the executive — to apologise for the misuse of taxpayers' money and identify accountability as a central issue in the debate.

The issue of ministerial accountability centres on testimony given by Zuma to the portfolio committee on European Union (EU) funding of the controversial play.

Under questioning by the Democratic Party's Mike Ellis, the minister said the EU was "informed" about *Sarafina II* as soon as a decision was taken to go ahead with the project. She told public pro-

pector Selby Baqwa that by "informed" she was referring to reports sent to the EU in August and October 1995.

Baqwa says "These reports merely announced the existence of *Sarafina II* but they did not contain any detail nor did they contain any financial budget as required by the agreement with the EU."

The constitutional question which this raises is whether, by misleading Parliament, the minister's head should roll. Baqwa's report was silent on the responsibility borne by ministers, enshrined in the Constitution — which says Cabinet minis-

ters are collectively and individually accountable to Parliament for performing their functions.

The Minister of Water Affairs Kader Asmal — a former law professor responsible for drawing up the ANC's own code of conduct — put the government's defence of Zuma. "In the sense that she is in charge, there is obviously broad responsibility. But this does not and cannot extend to detailed and often technical tender procedures and written misrepresentation by officials which the report says involved an element of dishonesty."

Ministers in democratic countries resigned or were sacked for "serious corruption, misconduct, negligence or dereliction of duty," he said.

'In the sense that she is in charge, there is obviously broad responsibility'

Star players in the financial flop

(92) M+G 7-13/6/96

Gaye Davis

THE buck for the *Sarafina II* fiasco halts at Health Minister Nkosazana Zuma's door. As political head, she bears ultimate responsibility for the R14.2-million debacle. Her director general, Dr Olive Shisana, shares the load as the department's accounting officer.

But public protector Selby Baqwa's inquiry uncovers negligence and maladministration all the way down — not least on the part of senior civil servants with years of experience, who knew the rules but apparently decided to ignore them.

Baqwa's report, tabled in Parliament this week, leaves unanswered a major question: were Zuma and Shisana set up by old-guard bureaucrats on whom they ultimately had to rely but who fed them misleading information?

Untangling who did what, when, offers a rare insight into the workings of a post-apartheid state department. Here are the key actors in the saga and the roles they played.

The minister

SARAFINA II was largely her idea, but **Nkosazana Zuma** was a bit-player — and as such, emerges relatively unscathed from the report. She signed a R45-million contract for Aids funding with the European Union in December 1994 and discussed the idea of a play with the director of the HIV/Aids programme, Quarraisha Abdool Karim.

In June 1995 she discussed its feasibility with playwright Mbongeni Ngema, but not, says Baqwa, with any view to "giving him preference" over other tenderers.

Zuma wanted the play to premiere on December 1, World Aids Day, the budget she had in mind was R5-million. She left the details to Abdool Karim and Shisana. She was not involved in the tender process, Baqwa found "no evidence that the minister influenced any official in this regard."

In August 1995 she received a letter from Abdool Karim raising concerns about the contract signed with Ngema, his company did not meet the tender specifications. Also, the contract's value was now R14.2-million. There is nothing in Baqwa's report to indicate Zuma taking action to remedy matters.



Bit player: Health Minister Nkosazana Zuma

PHOTOGRAPH HENNER FRANKENFELD



No financial controls: Playwright Mbongeni Ngema

PHOTOGRAPH ANGELA BUCKLAND

While Baqwa does not spell it out, when Zuma defended the play to the Portfolio Committee on Health in February this year, insisting "the show goes on", she knew there were serious problems.

She insisted the EU had been told about *Sarafina II* — but the reports she referred to did not say it would be funded by the EU and gave no budget details as required by the EU. Baqwa found the reports were in any case only issued after the contract had been signed, but that the fault lay with officials.

Baqwa says while Aids is a threat of "immeasurable proportions" and the idea of the play was a commendable act "on Zuma's part" the management that followed "cannot be justified even on the basis of that threat. Adherence to proper management principles is the quintessence of good governance."

The old guard

Hugo Badenhorst, chief director of departmental support services, was instructed by

Shisana to investigate methods and procedures for getting the play staged.

Although he knew the departmental tender committee had problems with Ngema's tender and had not approved it, he entered into the contract with Ngema's Committed Artists' Theatre Company for R14.2-million in August and arranged for R3-million to be paid to Ngema upfront.

"This was completely against the rules," says Baqwa. "One cannot understand why he signed the contract despite his many years of experience in the civil service."

He also signed without informing Shisana, and misled her into believing the departmental tender committee had approved the deal when it had not.

Shisana asked him in March to show her minutes of the tender committee meeting approving Ngema's bid. Badenhorst gave her a note, co-signed by tender committee chair, **Johnny Angelo**, giving the impression that the tender had been accepted. Zuma, after the furore

erupted, asked him "several times" if procedures had been followed — and Badenhorst said they had.

Badenhorst is also implicated by Baqwa in making inaccurate statements in response to press queries and questions from Parliament's Portfolio Committee on Health, notably the false claim that the budget had been properly assessed and scrutinised.

Baqwa recommends Badenhorst and Angelo — whom he says allowed himself to be misused — be charged with misconduct.

Baqwa concludes the tender process was "completely flawed and defective" and should have been abandoned and started afresh. "Some senior department officials did not seem to understand even the most basic principles underlying tender procedures," he says.

The director, financial management services, **Danie Vorster** told Badenhorst it wasn't necessary to work through the State Tender Board as "the donor funds is not state money" (sic). This is what Badenhorst told junior officials

when they queried procedures with him. They also approached Vorster, who told them if they did not do as they were told "Dr Shisana will let you go." He admitted to Baqwa he said this and also that it was false conduct. Baqwa finds "totally unacceptable."

Vorster's opinion on tender procedure was also "clearly wrong and misleading," says Baqwa. Failure to find out "correct procedure amounts to negligence."

The new guard

DIRECTOR general **Olive Shisana** first learned of the contract in a memo from Badenhorst in August and responded "I thought for such an amount you would have let me participate in the discussion. Badenhorst please let's discuss. The play was to cost R5-million or less — this was Minister Zuma's instruction." In a follow-up memo she wrote "I did not have the privilege of seeing the contract and the amount before it was signed. It came as a surprise that the play was now costing R14.2-million."

Shisana called a meeting with Ngema and Health Department officials in September to see if the amount could be cut. She got Ngema's verbal agreement to seek funds elsewhere for the play's infrastructure (worth millions) and his office. But she failed to see that these agreements were written into the contract.

"At the very least one would have expected a firm instruction for such amendments to be executed without delay. This was never done," says Baqwa. As a result the department ended up paying for the infrastructure, including a luxury bus worth more than R1-million.

His report says it is unclear who decided to use EU funds, but the fact this decision was not taken before calling for tenders was a "dereliction of duty" on the part of chief director national programmes, **Dr Mthshali**, who signed Aids directorate head **Quarraisha Abdool Karim's** recommendation that Ngema get the contract. They "did not apply their minds properly" recommending a tender for R14.2-million when the ceiling was R5-million, failing to notify the EU about changes to the funding agreement was also a serious omission.

Sarafina: Civil servants hit back

(92)

MTG 713/6/96



Selby Baqwa: Accused of misinterpreting evidence

PHOTO RUTH MOTAU

Officials implicated in the Sarafina II scandal try to clear their names, writes **Justin Pearce**

THE two Health Department officials pinpointed by the public protector as responsible in large measure for the Sarafina II scandal, have hit back protesting their innocence

Hugo Badenhorst, chief director of departmental support services, and departmental tender committee chair Johnny Angelo have issued a statement in which they accuse public protector Selby Baqwa of misinterpreting evidence, and infringing on their rights by not giving them the chance to reply to allegations made by other witnesses before the report was finalised

"To the extent that the report infers we have made ourselves guilty of fraudulent or any other form of misconduct, we wish to deny those accusations," the statement reads

The public protector's report describes the Health Department's tendering procedures as "completely flawed and ineffective" and points to Badenhorst and Angelo as the people chiefly responsible for this

The two officials take issue with the public protector's use in evidence of a note, written by Badenhorst to Director General Olwe Shisana in March 1996, indicating that Mbongeni Ngema's tender had been accepted in August 1995. Badenhorst maintains this note is nothing more than a matter of historical record

The public protector found, however, that Badenhorst had requisitioned a cheque for R3-million for Mbongeni Ngema on August 8

1995 — the same day the departmental tenders committee first met to consider the Sarafina II tenders — without due consultation

Badenhorst told the *Mail & Guardian*. "If the committee meets in the morning, there is no reason why a cheque should not be issued in the afternoon"

While not pinning blame on individuals, Badenhorst believes "the main reason for the problem was the time in which we had to complete the tendering procedure"

Responding to a question from the *M&G*, the public protector's office expressed the view that "the minister's request that the play open on December 1 1995 did exert pressure on the officials to process the project quickly. Some of the errors were so glaring that they cannot be justified on the basis of too little time"

Angelo has been on sick leave since April following a back operation, but is due back at work at the end of July. Both he and Badenhorst said they were confident the enquiry ordered by Baqwa's office would clear their names, and they have no plans to leave the department

Badenhorst (53) is a career public servant, having joined the civil service in 1961. He was promoted to his present position last year and told the *M&G* he expected to be the focus of criticism in the Sarafina II affair "because the position I am in is central to the whole process"

He leaves for a month's holiday in Germany next week

**Zuma ducks the constitutional issues,
PAGE 4 and 5**

Shisana to probe official's 'cover-up'

CT 7/6/96

DIRECTOR-GENERAL OF HEALTH Dr Olive Shisana was shocked to learn yesterday that one of her senior officials had concealed the fact that he had previously been investigated for misconduct, write **ANEEZ SALIE** and **RONALD MORRIS**.

HUGO Badenhorst, the health department official under investigation for the Sarafina 2 scandal, allegedly covered up misconduct charges pending against him when he was promoted from the Department of Trade and Industries last year, a Cape Times investigation has found.

He declined to comment last night.

Director-general of health Dr Olive Shisana, said she was totally unaware of this, and would immediately launch an urgent investigation. Badenhorst, as chief director of support services, reports directly to her.

He has been investigated by the deputy attorney-general of the Free State, Mr A du Toit, who completed his task in February. But his report has been kept under wraps so far, at Badenhorst's insistence.

A former colleague of his, Mr Herman le Roux, has applied to the Pretoria Supreme Court for access to the report, which he says he needs to defend himself against libel charges that can allegedly be traced back to Badenhorst. Badenhorst is one of two officials the Public Protector has fingered as being at the heart of the Sarafina 2 scandal. He allegedly pushed up a R5-million budget ceiling to R14,2m for the Aids awareness musical.

Le Roux is the deputy director of trade regulation and credit protection with the Department of Trade and Industries.

He told Cape Times that he had been persecuted by Badenhorst from the time they had worked together in the Department of Trade and Industries (DTI) in 1992.

Previously Le Roux had been with the Department of Finance and had been responsible for investigations under the Usury Act.

"Because I continually ruffled the feathers of the big banks I was very unpopular," Le Roux said.

When responsibility for Usury Act provi-



SHOCKED: Director-general of health Dr Olive Shisana

sions was transferred from Finance to the DTI in January 1992, Le Roux was left behind because he was a marked man, he claims.

"For six months I had to spend my days at the office drinking coffee and reading newspapers because I had no duties to perform.

"I wrote numerous letters, had several meetings, to no avail, until I asked a very senior politician to help. Within days I was also transferred to DTI to continue my Usury Act job."

That was on July 1, 1992.

"Within months, in January 1993, Badenhorst had me up on charges of misconduct in terms of the Public Services Act."

The main charge was that Le Roux had allegedly waged a vendetta against the banks.

He was suspended for six months until June 2, 1993 when he was cleared of the charges by an internal departmental investigation, but spent R9 000 on legal fees.

He then set about trying to find out how Badenhorst's charge originated, and allegedly found that banks had written letters of complaint at Badenhorst's instigation.

Le Roux insisted that Badenhorst be charged with bringing a false and malicious disciplinary action against him, and after six months and a string of letters, he succeeded.

In a two-paragraph report Badenhorst was cleared, but Le Roux again challenged the validity of the investigation, which eventually resulted in yet another investigation, this time by the Free State deputy attorney-general.

After a year his report was produced in February this year.

"Everything has been dead quiet since then. I have not seen the report, even though I requested it several times," said Le Roux.

Meanwhile Badenhorst, while under investigation, applied for a post at the health department. He was interviewed at the beginning of 1995 by both Shisana and her minister, Dr Nkosazana Zuma, but failed to mention the charges against him.

Zuma appointed him permanently from September 1, 1995, although he had worked with the department since shortly after his interviews.

"I had absolutely no idea this had been going on. I am absolutely shocked," Shisana said last night.

Le Roux, meanwhile, had been sued for libel by the investigator in Badenhorst's case because he (Le Roux) had claimed the probe was crooked.

"To defend myself I now need the Free State deputy attorney-general's report on Badenhorst, but I am told by DTI that Badenhorst first has to agree to its release. This is what I am challenging in the Supreme Court."

That is not the only case Le Roux is busy with.

Last Thursday, May 30, he launched a R1m damages claim against some banks for the false charges they allegedly had Badenhorst bring against him in 1993.

Meanwhile playwright Mbongeni Ngema says he will carry on with the production of Sarafina 2.

He says he has not been informed by the Department of Health that its contract with him has been cancelled. He has heard from the media that donors will take over the financial responsibility for the play, but does not know who they are.

□ Turn to Page 5

Ngema to see Zuma

□ From Page 4
Health Ministry spokesperson Mr Vincent Hlongwane says Ngema will be informed of the decision as soon as the legal technicalities have been sorted out. He says a meeting between Ngema and the ministry is being arranged.

The new donors will buy the contract from the department and will have financial control of the play.

The group will refund the European Union R10,5m spent on the play without proper authorisation.

Hlongwane refused to reveal the names of the backers, who had asked to remain anonymous.



THE SHOW GOES ON: Despite the withdrawal of financial support by the Government, rehearsals for the video of *Sarafina 2* are continuing in Gauteng

PHOTOGRAPH TJ LEMON

Sarafina 2 shot down because it empowers blacks, says Ngema

(92)

Star 8/6/96

"The report clearly shows that I am not guilty of anything and neither is Minister Zuma. As far as I can see, the whole matter rests on the fact that white people still cannot live with the fact that blacks are running the country.

"In the same vein, we know that there are white people who support us and will always be on our side," said the playwright.

Ngema was contemptuous towards the Democratic Party, which called for an investigation into the funding of *Sarafina 2*.

"We know that it is the empty vessels who are making the loudest noise.

"The debacle surrounding the play goes beyond just the procedures followed in the awarding of the contract - it smacks of racism.

Literacy

"It is an open secret that white people have a problem seeing a black man contracted to the tune of R14-million. To labour on this point will be a waste of time, but one must ask if Committed Artists were a white company, would there have been such a hoo-ha about it?"

He said he would urge all people, especially parliamentarians, to remember that the issue had not been about money or entertainment but about the lives of the people who made up their constituencies.

"Aids is not selective but we must take note of the difference in literacy rates between blacks and whites. This play is targeted at black people and they are the

group that will get affected more than their white counterparts. It is very popular to shoot down this play, but people must examine whether it is Mbongeni Ngema or Zuma who are going to lose. I believe the people will lose more.

"This programme has been shot down because, first, it empowered black people - and the play brings awareness among black people. One tends to think, in view of the past racist laws, that some white die-hards would enjoy to see black people perishing from this disease," said Ngema.

There were some people who were not aware that *Sarafina 2* was about the survival of their people and that "going with the wind might be fashionable, but Aids will be a disaster once it takes root in this country."

Ngema brushed aside the charges he had been ignorant about Aids at the time of getting the contract. He said he had "never claimed to be a doctor."

"If there are people who are experts on the disease, why is it that there is no cure for it? I am an artist and not a doctor. I have never masqueraded as anything else and, if I needed a medical degree to get this contract, I wonder which other artists knew about issues related to Aids more than I did. The whole argument is bull," said Ngema.

Ngema, citing the "hypocrisy of the local press", said he had watched with a lot of interest the treatment of the SANDF commemoration of the Cassinga massacre

in Namibia, "where the SADF butchered refugees".

"Where did you see screaming headlines calling for heads to roll? Where did you see anyone calling for the resignation of (SANDF Chief) Georg Meiring? Where did you see the calling of any investigation into the commemoration ceremony where our tax money was used?"

"A mere 'sorry' puts the insensitive and embarrassing issue on hold, and business continues as usual.

"This is one example of what our society has become. It's a sorry situation and if you are black you need to read between the lines before joining the bandwagon," said Ngema.

Rehearsals

He added he had never worked for the Government and should not be accused of bureaucratic misconduct. "I presented my script and I got the contract, and it will be illogical for anyone to accuse me of not doing my work as professionally as possible."

Yesterday Ngema and his group were still at a Johannesburg hotel where they were staying while rehearsing for the Gauteng performances of *Sarafina 2*. They were uncertain of what they would do next.

Their hotel bill is being paid by the Department of Health. Committed Artists had not yet been informed of their new sponsor, nor had they been told officially that their contract had been scrapped.

Private-sector benefactor takes over play

Zuma survives after scrapping AIDS play ⁽⁹²⁾

Wyndham Hartley

CAPE TOWN — Health Minister Nkosazana Zuma survived the R14,2m Sarafina 2 scandal last night as the ANC and government used their majority, and intervention from the private sector, to halt calls from the opposition for her resignation.

In an unusual move, Zuma was allowed to make a statement to the National Assembly before debate began on the damning report by public protector Selby Baqwa.

This gave her the chance to announce that Baqwa's recommendation that the play be scrapped had been accepted and that a private-sector benefactor had taken over the project.

Her announcement that private money would be used to repay the mis-spent EU funds avoided a looming confrontation with the EU and effectively took the sting out of the debate.

She said that all "unauthorised expenditure" would be recovered in terms of the contract between the health department and playwright Mbongeni Ngema's Committed Artists Organisation.

Baqwa ruled that all the R14,2m had to be considered unauthorised expenditure. About R9m had been spent and about R5m more would have had to be paid to Ngema if the contract had run its full course.

Zuma said that the benefactor,

whom she did not name, would foot the bill for funds that had already been spent on the venture.

ANC heavyweight Water Affairs Minister Kader Asmal concluded the debate with ringing support for what he called a "talented" minister who had initiated a project which had gone badly wrong.

This was followed by a statement from Deputy President Thabo Mbeki that government still had full confidence in Zuma.

Asmal said that if ministers were corrupt, guilty of misconduct or dereliction of duty, or if they made scapegoats out of officials, then their heads should roll.

Baqwa's report showed that Zuma was guilty of none of these things and Asmal commended her for a creative idea "which led to a wasteful artistic attempt in a good cause".

Opposition calls for Zuma's resignation and an explanation as to why, when she knew of the irregularities, she continued to defend the play before Parliament and the public were deflected onto two health department officials who the report recommended should be charged with misconduct for their alleged maladministration.

The officials named in the report are chief director of departmental support services Hugo Badenhorst and depart-

Continued on Page 2

Sarafina ⁽⁹²⁾

Continued from Page 1

mental tender committee acting chairman JG Angelo.

DP health spokesman Mike Ellis said Zuma should resign in order to show the international community that South Africans understand that donor assistance is valued.

He said she had brought serious discredit to the country in the eyes of the international community.

She had damaged future chances of SA receiving international donor funding and she should resign to demonstrate that SA believed in ministerial accountability.

PAC MP Patricia De Lille said that there still was no explanation as to why the parliamentary health committee was muzzled and Parliament itself had been misled.

Ellis said that it was clear from the public protector's report that Zuma

had been informed of the seriousness, and the huge financial implications, of the Sarafina 2 issue as long ago as August last year and that this was ignored by her.

Sapa reports that President Nelson Mandela commended the public protector last night for a "thorough and impartial investigation".

EU ambassador Erwan Fouere said last night the whole exercise had shown how valuable it was to have a public protector to examine issues of this nature.

He said that Baqwa's report was excellent and the important lesson was to listen to non-government organisations and the people.

Baqwa's recommendations on how to manage international donor funding were very important, he said.

Fouere said that the most important thing now was to return to the pressing issue of HIV infection and health problems in SA. It should examine how to use EU funding to respond to these very urgent issues.

Star 8/6/96

Once-bitten Ngema says 'I'll do it my way'

By NEWTON KANHEMA (92)



MBONGENI NGEMA

Sarafina 2 playwright Mbongeni Ngema says he will never again work with the Government nor tender for a government contract

"I will never work with the Government again. Dealing with public money is a problem. I am used to working on my own, making my own decisions. In this deal I had many people mungling in my business. There were too many directors. I have never worked like that before. I am used to being the sole decision-maker and that has worked wonders for me," said Ngema.

He said working with the Government left one open to "unnecessary scrutiny".

He said he believed that all

money spent on the *Sarafina 2* project had been accounted for.

"I stand to be corrected. I am not an accountant, but all money has been accounted for. There might be R10 000 out of place, but that is not money, in view of the deal.

"I know that, at the time Minister Zuma tabled the report in Parliament, there were a few vouchers that were not there. But these have since been collected. I think that what is outstanding are vouchers which had not been recovered at the time. In principle there is no money missing."

Ngema said he was happy that the public protector had found him innocent.

7/2/96

Sarafina man's future hangs in the balance

(92) Star 8/6/96

By PRAKASH NAIDOO

The future of a senior Health Department official, implicated in the *Sarafina 2* scandal this week, now hangs in the balance following revelations yesterday that he was under investigation for allegedly covering up an impending charge of misconduct against him.

Director-General of Health, Dr Olive Shisana, confirmed last night that she has instituted an internal departmental investigation of her director of support services, Hugo Badenhorst, after learning that he was the subject of an investigation by the Deputy Attorney General of the Free State, A du Toit.

The investigation was conducted while Badenhorst was still employed by the Department of Trade and Industry (DTI), and Shisana confirmed that he had not mentioned this when he was interviewed early last year by herself and Health Minister Nkosazana Zuma.

Badenhorst was one of two officials in the department mentioned this week in the public protector's report on the *Sarafina 2* scandal, in which Badenhorst was named, together with colleague Johnny Angelo, as chiefly responsible for the "completely flawed and ineffective" tendering procedure.

According to the protector's report, Badenhorst allegedly pushed up a R5-million ceiling budget to R14,2-million and arranged for Mbongeni Ngema's production company to be paid R3-million upfront before the tender procedures were complete.

The *Saturday Star* has learnt that the report by Du Toit was completed in February this year but has not been released,

allegedly at Badenhorst's insistence.

Shisana told the *Saturday Star* she had learnt about the investigation for the first time on Thursday night and had immediately asked for Badenhorst's personal file to gather more information on the matter.

No steps have been taken to suspend Badenhorst pending the outcome of the investigation



Director-general Olive Shisana has called for an urgent internal enquiry

as there are still insufficient facts about Du Toit's report.

Badenhorst declined to comment yesterday, saying the matter was sub judice.

But, said Shisana, he had presented an urgent submission to her yesterday saying he had chosen not to mention the investigation against him as he believed he had been vindicated by the findings and it was therefore not relevant to his application.

At the time of speaking to the *Saturday Star* yesterday, Shisana was on her way from her Pretoria office to Cape Town for a late night meeting with her counterpart in the DTI.

"We have instituted an urgent investigation into the matter, but at this stage the information we have does not warrant appointing an independent inquiry," said Shisana.

"But the gathering of information will proceed with urgency, and once we have all the facts at hand, we will decide on

the course of action to follow."

Shisana also confirmed that she was seeking legal advice on the matter but declined to say in what regard.

"This is a very technical matter and does have legal implications, so it is in the best interests of all concerned for us to get the information before we comment further," she said.

The circumstances leading to

Du Toit's investigation are complex and arose after a colleague at the DTI, Herman le Roux, accused Badenhorst of bringing a false and malicious disciplinary action against him, which resulted in Le Roux's suspension from his post for six months.

Le Roux, who is the deputy-director of trade regulation and credit protection at the DTI, claims he was persecuted by Badenhorst from the moment they began

working together in the department.

In January 1993 Badenhorst brought charges of misconduct under the Public Services Act against Le Roux, charging that he had waged a vendetta against the banks.

Le Roux was subsequently suspended for six months, but was cleared of the charges by an internal departmental investigation.

After insisting that Badenhorst be charged with bringing a false charge against him, Le Roux said his colleague had been cleared in a report, the validity of which he immediately challenged and succeeded in getting a second investigation, headed by Du Toit.

Although the report was completed in February, it has not yet been released and Le Roux has appealed to the Supreme Court for its release, claiming he needs the findings to defend himself in a libel case he is facing.

Comedy of boungles

Sarafina II: the story behind the farce

(92) CP 9/6/96

By CHIARA CARTER

THE HEATED *Sarafina II* debate in parliament this week ended the Department of Health's involvement in the controversial Aids-awareness musical, but left several questions unanswered.

First and foremost was the question of where the buck stops in the scandal, which has seen not only the misuse of R14.2 million of public funds, but also a litany of extraordinary conduct by senior government officials, and parliament and the general public being misinformed.

Minister Nkosazana Zuma and her Director General Olive Shisana emerged relatively unscathed from the Public Protector's Report on *Sarafina II*, but opposition MPs said the two should resign or be fired.

However, the ANC stood behind Zuma, saying there had to be limits to ministerial responsibility.

□ The Public Protector's report traces the *Sarafina II* saga back to June last year when Zuma and HIV/AIDS and STD Programme director Abdoool Karim discussed the idea of an Aids awareness play with playwright Mbongeni Ngema.

At the time Ngema gave an official estimate of R800 000, Zuma subsequently set the ceiling at R5 million, but Health Department officials ultimately signed a R14.2 million contract with Ngema.

UNSCATHEDED . . . Nkosazana Zuma did not keep tabs on what her officials were up to.



August last year that the play was now costing R14.2 million.

Zuma did not disclose problems with the play when she met with the parliamentary portfolio committee on health earlier this year and insisted that the EU had been informed that its funds were being used to foot the bill. But the Public Protector found the EU had not been adequately informed and its contract requirements had been flouted.

□ The Public Protector laid much of the blame for the department's foul-up at the door of Chief Director of Support Services, Hugo Badenhorst, a civil servant since 1961.

He was charged with implementing the idea of staging an Aids/HIV awareness play. At the time he was working in the department but had not been given a permanent post.

He pushed ahead with a tender process which did not meet the stipulations of the EU contract and signed a "defective" contract with Ngema without referring the matter to other senior officials.

The Department's tender board quibbled about granting the tender to Ngema and placed the matter in abeyance. Badenhorst, who claimed he acted under time constraints, nevertheless instructed officials to give Ngema a preliminary R3 million cheque and draw up a contract. Badenhorst dismissed queries from several officials about procedures being followed.

The Public Protector said Badenhorst led Zuma, Shisana, Karim and Chief Director Claudine Mshah to

believe the tender committee had approved awarding the tender to Ngema's company, Committed Artists.

In March this year, Shisana asked for the minutes of the tender committee meeting. Badenhorst presented her with a "fraudulent note" which created the impression the committee had accepted the tender.

The note was signed by the acting chairman of the department's tender committee, Johnny Angelo.

The Public Protector recommended that a disciplinary investigation be held into Badenhorst and Angelo's alleged misconduct.

□ The Public Protector also criticised Dr Shisana for failing to ensure that verbal understandings reached with Ngema were formalised.

Shortly after the contract was signed, both Shisana and Karim expressed concern about the high cost. Shisana first heard about the contract on August 11 in a memorandum from Badenhorst.

She pencilled a note: "I thought for such an amount you would have let me participate in the discussion. Badenhorst, please let's discuss. The play was to cost R5 million or less, this was Minister Zuma's instruction. Now the play is to cost us R14.2 million. Please let's urgently discuss the matter." This was followed with a typed memorandum one week later in the same vein.

Karim wrote a letter to Zuma expressing the same concerns.

Shisana, Badenhorst and the legal officer who had drawn up the con-

tract, Sello Ramasela, met with Ngema on September 20 and agreed on cost-cutting measures and safeguards against misuse of funds. But these were never put into writing.

The Public Protector says Shisana should have ensured that the necessary formal amendments to the contract were made.

□ The Public Protector says it is not clear who decided to divert EU funds to the project, but this was ultimately the responsibility of Karim and Mshah. They were also the two officials who suggested the contract be awarded to Ngema, but failed to register objections to the R14.2 million price tag.

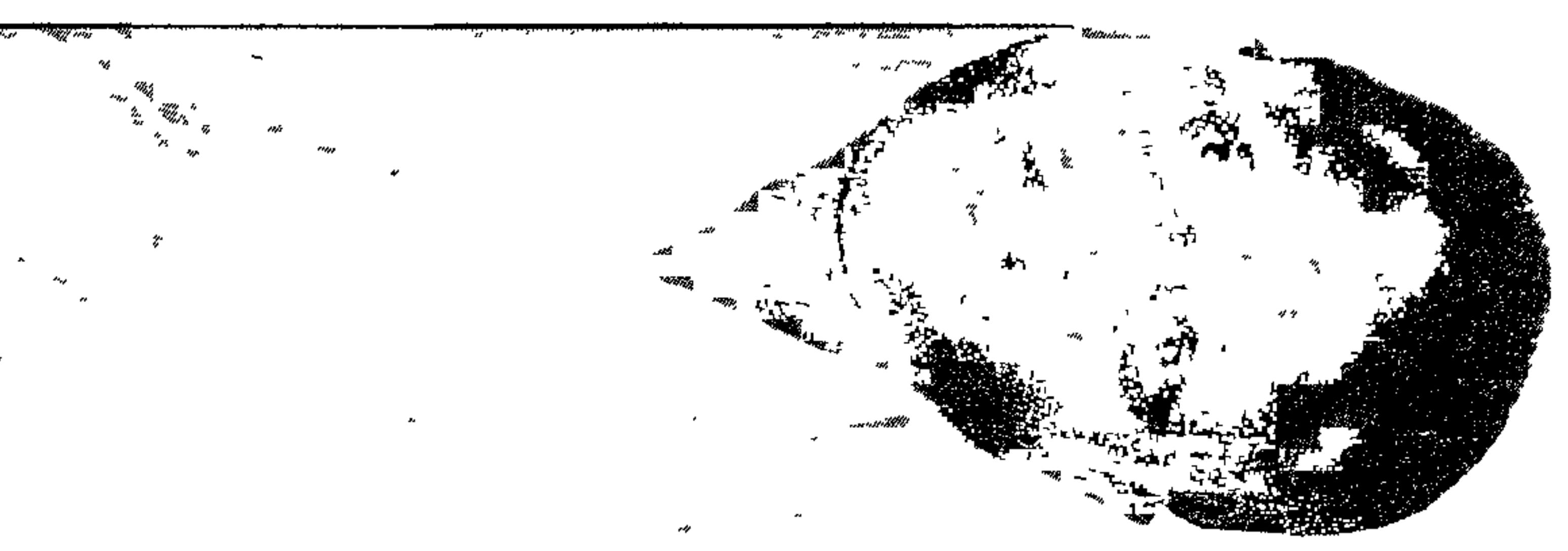
The Public Protector says both did not apply their minds properly and ought not to have recommended acceptance.

The report says that both Karim and Mshah were "negligent in the performance of their duties" but did not act in bad faith.

□ The Public Protector slams the play itself as failing to go beyond the message that "one must use a condom when indulging in sexual activity, otherwise one is bound to contract Aids and die".

He says the Department was to blame for the play not carrying a complex message because it had not planned the project carefully.

The man behind *Sarafina II*, playwright Mbongeni Ngema, not only failed to get an adequate Aids/HIV education message across to the public, but also failed to exert proper business controls.



WASTED CASH . . . Mbongeni Ngema's play was not an effective vehicle.

ZUMA IN THE

NOT GUILTY! SAYS KADER ASMAL

IT WOULD be indefensible, in the *Sarafina 2* or any other matter, to support a minister who was guilty of serious misconduct

If a minister is guilty of corruption, a head should roll. If a minister is guilty of gross dereliction of duty or gross negligence, a head should roll.

If a minister is guilty of a "cover up", a head should roll. If a minister makes scapegoats of junior officials, a head should roll.

Based on what we have before Parliament, in the form of the public protector's report, a defence of the indefensible does not arise.

The way the public protector has handled the *Sarafina 2* matter gives one confidence in the democracy that has, finally, been established in South Africa.

The Constitution of South Africa requires cabinet members to be accountable to Parliament for the performance of their functions. The question of accountability is at the root of this debate because, when public funds are at stake, the nation has a right to know that these funds are being well spent.

It should be common cause, particularly after the public protector's analysis, that the AIDS-awareness play was a worthy idea that went somewhat wrong. Questions that MPs must assess are where responsibility lies.

The report chronicles how a well-intentioned ministerial idea led to a deadline-pressured, wasteful artistic attempt that could have cost taxpayers R14,25-million, in spite of an original ceiling of R5-million. It has been explained by the minister that there is now no loss to the taxpayer as private sources have agreed to fund the whole enterprise.

There can be no doubt that, for whatever reason, senior officials neglected elementary tender procedures and gave misleading information to their superiors and to the public.

The report recommends that the director general appoint an investigating officer from outside the health department (to investigate) the conduct of two officials. Moreover, it criticises the director general for not incorporating in an amended contract the safeguards that she had commendably insisted on. The minister of health is commended for the origination of the idea of the play in the fight against AIDS, and there is no criticism of her actions.

The Health Minister, Dr Nkosazana Zuma, thus emerges from the most rigorous, indepen-



DEFENCE:
Professor
Kader
Asmal

dent inquiry without blemish. To quote the public protector: "The minister was not involved in the tender process or the recommendation of which tenderer should be awarded the tender. There was also no evidence that the minister influenced any official."

Later, on the question of misleading information having been given in public statements, the report makes an unanswerable point: "It seems as if the minister and the director general relied on their director and chief director for the information that went out."

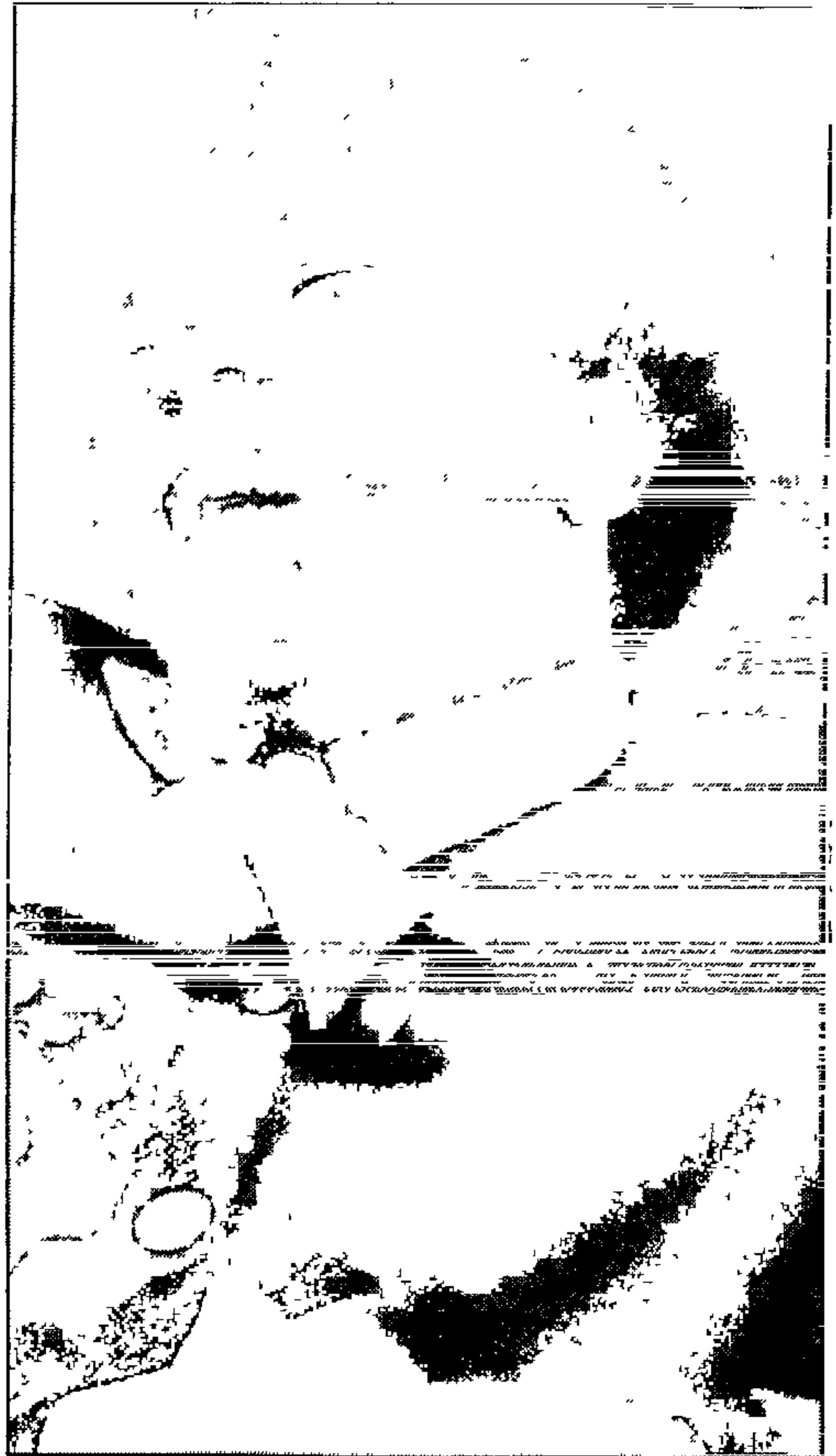
This they are entitled to do, and is everyday practice. It would be impossible for the minister and director general to have first-hand knowledge of all that goes on in the department.

A question is to what extent the minister should accept not only responsibility but culpability. There is obviously broad responsibility. But this cannot extend to often technical tender procedures, and written misrepresentation by officials which, the report says, involved "an element of dishonesty."

The calls for the minister's head, or other punitive action, is the usual bombast that oppositions indulge in for electoral effect. In democratic countries, ministers resign or are dismissed for reasons of serious corruption, misconduct, negligence or dereliction of duty. But let us not devalue the currency in this way. Ministerial responsibility cannot be unlimited. If there are occasions for forced ministerial departures, let us not create benchmarks that are totally unreasonable.

Dr Zuma is a fine and principled minister who has shown courage and vision in relation to our national health system. She has restructured both public and private sector efforts to ensure improved access to basic health services for all the people.

It would be expecting miracles if all this constructive departmen-



MINISTER IN THE MIDDLE . . . Nkosazana Zuma

tal energy did not run into any problems. That is what happened to a potentially creative anti-AIDS project. And the minister has announced steps to correct the weaknesses disclosed by the public protector's strictures.

We trust that the European Union will recognise the great importance the government attaches to our relationship with it. Nothing that has happened must deflect it from the task of the reconstruction of our country, a process begun by the EU long before 1994.

Although the conduct of certain officials is inexplicable and unjustifiable, it is obvious that they were acting under immense deadline pressure and this should be taken into account.

There must be no question of making relatively junior officials scapegoats in the new order in South Africa.

As for the NP, in its new role of watchdog of public morals and conduct, we await its accounting to the nation, particularly at the Truth and Reconciliation Commission.

The NP can be assured that long before any conduct by an ANC minister remotely resembles the conduct of so many apartheid ministers, ours will be given marching orders instead of a handsome pension.

On behalf of the government, let me announce quite clearly that we have total confidence in the minister of health. If people have problems with the position we adopt, then they have problems with the report of the public protector.

This is an edited version of the speech to the National Assembly on *Sarafina 2* by Water Affairs Minister Kader Asmal.

DOCK

(92) ST 9/6/96

GUILTY!

SAYS CYRIL MADLALA

AMID the muddle around *Sarafina 2*, a few facts remain beyond dispute

One is that there has been gross mismanagement of public funds. The other is that at different levels of government, to varying degrees, various people should take responsibility for the debacle.

Even more imperative, in a government committed to transparency, is to identify who has ultimate responsibility for what has happened.

The chairman of the health portfolio committee, ANC MP Dr Manto Tshabalala, said during the parliamentary debate on the public protector's report this week: "We need to send out a clear message: the ANC does not condone or tolerate mismanagement of public funds. Unlike the leaders of the past, we are big enough to say sorry for our mistakes."

But the ANC is saying sorry without accepting responsibility. Contrary to calls for the resignation of the Minister of Health, Dr Nkosazana Zuma, the organisation has commended her for undertaking to implement the public protector's recommendations.

The ANC says Dr Zuma "was misled into taking certain decisions on the basis of misrepresentation by two officials in her department. It is instructive to note that the officials are appointees of the apartheid government."

Let us understand the sequence of events that culminated in this week's special debate.

A play on HIV/AIDS was conceptualised by Dr Zuma in June last year. She discussed the matter with the director of the department's AIDS programme, Quarraisha Abdool Karim.

The idea was bounced off Mbongeni Ngema of Committed Artists Theatre Company who gave an off-the-cuff estimate of R800 000 to produce the play. Dr Zuma then instructed departmental officials, including Hugo Badenhorst, to implement tender procedures.

No decision was made about the source of the funding, but it was clear the money would come from the department or from the European Union fund for HIV/AIDS prevention.

Although three tenders were re-

quired, only two were considered — one for R14,27-million by Mr Ngema's company, and the other for R600 000 from Opera Africa.

No decision was taken by the tender committee, but Mr Ngema was given money to proceed with the project anyway, and a contract was drawn up by an inexperienced official (who is not an apartheid government appointee).

It is not clear when it was decided that R5-million would be spent on the project. However, the public protector says that by August last year, it was already accepted that that amount would be made available.

The department mentioned *Sarafina 2* to the EU in reports in August and October last year, but did not formally request to use EU funds. The reports did not mention that the play would be funded by EU funds. Nor were details of the budget given.

In any case, the contracts for the play had been signed by the time the EU was informed.

Dr Zuma and officials from her department appeared before the portfolios committee in February. According to the public protector, their answers to questions contained "certain inaccuracies", for instance, that the department's finance section had assessed Mr Ngema's budget.

It was also not true that the tender committee had fully considered and recommended Mr Ngema's tender. The awarding of the contract to Committed Artists was an unauthorised expenditure, the public protector found.

He has recommended that charges of misconduct be investigated against Mr Badenhorst and Mr J G Angelo, the acting chairman of the department's tender services, who both misled the Director General of Health, Dr Olive Shisana, and Dr Zuma.

The minister's commitment to the fight against AIDS is not in question, nor are there any suggestions that she stood to gain personally from the play.

The public protector says the department could have had a high-quality production at a much lower cost. The message the play conveys is "inadequate and questionable in certain respects".

State splurges R14m on pelvic thrusts

By IVOR POWELL

THE government has wasted R14-million on a play about AIDS which has been slated by health workers and art critics.

FLASHBACK: How the Sunday Times broke the story on January 28

The portfolio committee's report on the health budget vote is also critical of the play. "The utilisation of funds for *Sarafina 2* appears to have wasted substantial resources and time, which could have been used more productively on targeting high-risk groups."

"Apart from the control, accountability and governance issues, it is clear that very little effort went into ensuring that any of the objectives of the HIV/AIDS strategy were to be achieved through this production."

Who is accountable? Mr Badenhorst in the department or the person entrusted with ministerial accountability?

While DP calls for Dr Zuma's resignation seem unwarranted, at issue is how the ANC finds no fault with her, particularly since budget projections are that the play will have cost more than R18-million by December this year.

Between August last year and March, when the public protector started to investigate, Dr Zuma did not know what was going on in her department, and millions of rands were being wasted.

Surely it was her business to know, so that Parliament would not have been misled? If she did not know, she should take the blame.

It would be easy to forgive her if she showed a shade of contrition about *Sarafina 2*. Instead, she told Parliament this week she had always thought that the play was a "dynamic and effective" way to convey the HIV/AIDS message.

For the sake of accountability, a reprimand by the President for misleading Parliament would have been in order for the minister — despite the public protector's failure to censure her.

Record in bad state of health

By IVOR POWELL

FOUR months ago Dr Nkosazana Zuma's Department of Health accused the Sunday Times of spreading "falsehoods" about *Sarafina 2*, now it is they who have been exposed as telling lies in the R14,2-million scandal.

After we reported on irregularities in the funding of playwright Mbongeni Ngema's musical, the department's director general, Dr Olive Shisana, telephoned us to complain about "untruths and distortions" in our reporting and sent a letter, signed by AIDS directorate chief Quarraisha Abdool Karim, purporting to set the record straight.

THE DEPARTMENT SAID: "On July 21 1995, a tender for an AIDS play was published in keeping with standard Tender Board procedures, the submissions were evaluated and Mr Ngema and Committed Artists were awarded the tender."

FACT: The tender was never advertised. As was later admitted, a limited tender was applied, in terms of which three applications had to be solicited.

Even here there were serious irregularities, as the report presented in Parliament this week by Public Protector Selby Baqwa showed. Only one further tender was received — from a subsidiary of Mr Ngema's Committed Artists. Pact Windybrow was invited to submit a tender only 24 hours before the deadline, but declined to do so.

THE DEPARTMENT SAID: "We are at pains to ensure that the money is used in accordance with state expenditure regulations."

FACT: Mr Baqwa found that the department's own tender committee expressed serious reservations about the proposed contract. They queried, among other things, the purchase of "infrastructural" items like a luxury bus costing more than R1-million. But their objections were overridden, and the project went ahead regardless.

THE DEPARTMENT SAID: The play was being funded "entirely by European Union funds allocated for AIDS programmes".

FACT: The EU never approved funds for *Sarafina 2*, and refused to make funds available.

THE DEPARTMENT

SAID: The play's cost was not excessive, given that its budget included provisions for six months' rehearsal and touring the country for one year.

FACT: According to Mr Baqwa, the original budget was limited to R5-million, and both Dr Zuma and Dr Shisana had expressed concern at the fact that it had almost tripled in being drawn up by financial services chief, Hugo Badenhorst.

However, they expressed no such concern to the Sunday Times and said "strict control measures" were exercised over expenditures

THE DEPARTMENT SAID: No irregularities were uncovered in how the money had been spent

FACT: Mr Baqwa found — as we reported — that R431 000 had been spent on Mr Ngema's private recording studio.

Even after Mr Ngema's auditors had completed their accounting, numerous and substantial expenditures were not properly explained.

There was no proof that the cast and crew had actually been paid the more than R600 000 a month that had been budgeted for them — R197 000 had simply gone missing and, though the play opened in December with seats costing R20 each, it was only at the end of January that any record appeared of box office takings.

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Sunday Times

AIDS spreads as money lies idle

By PAT SIDLEY

ONLY R2-million of the R13-million allocated for the prevention of HIV/AIDS has been spent, according to a report by the portfolio committee on health.

The report, which is scathing about the misuse of funds in *Sarqfina 2*, said there was virtually no implementation of the national AIDS-prevention programme.

AIDS-related issues form part of the report, which was drawn up after extensive hearings from all the provinces and top officials in the national and provincial departments of health.

The report is frequently critical of procedures in the handling and allocation of the health budget. It is one of the first detailed studies, to be made public, of how the government's health policies are working.

As for *Sarqfina 2*, the report

says that "very little effort went into ensuring that the HIV/AIDS strategy was to be achieved through this production".

Several provincial health officials and MECs remarked during the hearings on the lack of progress in combating AIDS. This is partly because of an inability to access funds, and partly because the policy does not seem to have been implemented at all. Non-governmental organisations are unable to get funding.

"The HIV/AIDS epidemic is a problem demanding an extremely high priority. Prevalence rates among pregnant women are highest in KwaZulu Natal at 14,4 per cent, with the national average at 7,57 per cent," the committee says.

The National AIDS Co-ordinating Committee, was launched in November 1992, resulting in a national AIDS plan. The govern-

ment made R257-million available for the plan over two years.

The committee decided to find out to what extent the plan had been implemented after the publicly over the *Sarqfina 2* debacle and because of the enormity of the problem.

At the hearings Gauteng noted its pleasure that condoms would be distributed in prisons. The Western Cape felt it was "essential to bring non-governmental organisations back into the mainstream of service delivery".

The report quotes the Department of Health as saying that R17-million had been allocated to non-governmental organisations from the AIDS directorate, but it did not clarify whether this included the allocation to *Sarqfina 2*.

The committee said the national strategy ought to be given higher priority.

It has recommended that far

greater attention be given to implementing the national AIDS strategy, with a review of resources. It also recommends that non-governmental organisations be brought into the implementation process "immediately".

In a section on donor funding, the committee notes that "there appears to be some confusion within the national department as to the co-ordination of international donor funding".

The report says "The committee is concerned that, in the wake of *Sarqfina 2*, the European Union, in particular, seems to be in danger of withdrawing its funding for health."

"It is known that many non-governmental health organisations have closed or are facing closure because of a lack of funds and this should be of greater concern to the national Department of Health than seems to be the case."

Take blame, judge tells 'inept' Zuma

ST9/6/96 (92)

By IVOR POWELL

A SUPREME Court judge yesterday called on the Health Minister, Nkosazana Zuma, to accept personal responsibility for the "misjudgment, mismanagement, and ineptitude" surrounding her department's controversial AIDS play.

Playwright Mbongeni Ngema's *Sarafina 2* had "inflicted enormous damage on efforts to contain the HIV epidemic", exposing the government's AIDS programme to widespread ridicule and jeopardising donor funding, Judge Edwin Cameron, a leading AIDS activist, said in a statement.

Judge Cameron also condemned Dr Zuma's ministry for "not only a monetary waste but a moral waste of scarce energy, goodwill and capital".

He described the minister's reaction to the scandal surrounding the play as "grossly inappropriate".

The statement was issued by Judge Cameron in his capacity as co-chairman of the National AIDS Coalition of South Africa (Nacosa) and is co-signed by fellow co-chairman Dr Clarence Mini.

Nacosa met Dr Zuma in February, when she assured them that *Sarafina 2* was funded by the European Union, that proper tender procedures had been followed and that tight financial controls had been exercised.

These claims were refuted in a report on *Sarafina 2* by the Public Protector, Selby Baqwa, presented to Parliament this week.

"As the national co-ordinating body on AIDS, we read the report with a sense of shame and anger," Judge Cameron said.

Only if both Dr Zuma and director

general Dr Olive Shisana accepted full responsibility "can the loss of morale among those fighting the epidemic be countered".

It was not enough, Judge Cameron and Dr Mini said, to blame the administrative officials fingered in Mr Baqwa's report.

Recalling that the project was initiated by Dr Zuma, who also made the first approach to Mr Ngema, the statement read "The question that remains is whether ministerial endorsement and patronage or the impression of ministerial endorsement and patronage caused the bureaucratic distortions or illegal-

**IN THE
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ities that followed. Until that question is answered the minister cannot wash her hands of fundamental responsibility for the débâcle."

But responsibility could go even deeper.

A senior official in the Department of Health said Dr Shisana forced Mr Ngema's R14,2-million tender through, despite the objections of a tender committee.

The source said that the director of support services, Hugo Badenhorst, met Dr Shisana and Mr Ngema after the departmental tender committee had rejected Mr Ngema's tender on August 8 1995.

After this meeting, the source said, Mr Badenhorst contacted tender committee chairman Johnny Angelo to say that "all problems have now been cleared up" and that Dr Shisana had issued instructions that the project should be formally approved.

At this point a contract was drawn up on the basis agreed at the meeting with Mr Badenhorst, Dr Shisana and Mr Ngema, according to the official.

It reinstated budgets for the R1-million luxury Mercedes-Benz touring bus and a R600 000 truck, expenditures to which the tender board had specifically objected.

The source's claim contradicts findings made in Mr Baqwa's report to Parliament, which state that two "old guard" officials had raised the budget for the controversial AIDS play from R5-million to R14,2-million without consulting their seniors.

The allegation that the budget was approved on Dr Shisana's instruction stands in stark contradiction to evidence given to the public protector.

Mr Baqwa reports that Dr Shisana said she was not consulted at all before the signing of the contract. Nor, she said, had she authorised the increase in the budget allocation to R14,2-million from R5-million.

However, the allegation that she forced the tender through was supported by another senior official in the Department of Health, the Finance Director, Danie Vorster.

Though he later retracted his statement, Mr Vorster is recorded in the Public Protector's report as having told colleagues to push the contract through "or she (Dr Shisana) will let you go".

Call to put Aids play in the past and give Zuma a chance

From 10/6/96
(92)

Health Minister Dr Nkosazana Zuma has dismissed the possibility of resigning over her department's handling of *Sarafina 2*, saying the issue had been dealt with and was now closed. The department has also scoffed at reports that future overseas funding is now in danger of being scrapped.

And at the same time Health Director-General Dr Olive Shisana denied reports that she had forced playwright Mbongeni Ngema's tender through despite objections of a tender committee.

The reaction follows a damning statement by the co-chairmen

of the National Aids Coalition of South Africa, Mr Justice Edwin Cameron and Dr Clarence Mini, who said Zuma should take full responsibility and resign.

The minister's spokesman, Vincent Hlongwane, said yesterday Zuma had said all there was to say on the controversy surrounding the R14-million Aids play.

"The fact that (Zuma) said in her statement last week that she accepted the recommendations in the report reflects remorse and regret."

Hlongwane added that Judge Cameron's comment that her re-

action had been "grossly inappropriate" was a subjective response. He said ministerial staff wanted to see the ministry function more effectively without being bogged down with the *Sarafina 2* issue.

Hlongwane added that the Health Ministry had approached the European Union to ask for help in "straightening out" its financial management.

There was also no evidence to suggest that Public Protector Selby Baqwa's report on *Sarafina 2* would affect future foreign funding, he said.

Part of the controversy sur-

rounding the play was a claim that it had been funded with EU money. The EU, however, said the play was not provided for in the EU budget.

The EU had reportedly given the department R110-million to fund three projects.

Hlongwane said "We have accepted our responsibility and are working closely with the EU. We have asked for help to straighten out our financial management systems and they have not rejected the request and they are still prepared to work and co-operate with us" - Staff Reporters

Nacosa rejects Sarafina 2 play's 'confusing' message in Gauteng

00 10/6/96 (92)

Kathryn Strachan

EVEN if the controversial AIDS play Sarafina 2 did go on with the support of its anonymous new backers, the National AIDS Convention of SA (Nacosa) Gauteng branch did not want the play and its confusing messages about AIDS in the province, the organisation said yesterday.

Nacosa Gauteng spokesman Dr James McIntyre said his organisation did not want Sarafina 2 in the province, regardless of who was funding it. It did not achieve awareness of AIDS or create the right impression.

Nacosa Western Cape said it was regrettable that Zuma was not able to admit final responsibility for the debacle of Sarafina 2. It said the department's management of Sarafina 2 and the arrogance of director Mbongeni Nge-

ma's perception of AIDS had set the implementation of the country's national AIDS plan back many years.

Nacosa demanded that in future the health department ensure that people who were committed to the containment of the epidemic were consulted as equal partners in all activities.

The parliamentary portfolio committee on health said in its report last week that it was clear that very little effort went into ensuring that any of the objectives of the national HIV/AIDS strategy were to be achieved through the Sarafina 2 production.

The National Progressive Primary Health Care Network said the precedent set by government's handling of the affair was not good for the future of democracy. It raised questions about the accountability of government, and

its relationship with the public

At the end of a heated week over Sarafina 2, there remained many unanswered questions.

A Sunday Times report cited a senior health department official directly contradicting the public protector's report which states health director-general Olive Shisana was not consulted before the signing of the contract.

The official said the contract was only drawn up after Shisana issued instructions that the project should be formally approved.

The NP raised the question of whether the health department was in any way involved in the future of Sarafina 2. "The public needs to know who exactly is taking financial responsibility for Sarafina's continued existence," the NP said.

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Balance, our new democracy probably took half a step forward last week. It could be easy to see the

na 2 as depressing evidence that the new order is beginning to bear a startling resemblance to the old.

This view would begin by noting that the protector, Seloy Baqwa, was an ANC member at the time he was appointed to the post. It would then point out he was called in only after the waste of public money was well known and could not be denied.

Since it was impossible to produce a report which denied that money was mispent, the protector, the argument would go, fingered two white officials in the health department for disciplinary action.

The minister, despite the finding that she misled the public by claiming that the European Union knew how the money would be spent, and her director-general, despite findings that she presided over maladministration, get off scot-free.

Inevitably, if one buys into this view, the minister is able to accept the report, thank the protector for his efforts, rely on her party caucus to deflect calls for her resignation, and return to her office embarrassed but employed.

If this interpretation becomes current, consequences could be dire. There is more riding on this issue than whether the health department is a good judge of theatre or knows how to educate people about AIDS. It could even turn out to be a critical moment in our attempt to build an accountable democracy.

Under the pessimistic reading, white civil servants — or, at the very least, those who are not politically connected to the new elite — would receive a clear message: if the government lands in trouble, they will take the rap.

This could ensure a flight of nervous officials from the service and ensure that only those whose origins and politics appeal to the ruling party remain.

Equally importantly, the new government, from ministers to local officials, might receive the message that, despite the most momentous changes in our political history, it is

Sarafina 2 affair has taken our democracy just a tiny bit forward

STEVEN FRIEDMAN

(92) 0010/6/96

government business as usual — you can look after your interests, rather than those of voters, as long as you are in with the ruling majority. (Of course, if the new elite really wants to mimic the old, politicians who do not look after public money can be offered automatic ambassadorships).

Similarly, our racial divisions would remain firmly entrenched: just as white Afrikaans-speakers were immune to criticism by anyone else before the 1990s, so now would black ANC officials be, particularly if their critics are not black.

These possibilities would have far more dramatic effects on political and economic life than the danger, cited by some of the minister's critics, that we will not get any more aid money — which some would regard as a blessing in disguise.

But there is another way of looking at the protector's report and its aftermath — one which sees it as an advance, although a flawed and very partial one.

This view starts by recognising the context in which the report was issued. Firstly, race did not die as a political issue when we held an election in 1994: the race card has been played repeatedly in our political life over the last while and will be played many times more.

To be more specific, there are whispers that black (African) ANC MPs are particularly sensitive right

now because they complain that it is always white and Indian ministers who are praised for efficiency, and black ones who are labelled incompetent or corrupt. Given that, a report by the protector demanding the head of a black minister and director-general may have been seen as further evidence of this, and might have been rejected.

The fact that the protector is himself black may have muted that — but not necessarily. After all, criticism of Sarafina 2 was not long ago labelled "racist", despite the fact

that many of its prominent critics are black.

Secondly, and perhaps more importantly, many South Africans labour under the misapprehension that creating offices like that of the public protector — and all the other "watchdog" posts created by the constitution — will in itself ensure that those who occupy them will be able to fulfil their function.

Thus misunderstands the way democracies are built. In reality, public prosecutors or auditors-general or constitutional judges — and the sorts of controls they are meant to ensure — have no guaranteed power. They must build their legitimacy and credibility in difficult circumstances.

Our history is not one in which it is automatic for independent "watchdogs" to decide who should be a minister or a senior public servant. There is, therefore, no guarantee that, were one of these officers to recommend action which politicians felt was getting in the way of their right to govern, the action would be taken.

The only victim of action might be the officer making the recommendation, particularly if it was seen to reinforce racial stereotypes. Given this, there are bound to be critical moments in which public watchdogs have to decide whether to take on parts of government — and in which it is not at all certain

that government will accept their authority. It is precisely in these sorts of moments that democracies strengthen or erode and it is, perhaps, just such a moment through

Given all this, it is fair to say that ministers and directors-general who do not know what is happening in their departments should be fired. And that the protector should have said so.

But it is equally fair to contrast Baqwa's report to that issued by Thabo Mbeki's legal adviser on the Boesak affair and to note that it did confirm the project's wastefulness, record the director-general's responsibility for the waste and the fact that the minister's public statement was inaccurate.

And it is also fair to note that the project has been stopped — though late in the day — and that the majority party has conceded that public money was mispent.

That is certainly not enough. The minister and director-general are still in office and we have been treated to an oration by the guardian of the nation's political ethics, Kader Asmal, giving this unique stamp of moral authority to the minister. But it perhaps represents the limits of the possible in our present circumstances.

At this stage in the saga, then, a public official has told us more than we are used to hearing about government mispending. His report has been accepted, albeit in a context in which the majority party insists that only two, presumably old order, officials should carry the can.

The battle to ensure that public officials accept that they are accountable to voters, and that claims of racism are a cheap ploy since waste and extravagance harm the interests of blacks at least as much as those of whites, has not been won. Government — and our democratic system — have yet to show that they are accountable to voters.

That battle may not be won for years, if it is won at all. But we have, perhaps, inched a little further towards winning it.

Friedman is director of the Centre for Policy Studies.



BAQWA

Zuma not out of woods yet

(92) Sowetan 10/6/96

By Waghied Misbach
Political Reporter

IF Health Minister Dr Nkosazana Zuma thinks she was out of the woods as far as the *Sarafina 2* controversy is concerned, she has another think coming

Apart from coming under stinging attack from two leading Aids awareness practitioners, there is increasing evidence that the Department of Health's future foreign funding sources could be under threat

Despite being cleared by the Public Protector, Mr Selby Baqwa last week, respected Judge Edwin Cameron and Dr Clarence Mimi, co-chairmen of the National Aids Convention of South Africa, have lashed out at Zuma and director-general Dr Olive Shisana for their "grossly inappropriate" handling of the crisis

Nacosá represents a wide array of organisations including business, labour, religious bodies, government and non-governmental organisations

In a joint statement released at the weekend, Mimi and Cameron pointed out that they had read the report with a "sense of

shame and anger"

They said Zuma's handling of the crisis had inflicted a massive blow to the struggle to contain the Aids virus in South Africa.

"The HIV epidemic demands from us our best. The unanswered questions that remain leave us with a deep sense that the epidemic has in this case produced our worst"

The statement said questions remained whether ministerial endorsement and patronage caused the bungling and illegal actions that followed

Foreign funding

Meanwhile, reports are that the Health Ministry's handling of the crisis has jeopardised more than R500 million in expected foreign funding over the next five years

The European Union has already given R110 million for three projects. Now is not clear whether any more money is likely to be given after the unauthorised spending of R14,2 million on *Sarafina 2*

What has also not helped is that department officials have not been able to produce satisfactory financial reports for donors

Zuma defiant on resignation from post (92)

ARG 10/6/96
Staff Reporters

Health Minister Dr Nkosazana Zuma has dismissed the possibility of resigning over her department's handling of Sarafina 2, saying the issue had been dealt with and was now closed. Her department has also pooh-poohed reports that future overseas funding is in danger of being scrapped.

And at the same time Health Director-General Dr Olive Shisana denied reports that she had forced playwright Mbogeni Ngema's tender through in spite of objections by a tender committee.

The reaction follows a damaging statement by the co-chairmen of the National Aids Coalition of South Africa, Judge Edwin Cameron and Dr Clarence Mini, who said Dr Zuma should take full responsibility and resign. The Minister's spokesman Vincent Hlongwane said yesterday Dr Zuma had said all there was to say on the controversy surrounding the R14 million Sarafina 2 Aids play.

"The fact that (Dr Zuma) play she accepted last week that she accepted the recommendations in the report, reflects remorse and regret," reflects comment that her reaction had been "grossly inappropriate".

He added Judge Cameron's comment that her reaction had been "grossly inappropriate" was a subjective response. "What else would he have wanted the Minister say more than He said ministerial staff wanted to see the ministry functioning more effectively without being bogged down with the Sarafina 2 issue. "We've been battling with Sarafina 2 since the beginning of the year. This is of course not a minor issue, but having said all that there is to say, let's give the Minister a chance to do the other work she has to do, to see that everyone in South Africa has access to health care."

Mr Hlongwane added that the Health Ministry had approached the European Union to ask for help in "straightening out" its financial management. There was also no evidence to suggest that Public Protector Selby Baqwa's report on the Sarafina 2 Aids play would affect future foreign funding for ministerial initiatives, he said.

Part of the controversy surrounding the R14 million play was a claim that it had been funded with EU money. The EU, however, said the play was not funded for in the EU budget.

The Union had reportedly given the department R110 million to fund three projects. Mr Hlongwane said, "We have accepted our responsibility and are working closely with the EU."

Health directors' claim borders on the absurd, says Baqwa

(92) Star 11/6/96

By JOVIAL RANTAO
Political Correspondent

Public Protector Selby Baqwa yesterday denied that he had violated the Public Service Act by denying two top Health Department officials legal representation when he interviewed them as part of his probe into the controversy-plagued *Sarafina 2*.

In a statement reacting to allegations by Department of Health chief director departmental support services Hugo Badenhorst and assistant director Johnny Angelo, Baqwa said he stood by his findings and expressed his surprise at "their choice of wanting to be tried through the media".

"To suggest that my actions are not in terms of section 9 or that I have not afforded them a right of legal representation is disingenuous or sheer ignorance which borders on the absurd," he said.

Badenhorst and Angelo last

week released a statement in which they proclaimed themselves innocent and charged that Baqwa had violated the principles of natural justice by denying them a chance to be heard.

In joint statement, the duo said they were surprised and dismayed at the contents of Baqwa's report, which was tabled in Parliament this week. The two said they were not guilty of any fraudulent or other form of misconduct as inferred in the report. They also said they had not been informed of their rights in terms of section 9 of the Public Protector Act (23 of '94).

Baqwa said he did not find the two guilty of anything in his findings or recommendations. He did find, however, that they were "implicated in the matter being investigated" and subsequently proposed that charges of misconduct should be investigated against the two by someone outside the Department of Health.

"It's at this point that they become entitled to legal representation. When the two gentlemen appeared before me, there was no charge against them. To have presumed thus and advised the procurement of a legal representative would have been to prejudge issues. The recommendation affords the two gentlemen the opportunity to be heard and to give evidence. They are entitled to legal representation at the inquiry," Baqwa said.

He said the investigation panel, consisting of high-profile South Africans, had meticulously weighed and discussed each and every finding and recommendation. "To suggest a misinterpretation of the facts is to throw a red herring into matters which are beyond dispute, having been confirmed by the two gentlemen themselves when they appeared before me. The findings and recommendations represent our

unanimous view concerning all matters around *Sarafina 2*," Baqwa said.

He advised Badenhorst and Angelo to make their representations to the department through the proper channels. "This matter, insofar as the office of the public protector is concerned, is closed and it shall not be debated any further by the public protector," he said.

The Aids awareness musical *Sarafina 2* has been suspended, and plans to record it on video have been scrapped after the Government withdrew from a contract with playwright Mbongeni Ngema. The play has been taken over by a consortium of private businessmen.

Health Minister Dr Nkosazana Zuma has dismissed the possibility of resigning over her department's handling of *Sarafina 2*, saying the issue had been dealt with and was now closed.

Thebe noncommittal on funding for Sarafina 2

(92) 20 11/6/96
Kathryn Strachan

THEBE Investments, widely thought to be the mystery backer which has come to the rescue of Sarafina 2, issued a statement yesterday which neither confirmed nor denied that it was funding the AIDS play.

Thebe Investment Corporation chairman Vusi Khanyile said Mbongeni Ngema was SA's pre-eminent playwright and had made a sterling contribution towards theatre in SA.

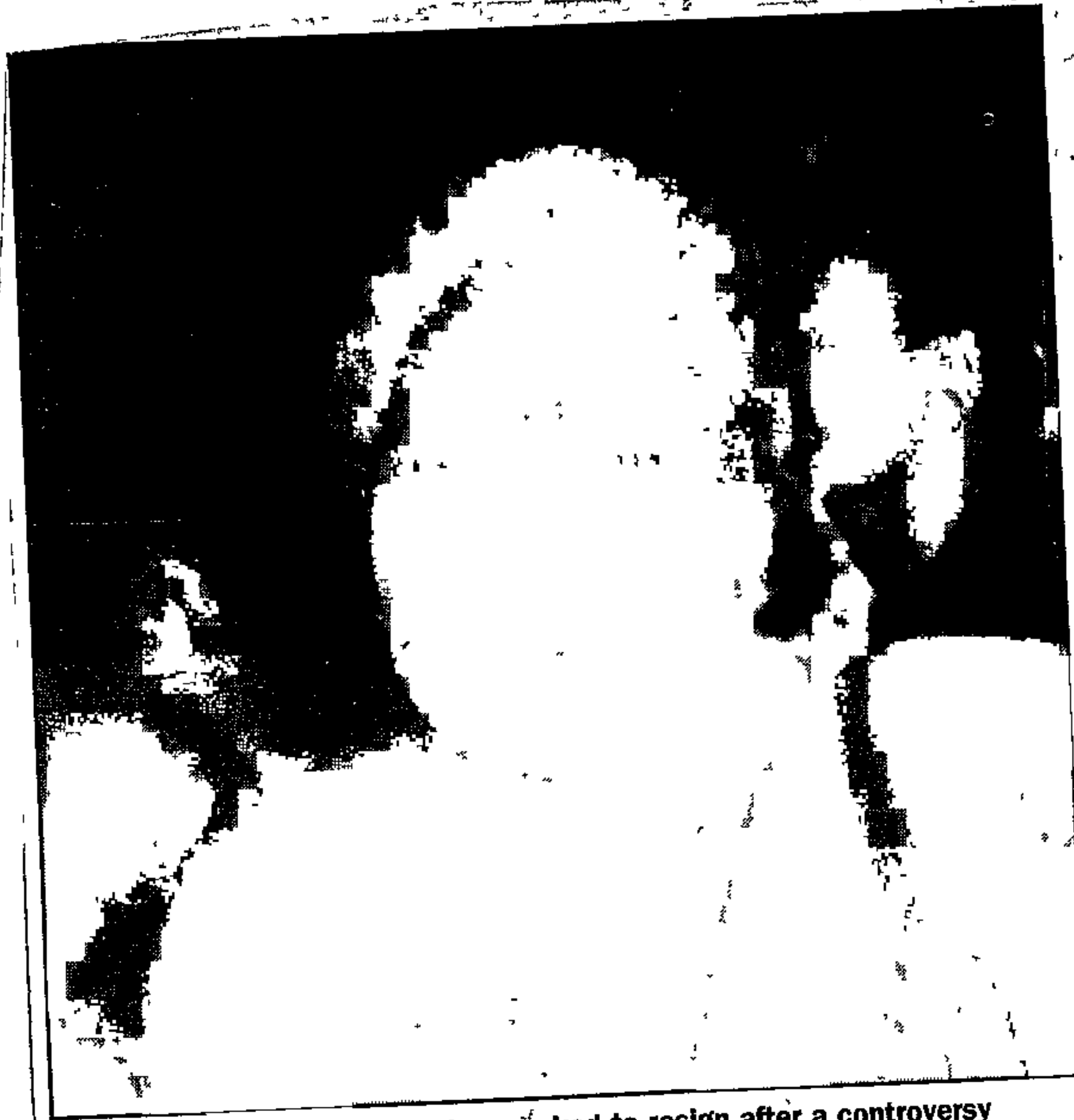
"If Mr Ngema seeks backers for his project, he is entitled to do so, and to do so in a confidential manner. We are not prepared to become involved in a witch hunt on this matter or to enter the debate.

"Thebe gives its unqualified support to the policies and programmes set up by Dr Nkosazana Zuma, her ministry and department, particularly with regard to primary health care, school feeding schemes, the establishment of clinics, the care of infants and pregnant women, and AIDS prevention."

"For the first time in the history of this country government is paying vigorous attention to the needs of the majority of this country who had poor, or no access, to health care."

Thebe supported transparent government and the system of checks and balances that had been introduced, Khanyile said.

It was also understood that Glaxo Pharmaceuticals had been approached to fund the play. However, a spokesman said: "We have not had anything to do with it and we will not have anything to do with it."



Dr Nkosazana Zuma who has been asked to resign after a controversy surrounding the Aids play *Sarafina 2*

More sparks over Aids play

(92) Sowetan 13/6/96
DP poses another moral dilemma for Dr Nkosazana Zuma and the Government

By Rafiq Rohan
Political Correspondent

EXACTLY WHO ARE THE mysterious backers that have come forward to cover the controversial *Sarafina 2* musical production?

Doesn't the handing over of the abandoned Government contract with Mbongeni Ngema's Committed Artists also breach Government ethics on impartiality and its stand on nepotism?

These questions were raised by the DP, which this week said that Minister of Health Dr Nkosazana Zuma should answer in Parliament next Wednesday

"It is clearly in the public interest to know which companies, or organisations, have involved themselves in this matter, because it places the question of Government impartiality in question," DP spokesman on health Mike Ellis said

"The DP finds it ironic that in the midst of the announcement of a code of ethics for Members of Parliament, obliging them to reveal sources of outside income, and criticisms concerning the ethics of an offer by M-Net of free decoders and satellite dishes to MP's, the Government considers it acceptable for such secrecy to surround a matter which is so ripe an opportunity for nepotism and patronage"

He said he had difficulty in understanding how any organisation could come along and fund a play with a fuzzy message, a huge and unjustified budget and uncertain commercial prospects

"If the minister chooses not to enlighten the public on this matter it will be yet another demonstration of her arrogance and complete failure to understand the Government's responsibilities towards the public"

Thus, he said, was further reason why Zuma should be dismissed from her job

Building industry scales down growth projection

BD 14/6/96

(92)

Robyn Chalmers

THE total value of building plans passed during the first four months of this year rose only 1% to R5,7bn — adding fuel to recent industry predictions that no real growth would take place this year.

Central Statistical Service (CSS) figures released yesterday showed that increases in the value of building plans passed were seen mainly in the non-residential sector, as well as in the additions and alterations market.

The figures indicated that the value of residential construction plans passed had decreased in the first four months, to R2,7bn from R2,8bn for the comparative period last year.

Industry analysts attributed this, in part, to the slow take-off of the national housing programme although confi-

dence in the residential property market had remained subdued.

A CSS spokesman said, however, that a significant increase in non-

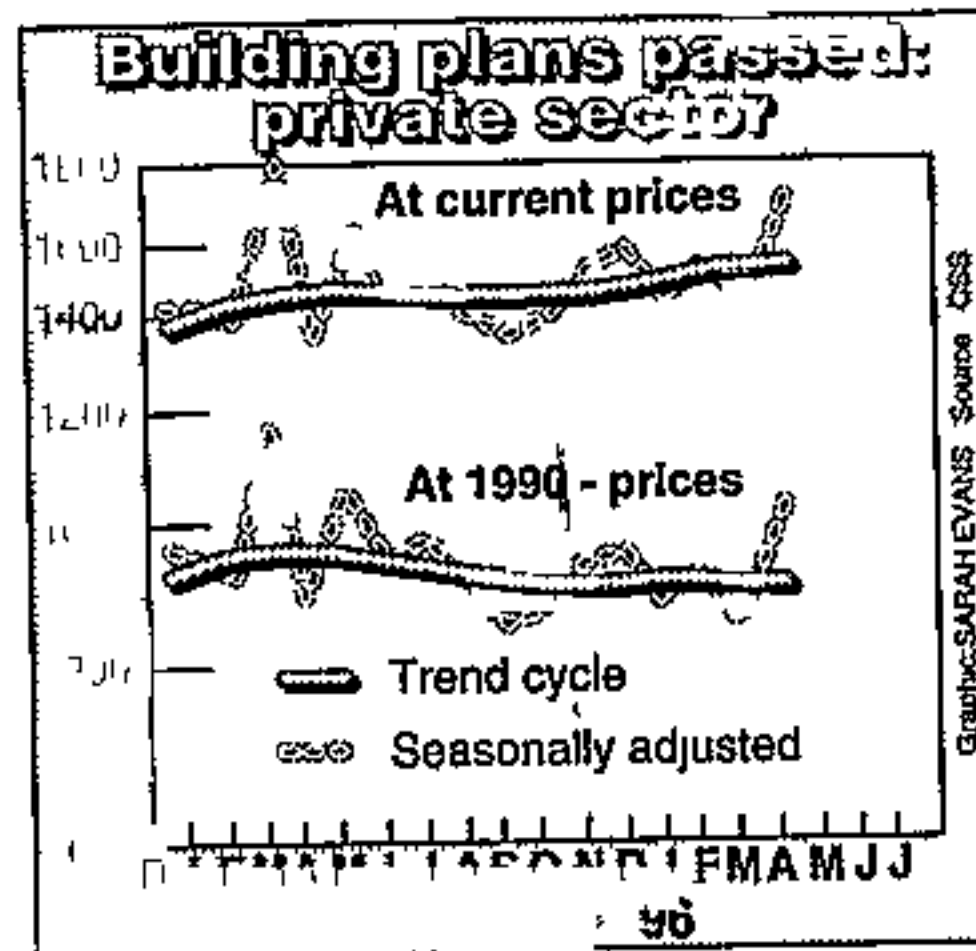
so been reported by the local authorities of Sandton, Johannesburg and Midrand.

Building Industries' Federation of SA executive director Ian Robinson said recently building industry growth expectations for this year had been scaled down to 4% from 10%.

Robinson said the main factors behind this were the crises in the foreign exchange markets and the recent hikes in the interest rate.

The total value of buildings completed in the first four months of this year looked healthier, with CSS figures showing a 20,4% rise to R3bn against the same period last year.

The CSS spokesman said large rises occurred in the value of townhouses built in that period, particularly in Roodepoort, Sandton and Pretoria. The largest increase in buildings completed was in Gauteng — where 38,1% more buildings were completed between January and April this year, as compared to the same period in 1995.



residential construction plans passed were reported by local authorities in Gauteng and the Western Cape.

The increase in the latter province could be largely attributed to the increase in plans for industrial and warehouse space passed in Cape Town's urban areas.

Large increases in the value of plans passed for offices and banks had al-

MORE FLAK FOR ZUMA

PM 14/6/96
Health Minister Nkosazana Zuma has survived the crisis over *Sarafina 2* by deflecting criticism on to two officials and finding private benefactors to bail out the department but she may be heading into a new storm with the parliamentary health committee

The ANC-dominated committee has broken ranks with the organisation's leadership by responding tersely to the *Sarafina 2* debacle and criticising the department's failure to implement the national HIV/Aids prevention programme

Only R2m out of the R13m budget has been spent

In a report on the 1996-1997 health budget tabled in parliament last week, the committee says the play wasted substantial resources and departmental time "Apart from the control, accountability and governance issues raised by the *Sarafina 2* incident, it is clear that little effort went into ensuring that any of the objectives of the HIV/Aids strategy, identified by the department itself, were to be achieved through this production "

It is backed by Judge Edwin Cameron, co-chairman of the National Aids Coalition of SA (Nacosa), who says the play was a waste of money, has jeopardised funding and inflicted enormous damage on efforts to contain the HIV epidemic

Zuma seems oblivious to the harm done and shows little, if any, remorse In the parliamentary debate, she congratulated herself on conceptualising such a "dynamic and effective way of conveying the HIV/Aids message" and went so far as to say "Even if the only message that the youth of this country got (from *Sarafina 2*) was 'abstain or use a condom,' my department would be satisfied "

This is in conflict with the Public Protector's finding that the mismanagement could not be justified even on the basis of an Aids threat of immeasurable proportions It is also an insult to Aids organisations who say the play's educational messages are weak and deficient

The point is that the department could have had a high-quality production for much less than R14,2m had the proper tender procedures been followed

Judge Cameron is right in asserting that Zuma's reaction to the scandal is "grossly inappropriate" and that she cannot escape responsibility until the question as to whether her actual or perceived patronage of the director, Mbongeni Ngema, influenced tender procedures

In its report, the health committee lists several points of "particular concern" about the department, raised in parliamentary hearings and the media, which reinforce the Public Protector's portrait of a badly governed bureaucracy

The points include transparency, accountability, adherence to public administration rules and regulations, sound preparation of new policies, development of a culture of consultation in policy development and proper reporting to parliament The committee echoes the Public Protector's call for the develop-

ment of clear guidelines for the co-ordination of donor funding

It also takes exception to the fact that it has not been kept sufficiently informed regarding the drafting of a National Health Act and does not accept the department's interpretation of the policy formation process It finds it "unacceptable" that the department regards the document *Towards a Health System* as a substitute for a White Paper, especially as it claims it has not had an adequate chance to comment on it

In the health budget debate, MP Willem Odendaal (NP) criticised Zuma for having failed to produce a broad health policy document after two years in office "Her hit-and-run, ad hoc style of political leadership will in future cost SA millions of rand in wasted money "

The DP's Mike Ellis said her primary health budget was based on "unrealistic assumptions" which could plunge government into a major financial crisis A projected budget has been supplied for only the next three years, though the plan is being implemented over eight

After its initial failure to grill Zuma over *Sarafina 2*, the health committee is starting to fulfil its watchdog role Zuma may yet get her comeuppance ■

Sarafina: Health dept gags workers

M&G 14-20/6/96 (92)

When the Sarafina scandal broke, Olive Shisana threatened health employees with disciplinary action if they spoke up about what they knew **Mungo Soggot** reports

HEALTH Director General Olive Shisana gagged her employees a month after the *Sarafina II* scandal broke, demanding that they sign a declaration of secrecy

In a throwback to apartheid era secrecy an internal memo leaked to the *Mail & Guardian* instructed all her civil servants to bind themselves to an oath of secrecy to prevent "sensitive information which can cause the department and eventually the state harm or embarrassment from falling into the wrong hands"

The memo, dated February 29 — four weeks after the scandal broke in the *Sunday Times* — was drafted by her chief director of support services, Hugo Badenhorst

Ironically, Badenhorst was one of the two old-guard civil servants blamed for the scandal. The letter, which was addressed to all chief directors, said "It has come to the attention of the director general [Olive Shisana] that classified information is leaking from sources in the department. This includes sensitive information or information that can cause the department and eventually the state harm or embarrassment, should it fall into the wrong hands."

It said "all individuals in their directorates should sign a 'declaration of secrecy' to ensure handling of

such information without improper disclosure." The memo asked for the declarations to be signed and handed in by March 8. Badenhorst said the move was in line with the 1982 Protection of Information Act and disclosure of information by staff members constituted misconduct in terms of the 1994 Public Service Act.

Lawyers approached by the M&G to comment on the memo said it violated the principle of transparent government, but was not unconstitutional as it did not bar citizens from

'All individuals in their directorates should sign a declaration of secrecy'

getting information. Freedom of Expression Institute chairman Raymond Louw said this went much further than the normal requirements of secrecy imposed on public servants and flew in the

face of the Open Democracy Bill. He said there were often good reasons for government departments to keep information under wraps until a particular time, but this was "obviously an overkill".

"In view of the passing of the Open Democracy Act — which is currently passing through the legislature — there is a need for a full review of standards of secrecy." He said the standards set in the Public Service Act should be reviewed in the light of the Open Democracy Bill.

The memo from Badenhorst ended "members of the management eche-

lon as well as any other persons handling classified information should still be considered for security clearance."

The M&G also has a copy of a memo dated May 22 instructing all health officials to transfer all media inquiries to the directorate of health promotion and communication, who would seek permission from the relevant deputy director general. Staff had to sign a declaration they would stick to these rules.

"Any staff member who deviates from the approved protocol will be subject to disciplinary procedures. The above rules will henceforth apply in all instances where the directorate is approached by the media and not, as previously, only in those which required statements on policy."

Badenhorst who has taken the blame so far for the *Sarafina* scandal, but who is going to fight his side of the story in a departmental hearing next month, refused to talk to the M&G.

There is growing disquiet in NGO circles however that Badenhorst and his colleague, Johnny Angelo, the departmental tender committee chairman, have taken disproportionate blame for the *Sarafina* funding scandal, and that Shisana has been let off the hook.

Staff fear for their jobs

Justin Pearce

EMployees in the Health Department's Aids programme are fearing for their jobs after being told their contracts are not to be renewed.

According to health department sources, there are about 22 contracted employees of whom roughly three-quarters will be affected. Their jobs range from public relations staff to specialist consultants. They include the people with HIV and Aids employed by the Faces of Aids programme, which was designed to give a public profile to people infected with the virus.

The staff members concerned were appointed on a contract basis owing to the moratorium on new civil service appointments. They understood their initial six-month contracts

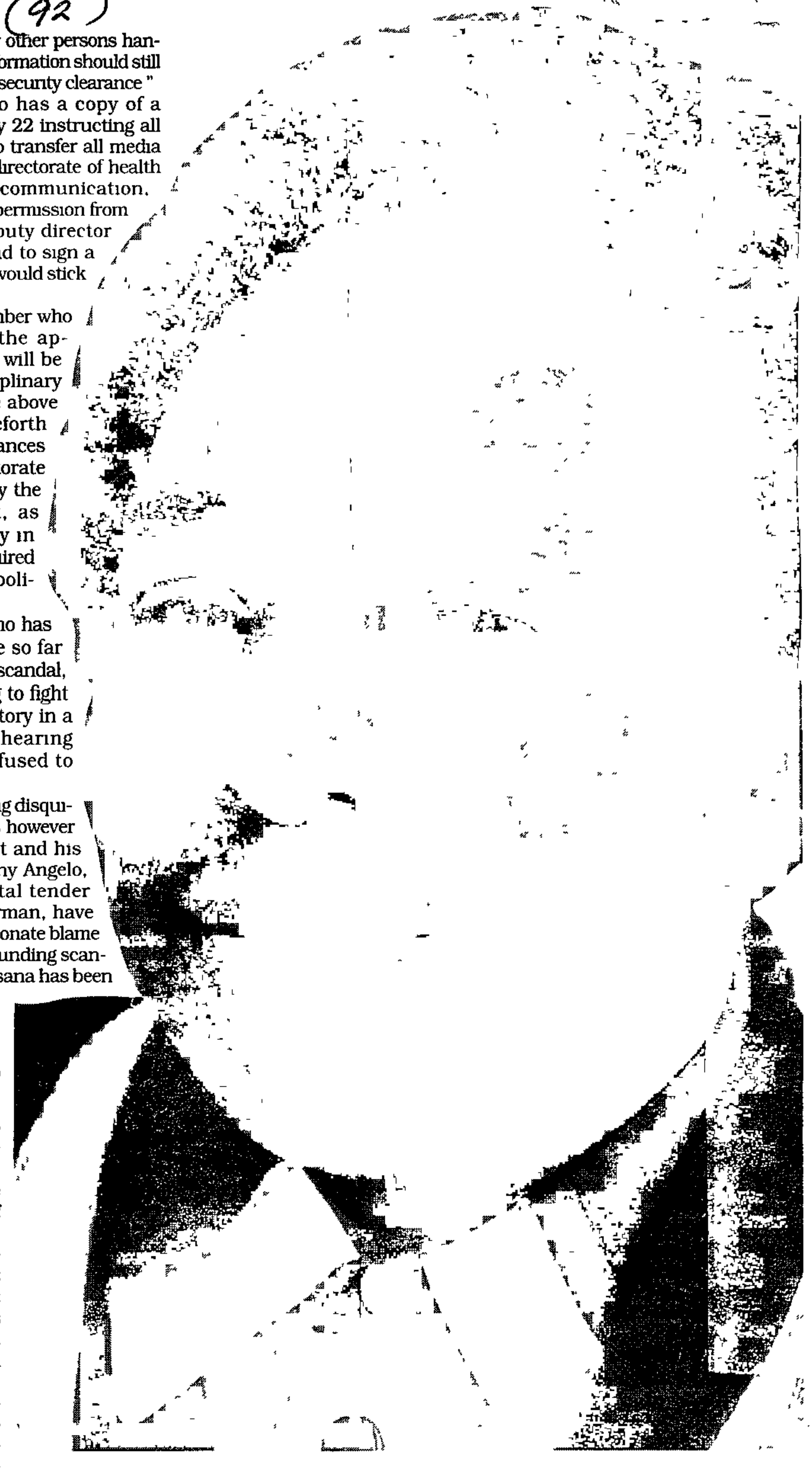
would be renewed, but in the past two weeks they have been informed that this will not happen.

Deep dissatisfaction concerning the way the Aids programme is run emerged at a staff "work session" held on Monday this week.

A report drawn up on the basis of this meeting accuses the Aids programme management of a lack of transparency and staff involvement in making decisions. The report also identifies an autocratic, unpredictable management style, and ineffective communication between management and line-function staff.

Staff have been divided on whether to submit the report in its present form to management. Some fear the criticisms could jeopardise their positions further, while others believe they have nothing more to lose.

Steeped in controversy: Health Minister Nkosazana Zuma



Sarafina clouds Zuma's achievements

(92) Star 15/6/96



The intense criticism of our Health Minister needs to be weighed against the problems she inherited and progress she has made. **CRAIG URQUHART** reports

In the early hours of December 3 1967, a young Groote Schuur surgeon catapulted South Africa into medical history by conducting the world's first heart transplant. Almost three decades later, this country's medical system is still receiving world attention, but for all the wrong reasons. Nurses' strikes, decaying administrations, underfunded health-care facilities, an exodus of established doctors and influx of third world doctors have become the norm.

To place medicine's latest debacle — the Sarafina issue — in its proper context, it is necessary to review the medical system that the health department inherited two years ago.

In the past, South Africa's urban hospital-based curative system, while offering excellent care to a small minority, dealt inadequately with the needs of the majority. Under the old system, this country's basic health-status indicators, such as infant and maternal mortality rates, were appalling. The health-care facilities sustained racial segregation and it was inevitable that transferring these apartheid structures would be a costly and time-consuming exercise.

Medical schools, which had been established to provide first-rate specialist and sub-specialist training, were failing to address local health problems, partly because they were so far removed from those problems.

In addition, primary health care was not readily available in many parts of the country and many regional hospitals that were not aligned to medical schools were in a sorry state. Sanctions and international isolation had left these institutions largely untouched by the major changes in the leading schools overseas.

A decade ago, fewer than 1 000 blacks had graduated from medical schools in South Africa. That number has now doubled, but it still pales in comparison to the 24 000 white physicians currently registered with the Interim Medical and Dental Council of



WEATHERING STORM: Struggling with a chronically ill system, Zuma has nevertheless improved basic health care and has at least taken a stand on Aids

South Africa. A large percentage of these doctors — educated and trained at our expense — are now living and working abroad. The morale of those who chose to stay was understandably low. Health professionals in the public sector felt badly treated by the former regime and were apprehensive about the new one.

When she took office, Nkosazana Zuma was aware that she had inherited a system that was haemorrhaging and in need of emergency care. It was largely based on hospital services and was, therefore, not a health service in the broad sense.

Public health services in many rural areas were jurching from crisis to collapse and adequate health care was not accessible to most people. Balancing the need for primary health care with the preservation of existing services to provide good-quality care was a critical priority. Zuma recognised that many people were

visiting hospitals unnecessarily. She set about filtering those patients through primary and secondary services, thus eliminating expensive tertiary care. Of course, this required the development of primary and secondary centres.

The result was that medical facilities in some of the smaller towns collapsed under the huge influx of patients. Many physicians said the plan overwhelmed a system already overburdened and inadequately staffed. But Zuma contended that the problems merely highlighted the deficiencies of the system. We have already seen the impact that the financial squeezing has had on several major hospitals, but the development of primary health-care facilities should ultimately relieve the pressure on these institutions.

On the upside, the shift of resources from various major academic complexes to primary health care (PHC) has resulted in the

creation of about 1 000 new posts. Last year, 50 PHC nurses were each equipped to train 10 nurses with the aim of creating 500 new positions.

With a contribution of R220 million from the RDP, 149 new clinics are currently being built, 60 clinics are being upgraded, 73 are being equipped and 142 mobile clinics are being bought.

Another R30 million has been allocated to improve another 3 141 clinics around the country. The department has also begun auditing 305 hospitals and 105 comprehensive health centres to determine their immediate needs.

Zuma launched her first 100 days in office with a creative plan to provide free health care to mothers and children under the age of six. And last year, more than 3 million children were immunised against polio and every child born in 1995 was immunised against hepatitis B.

WEATHERING STORM: Struggling with a chronically ill system, Zuma has nevertheless improved basic health care and has at least taken a stand on Aids

It is regrettable that the national feeding scheme to provide free lunches for primary school children resulted in corruption, maladministration and stolen funds. About R2,3 million may have been lost in the scheme, but at least the bulk of the R500 million of allocated funds reached its target, providing 5 million children in 14 000 schools with free food.

We then learnt that Zuma had embarked on a campaign to employ a couple of hundred foreign doctors to alleviate the pressure in the medical system. There was widespread criticism of these measures, but the public health service has long been dependent on the services of foreign doctors. There are about 2 000 currently living and working here.

The new batch of Cuban doctors have clinical skills which fulfil local requirements; they are able to communicate in English and, most importantly, have helped to ensure that

adequate health care is available nationwide.

Zuma is also one of South Africa's most vociferous anti-smoking lobbyists and is continually advocating measures to control and reduce the number of smokers. So far, her stand on the issue has had dramatic results and the campaign has, reportedly, reduced the number of smokers by 500 000 over the past year — a significant achievement by any standards.

The seriousness of the Sarafina debacle should be viewed in the context of perhaps the most pressing issue facing South Africa today. More than 1,8 million people — or 4,3% of the population — are infected with HIV. That number will multiply rapidly, bearing serious implications for the entire social and economic development of the country, unless the Aids issue is addressed effectively.

While the National Party government did virtually nothing to tackle this decade-old problem, the ANC is the only party which has a clearly defined HIV/Aids policy based on non-discrimination.

Zuma's health ministry allocated R80-million to fight the disease and attempted to develop a vehicle to convey its anti-Aids message to the masses. The result was Mphahlele Nema's production which was plagued from the outset.

A well-intentioned plan to spread the Aids message led to widespread bureaucratic bungling and a severe indictment of the health ministry. The inquiry into the matter last week revealed maladministration all the way down, dishonesty and an abuse of funds.

It is also evident that proper management principles had been flouted and several senior civil servants had flagrantly ignored the conditions for the purchasing and staging of the production.

Although Sarafina 2 was largely Zuma's concept, she was not involved in the tender process and it was found that she was not responsible for influencing any officials in this regard.

The play itself is clearly a dud, but the Government has now distanced itself from the furore and the Aids message has still not been entirely lost. The health ministry has now tied up with the department of education over the national Aids programme and all children from Sids 5 to 7 are now receiving comprehensive Aids-awareness education.

One wonders whether there would have been a similar outcry if the stage production had been as acclaimed as had the original Sarafina and had succeeded in driving the Aids message home.

Whichever way we look at the Sarafina 2 circus, it is now time to look ahead. What remains is one essential question: do we finally have a government committed to broad health reform in South Africa? It seems so. A recent national survey established that 63% believe they had easier access to health care than they did under the previous regime. Surely this is a start.

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Saturday Star

South Africa's biggest-selling Saturday newspaper

First 'Sarafina 2' - now the 'great female condom scandal' as an encore

(92) Star 15/6/96

By PRAKASH NAIDOO

More than 90 000 female condoms bought by the Department of Health from the United States at a cost of R500 000 have been found to have already passed their expiry date. And this is before they have been distributed.

Embarrassed officials of the

already beleaguered department claim the Food and Drug Administration (FDA), which regulates medicines and supplies in the US, initially allocated the condoms a "short shelf life". But it has now extended the shelf life by a further 18 months.

It has also been confirmed that funds for the project were drawn from the European Union budget and this

was "reflected as a line item" in the EU work plan.

The condoms, known as femidoms, were bought from Reality in America for the purpose of training health care providers in all nine provinces and piloting their distribution from selected clinics.

But, within days of the consignment arriving, the department realised

that its staff had no idea how to put together an education, distribution or literature programme on the use of female condoms. The concept was new and needed a different strategy.

An American consultant, Joanne Mantell, was then contracted by the department to implement the project and, after more than six months work with agencies, distribution of

the consignment began. However, only 25 000 of the condoms have been distributed and the consignment has already passed the expiry date on the packages.

Despite a letter from the FDA saying they can be used for at least a year after the expiry date, several organisations working in the Aids/HIV field and which distribute the

condoms said they were refusing to do so.

"How are we supposed to explain to people that it's fine to use these products when they are clearly marked otherwise," asked one field worker.

"Does the department honestly believe that a letter from some American government department and sticker over the expiry date is going

to convince people?"

Another agency working in the field said an intrinsic part of the education programme was to warn people not to use health products that had passed expiry date.

"Can you imagine the chaos this will cause?"

TO PAGE 2

◆ Condom scandal

All of the organisations interviewed by the Saturday Star said there was also a serious moral issue to this latest scandal in the Health Department - the apparent dumping of old pharmaceuticals on Third World countries.

"These condoms are clearly not new stock," said an Aids counsellor.

"What this latest mess points to is a clear lack of strategic planning in that department, and it really does little for the national Aids and HIV programme."

According to a health department spokesman, the female condom represents very new technology, which is why the FDA initially gave the product a short shelf-life.

The femdoms at the directorate in Pretoria have now been given a further 18 months, and therefore expire at the end of 1997.

The spokesman added that the department had no evidence that organisations were reluctant to distribute the femdoms, and that there were plans to implement the programme to a wider area because the feedback from trainees "was most beneficial".

The latest controversy, coming just days after the Sarafina 2 revelations, drew sharp criticism from Democratic Party health spokesman Mike Ellis, who said the ministry's handling of the Aids/HIV programme was causing more harm than good.

"The intentions may be honourable, but it is clear that poor planning, a lack of consultation and a degree of ineptitude is hampering any success of the Aids programme in this country," he said.

FROM PAGE 1

(92) 15/6/96

Mandela defends integrity of Zuma

(92) Star 18/6/96

'Good woman who has achieved much success' – but NP, DP baffled by stance

By JOVIAL RANTAO
Political Correspondent

President Mandela reignited the *Sarafina 2* controversy yesterday when he again jumped to the defence of Health Minister Nkosazana Zuma, saying she was "a good woman" and people with integrity should not attack her for her role in the controversy over the Aids-awareness musical.

Addressing a group of business and religious leaders in Pietermaritzburg, Mandela said all continued criticism of Zuma was totally unfounded.

"The matter was referred to the Public Protector (Selby Baqwa). He has exonerated her after examining all evidence. Why should any person of integrity still attack this lady? She is a good woman, let her do her work."

He said Zuma was faced with a massive task in transforming national health care and had already achieved many successes.

Mandela's position has come under attack from the National and Democratic parties.

The NP said Mandela had misunderstood Baqwa's findings. The party's spokesman on health Dr Willie Odendaal said the Public Protector did not, as the president said, exonerate Zuma.

"The Public Protector did not address the issue of political accountability of the minister and the financial accountability of the director-general (Oliver Sishana). It's impossible to understand why the president is still protecting Zuma. She cannot run away from her responsibility," Odendaal said.

► To Page 2

Mandela in
support of Zuma

(92)

From Page 1
Star 18/6/96

He said if he continued to defend Zuma, the president should then take the responsibility of the "corruption and mismanagement" in her department.

DP leader Tony Leon said the president's statement was based on a misconception.

"He has been misled about Zuma's knowledge and involvement in the issue. His statement is very unfortunate and goes against the grain of the actual fact. It also shows that the president is prepared to defend ANC ministers regardless of evidence against them. It's a bad precedent."

The ANC rejected the attacks on Mandela by the NP and DP as "scraping the barrel" in a bid to find issues to attack the ANC.

Mandela also praised the recently unveiled national crime plan and said he would be discussing with cabinet members the problem of accommodating thousands of additional criminals in the already overcrowded prisons.

Tuesday June 18 1996

Aids funds well under target

ARG 18/6/96

(92)

PARIS - A day of action by French media and charities to fight the spread of Aids raised only a fraction of its target sum, a failure organisers blamed largely on a televised outburst by an Aids militant against the government.

"Sidaction" on June 6, which was capped by a five-hour star-studded programme broadcast on all six main television channels, raised F40 million (R34.40-m) in donations compared with F350 million (R301-m) in 1994.

Sidaction organisers - Sida is the French acronym for Aids - had hoped to collect F200 million (R172m).

The broadcast turned sour when Christophe Martel, a member of the militant Aids group Act-Up, verbally assaulted Culture Minister Philippe Douste-Blazy.

He attacked the minister over the government's planned deportations of illegal immigrants infected with the killer virus.

"Murderers!" Mr Martel yelled after grabbing the microphone from Mr

Douste-Blazy. "France stinks!"

"For internal and purely personal reasons, they (Act-Up) stuck a knife in our shared goal," one organiser told the daily newspaper Liberation.

"How can we continue to work with them?"

Pierre Berge, president of the association which manages the donations, told Liberation that the number of households contacting the programme through France's widely used Minitel computer network to make a donation dropped from 1 600 to 200 after Mr Martel's accusations.

Mr Berge told French radio that while Mr Martel's remarks were unacceptable, his criticisms were justified.

"We don't expel (Aids-infected) Americans or Swiss, who can get medical care in their own countries

"But we do expel Africans to Africa.

"Or to be more to the point, we send them home to their deaths," he said. -
Reuter

CT 18/6/96

Allow Zuma to get on with her job, Mandela tells critics ⁽⁹²⁾

MARITZBURG: President Nelson Mandela yesterday again jumped to the defence of embattled Health Minister Dr Nkosazana Zuma, calling on her critics to allow her to perform her ministerial duties

Addressing a group of business and religious leaders here, Mandela said continued criticism of Zuma regarding her role in the controversial Aids awareness play *Sarafina 2* was totally unfounded

"The matter was referred to the Public Protector. He has exonerated her after examining all evidence. Why should any person of integrity still attack this lady? She is a good woman, let her do her work," Mandela said

He said Zuma faced a huge task in transforming national health care and had already achieved many successes

These included setting up a

nutritional feeding scheme for thousands of primary school children and conducting sensitive negotiations with business conglomerates to open up medicine markets

"Dr Zuma is trying to destroy market domination by a few conglomerates. She has earned the wrath of these multinationals."

Mandela emphasised the need to negotiate with conglomerates to ensure a vibrant free market.

He said the government had agreed to pass anti-trust legislation but was mindful of the services which conglomerates had provided over the years.

Mandela also praised the recently announced national crime plan.

He said he had arranged to meet various cabinet ministers to discuss the problem of accommo-

dating more criminals in the country's overcrowded prisons

"We don't have enough space to accommodate the large number of people who will be arrested."

National police Commissioner George Fivaz announced a police crime plan last week to arrest South Africa's most wanted criminals, about 10 000 individuals, in 30 days

Police have already reported successes in executing the plan with Gauteng police having arrested over 800 people since June 7

Mandela said some defence force facilities may have to serve as prison facilities

"South Africa has become a haven for criminals. Criminals have been able to organise themselves into syndicates and to join up with international syndicates," Mandela said — Sapa

Office of the Executive Deputy President from the Largest Minority Party	0
Office for Public Enterprises	0
South African Communication Service	0
South African Management and Development Institute	1

*No information could be obtained from these institutions

Register of assets

*21 Mr A G MOHAMED asked the Minister of Public Works †

- (1) Whether his Department is compiling a register of assets, if so, (a) when did his Department start this process and (b) when will this register be completed,
- (2) whether he will make a statement on the matter? N800E

THE MINISTER OF PUBLIC WORKS

(1) The Department has embarked on a process to compile a comprehensive register of State-owned fixed property

(a) On 2 November 1995 Cabinet conferred the responsibility for the compilation and maintenance of a National Register of State-owned fixed property on the Department of Public Works. On 9 May 1996, African Engineering International (Pty) Ltd was appointed as project manager to manage the process

(b) It is envisaged that the total task of verifying the quality of the available data, as well as the collection and capturing of outstanding data, should be completed within 24 months

(2) No single register of State-owned fixed property exists and the information on existing registers differs to such an extent that it is not a management tool for the proper administration of fixed property. In some instances no registers exist apart from the hardcopy data, i.e. files, deeds, etc

As a result of the Cabinet's decision in November 1995, a Steering Committee

was established for the compilation of a National Register of State-owned Fixed Property, with representatives from the Departments of Public Works, Land Affairs, Finance, State Expenditure and Provincial Affairs and Constitutional Development, as well as representatives of all Provincial Administrations

The Steering Committee held its first meeting on 13 November 1995. It was decided that a project manager, consisting of a dedicated team of experts working on a full-time basis, must be appointed to manage the following processes

- The collection of property-related data regarding State-owned fixed property by sub-contractors,
- The capturing of the collected data into a computerised property data-base,
- The reconciliation of computerised rental records against hardcopy files and the State's computerised Financial Management System, from which payment is currently effected

The nature and extent of the work necessitate a distinction between the project manager and the data collectors. The project manager will draw specifications to enable tenders for data collectors to be called for

Mr A G MOHAMED: Mr Chairperson, arising out of the Minister's reply, this means that this country has no record of its assets. There is no proper register. I will write to the Minister [Interjections.]

THE DEPUTY CHAIRPERSON OF COMMITTEES: Order! Is that a supplementary question?

THE MINISTER OF PUBLIC WORKS: Mr Chairperson, that is not a question. He is making a comment to the effect that the previous NP government did not bother to keep a proper register of fixed property of the State

Mr L D CHUENYANE: Mr Chairperson, this is indeed a supplementary question arising out of the Minister's reply. I would like to ask him how much this is going to cost the department

THE MINISTER OF PUBLIC WORKS: Mr Chairperson, I will give my colleague in the Portfolio Committee on Public Works the information outside this meeting

Hansard

Questions standing over from Wednesday, 12 June 1996

Saragfina II: tender for production of video

*9 Mr M J ELLIS asked the Minister for Health

- (1) Whether her Department opened a tender bid for the production of a video of Saragfina II, if so, (a) what is the budget for the video and (b) who was granted the tender,
- (2) whether her Department considered the time period given for the compilation of the tender applications to be adequate, if not, why not, if so, what are the relevant details,
- (3) whether her Department has received any complaints from applicants concerning the length of the time allowed for the compilation of tender bids, if so, (a) from whom were such complaints received and (b) what was her Department's response thereto? N904E

THE MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION (for the Minister for Health)

- (1) Yes, (a) and (b) the tender has in the meantime been cancelled as a decision was taken not to proceed with the Saragfina contract and the video
- (2) Yes, the department considered the time period given for compilation of tenders and found it to be adequate. The State Tender Board granted approval for the tender to be published in the State Tender Bulletin on 26 April 1996 with a closing date of 14 May 1996. After 246 potential tenderers were identified, tender documents were posted to them on 24 April 1996
- (3) Yes, the department received complaints from applicants concerning the time allowed for the compilation of tender bids, but it was because of a printing error in the State Tender Bulletin which published the closing date as 4 May 1996 and not as 14 May 1996 as stipulated in the tender documents

(a) The department unfortunately does not have the names of the applicants on record as no complaints were received in writing

(b) The department obtained approval from the State Tender Board to postpone the closing date from 14 May to 4 June 1996 and to hold an information session concerning technical and creative aspects on 28 May 1996 to all potential tenderers on an equal basis

THE MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION: Mr Chairperson, could I ask for Question 14 to stand over in view of the fact that we have not received all the necessary facts on this issue from the authorities in the Eastern Cape

*14 Mr A J LEON—Public Service and Administration [Question standing over]

Saragfina II tender dates for video version

*16 Dr W A ODENDAAL asked the Minister for Health †

- (1) Whether her Department has postponed the tender dates in regard to the video version of Saragfina II, if so, (a) how many times have they been postponed and (b) what were the reasons for the postponement in each case,
- (2) whether she will make a statement on the matter? N911E

THE MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION (for the Minister for Health)

- (1) Yes, (a) the closing date was postponed once from 14 May 1996 to 4 June 1996, (b) the reasons for the postponement of the closing date were
- (i) a printing error in the State Tender Bulletin which published the closing date as 4 May 1996 and not as 14 May 1996 as stipulated in the tender documents, and
- (ii) the department received numerous inquiries from potential tenderers concerning technical and creative aspects in regard to

As a result of the Cabinet's decision in November 1995, a Steering Committee

the production of the video. To ensure that all potential tenderers have at their disposal the same information on an equal basis the closing date was postponed to 4 June 1996 and an information session was held on 28 May 1996

(2) No

Teachers from Australia/Cuba

*19 Mr T D LEE asked the Minister of Education +

(1) Whether his Department is currently investigating the possibility of appointing teachers from Australia and Cuba in South Africa in certain subject disciplines, if so, why

(2) whether he will make a statement on the matter? N915E

The MINISTER OF PUBLIC WORKS (for the Minister of Education)

(1) No

(2) No This matter was dealt with in my Budget Speech in the Senate

Student unrest on campuses

*20 Mrs T J MALAN asked the Minister of Education +

(1) (a) How many cases of student unrest on campuses were brought to his Department's attention during the period 1 January 1995 to 30 April 1996 and (b) what were the reasons for the unrest in each case.

(2) whether he or his Department are contemplating any steps to prevent further unrest, if not, why not, if so, what steps,

(3) whether he will make a statement on the matter? N916E

The MINISTER OF PUBLIC WORKS (for the Minister of Education)

(1) (a) Technicians ± 26 cases
Universities ± 36 cases

This information was obtained by means of a questionnaire sent to

institutions. Many cases were not brought to the department's attention at the time they occurred

(b) The reasons vary from specific internal institutional problems, to problems with the transformation of the institution, to problems with the general transformation of higher education

(2) The Minister of Education has already sent a letter to the management of every institution regarding the transformation of higher education institutions. Departmental workshops have been arranged with groups of stakeholders in higher education. Both the Director-General and the Minister's have made public statements in the media

(3) According to the various higher education Acts, higher education institutions are autonomous corporate bodies. The department will only intervene if specifically requested to do so by the management of an institution, or when irretrievable breakdowns seems imminent

Agreement with German agencies

*21 Dr W A ODEENDAAL asked the Minister for Health +

(1) Whether her Department has made any agreement with German agencies on technical and development matters, if so, what are the relevant details,

(2) whether doctors from the European Union will come to work in South Africa in terms of this agreement, if so, what are the relevant details,

(3) whether she will make a statement on the matter? N917E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION (for the Minister for Health)

(1) Yes, a memorandum of understanding was signed with the Centrum für Internationale Migration und Entwicklung (CIM) for the provision of registered medical practitioners on 17 April 1996. The process of evaluation will take place at the end of June 1996 and about 20 doctors are ex-

pected to arrive in South Africa before the end of the year, for placement in underserved areas. They will come to South Africa for a period of two years with the possibility of a one-year prolongation

(2) Yes, the employment of doctors under the CIM programme is part of a pilot scheme. The experience will give the European Commission a basis for developing an extension of this project to incorporate doctors from other member states of the European Union

(3) No

Fluoridation of water

*33 Mr M J ELLIS asked the Minister for Health

(1) What is her Department's policy in respect of the fluoridation of water,

(2) whether water in South Africa is currently being fluoridated, if not, why not, if so, to what extent,

(3) whether she will make a statement on the matter? N932E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION (for the Minister for Health)

(1) The policy of the Department of Health is to support the fluoridation of public water supplies

(2) No water supplies are currently being fluoridated. The regulations under the Health Act, 1977 (Act No 63 of 1977) to fluoridate public water supplies have not yet been promulgated. The draft regulations which were approved by the Minister of Health have been sent to relevant stakeholders for comment before they are promulgated

(3) Yes, I am prepared to make a statement

Tooth decay is the most common chronic disease known to humankind. More than 90% of South Africans experience some tooth decay by the time they reach adulthood

Tooth decay is a preventable disease. Fluoride increases the resistance of tooth enamel to acid attack (formed by bacteria in plaque and sugar), causing tooth decay

Fluoride is a natural constituent of water supplies. Water fluoridation is simply the process of topping up something which is there already, but at insufficient levels. For over 50 years worldwide experience showed that the optimum level (where the greatest benefit in the prevention of dental decay is obtained, without any harmful effects to human beings) of fluoride in drinking water is about one part of fluoride in one million parts of water. This is a very small amount—the equivalent of about one minute in two years, or 1 cent in R10 000. Tooth decay is reduced up to 60%, at this optimum level

Children benefit the most from water fluoridation, but adults will also benefit. In practice, fluoridated water means

- Less toothache
- Fewer and smaller dental bills
- More people keeping their natural teeth throughout life
- Better-looking teeth because they are not affected by decay
- Less fear and anxiety about visits to the dentist, as treatment would be less complicated, with less anaesthesia and drilling
- Better general health for all as a result of improved dental health

Tooth decay is at unacceptably high levels in certain communities in South Africa, and it is likely that these levels will increase especially amongst the poor. It is therefore vital that we take action to improve public dental health

Community water fluoridation is the most efficient way to prevent tooth decay. The cost of adjusting the existing fluoride concentration in the water supply is less than R1 per person, per year. It is furthermore 18 times cheaper than toothpastes, and 61 times cheaper than filling a tooth

New questions

Money-laundering

*1 Mr H A SMIT asked the Minister for Safety and Security +

Modern nuclear weapons, such as those recently tested by France, use plutonium and not uranium because of the much smaller quantities needed and the more sophisticated designs which can therefore be achieved. It is consequently highly improbable that SA uranium could have been used in the recent French nuclear weapon tests.

(4) The present Nuclear Energy Act (1993) expressly forbids

—The export of uranium to nuclear weapon states for non-peaceful uses, and

—the export of uranium to non-nuclear weapon states unless the material will be subject to IAEA comprehensive safeguards in the recipient State.

A requirement for the authorisation for export is generally a State-to-State assurance. Such an assurance exists in the case of France in terms of a bilateral agreement signed in 1995.

SA is a member of two export control regimes regarding nuclear materials, equipment and technology, namely the Zangger Committee and the Nuclear Suppliers Group.

SA fully abides by the guidelines of these control regimes and regulates the goods listed by the control regimes through Regulations published in terms of the Nuclear Energy Act, 1993.

ILO Convention No 169

*36 Mr D K PADIACHEY asked the Minister of Labour

Whether South Africa has ratified ILO Convention No 169, if not, why not, if so, when?

N927E

The MINISTER OF LABOUR

Convention No 169—Indigenous and Tribal Peoples, 1989—The Convention came into force on 5 September 1991 and as at 2 February 1994 had been ratified by seven Member States. South Africa has not yet ratified this particular Convention.

Since re-admission to membership in 1994, SA has given priority to ratifying the core conven-

tions dealing with fundamental human rights, viz Convention No 98—Right to Organise and Collective Bargaining and Convention No 87 Concerning Freedom of Association and Protection of the Right to Organise (Ratified by Parliament and formally communicated to the ILO).

Convention No 29—Forced Labour, 1930
Convention No 105—Abolition of Forced Labour, 1957

Convention No 111—Discrimination (Employment and Occupation), 1958

Member States have an obligation to submit any convention that they intend ratifying to the competent authority, after consultation with representatives of employers' and workers' organisations on the proposals to be made to the competent authorities.

Any instrument considered for ratification has to be tabled in the National Assembly for consideration. Ratification of instruments also creates binding international obligations for the Member State concerned.

Convention 169 *inter alia* provides that Member States shall have the responsibility for developing, with the participation of the people concerned, co-ordinated and systematic action to protect the rights of indigenous and tribal people and to guarantee respect for their integrity. Compliance with norms established in this specific Convention is adequately catered for in our new Constitution and we may wish to consider ratification of this Convention at a later date.

Questions transferred for oral reply in terms of Rule 202

Sarafina II: sex

*1 Mr M F CASSIM asked the Minister for Health [Written question No 2611]

(1) Whether the words "I cannot do without sex" or words to that effect are contained in the text of the play *Sarafina II* as part of its message, if not, what is the position in this regard, if so, what are the actual words of the text relating thereto,

(2) whether she will make a statement on the matter?

N462E

The MINISTER FOR HEALTH

(1) No, the script does not refer to "I cannot do without sex", or words to that effect.

(2) No

Sarafina II: funds from donor nations

*2 Mr M F CASSIM asked the Minister for Health [Written question No 2621]

(1) Whether some or all of the funds allocated and/or expended on *Sarafina II* originated entirely from donor nations, if not, where did these funds originate, if so, from which external sources did the said funds originate,

(2) whether she will give a breakdown of the (a) amounts (1) allocated to and (1i) expended on *Sarafina II* and (b) internal or external sources from which such amounts were derived, if not, why not, if so, what are the relevant details in each case?

N463E

The MINISTER FOR HEALTH

(1) All the funds allocated to and expended on *Sarafina II* were spent from EU budget. The Public Protector has since concluded that this money was spent without EU authorisation. It is now an authorised expenditure.

(2) (a) (i) The amount allocated to the *Sarafina II* play is R14 247 600

(ii) As of 13 June 1996 the amount expended on *Sarafina II* is R10 519 202

For written reply

Outstanding telephone applications

316 Mr J A JORDAAN asked the Minister for Posts, Telecommunications and Broadcasting

(a) What was the total number of outstanding telephone applications in each specified (i) major urban and (ii) rural area of the Republic as at the latest specified date for which information is available and (b)(i) what is the average waiting-time for a new telephone in each of these areas and (ii) in respect of what date is this information furnished in each case?

N550E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING

The Managing Director of Telkom SA Limited has informed me as follows

Information for rural areas has to be specified as these are done manually and different circumstances (for not providing or providing services) exist in each case. It is also not possible to supply this information within three days.

Important: Kindly note that this information is of strategic importance to Telkom and that it should be treated as such.

Outstanding telephone orders as at 31 March 1996

Region	Major urban	Rural areas	Total outstanding telephone applications
Western Cape	6 161	1 937	8 098
Eastern Cape	2 364	670	3 034
Transvaal	10 660	26 167	36 827
Witwatersrand	28 110	0	28 110
Free State and Northern Cape	564	11 119	11 683
KwaZulu-Natal	19 683	29 142	48 825
Total	67 542	69 035	136 577

The figures include deferred applications for Residential services, Business services, Call Offices and Party/line services

'Sarafina 2' seen by 32 000 in Gauteng

92
POLITICAL STAFF

Steyn 19/6/96

The *Sarafina 2* controversy, with its ensuing bad publicity, had had a negative impact on the success of the play in Gauteng, health MEC Amos Masondo said yesterday.

It was estimated that about 32 800 people had seen the Aids awareness play in Gauteng, he said in response to questions from DP-MPL Jack Bloom. This was based on an average of 1 218 people at 27 performances. No expenses had been incurred by the Gauteng health department, except for the usual supply of condoms and pamphlets and posters about HIV/Aids.

Asked what changes had been made to *Sarafina 2* to "reinforce the correct Aids message", Masondo said: "We have made some recommendations, like other role players, including the safer sex message and that sex must take place in the context of a relationship."

He added that there was a feeling that the play had created greater awareness of Aids in the province

Study raises health concerns over prison-issue condoms

ARG 19/6/96

(92) (155)

CONDOMS could be issued to prisoners without educating them about the dangers of HIV infection and Aids, African National Congress correctional services study group chairman Carl Niehaus said.

Briefing journalists on the study group's programmes yesterday, he said he was concerned about the practical implementation of recommendations that prisoners be issued with condoms.

Education programmes should also be directed at prisons' staff.

If preparations for the programme are not done properly, the distribution of condoms could be more harmful than helpful.

Present parole and release policies "need a thorough overhaul", he said.

The make-up of parole committees, which now only include staff members, should change. "We would

like to see the local community represented on the committee."

This would make the committees more representative and bring about closer co-operation between prisons and the communities they were situated in.

The study group was proposing that the arbitrary credit system being used by parole committees in prisons and whereby prisoners become eligible for parole after serving one-third of their sentences, should be removed.

This should be replaced by a system where prisoners qualify after serving at least half their sentences and people with life sentences be considered after serving at least 20 years.

Life term prisoners' parole would then be considered with the participation of the sentencing court and the victims' families.

More use should be made of community service and correctional supervision as alternative forms of sentencing to alleviate the overcrowding problem in prisons, especially if taken into account that about 60 percent of the prison population was serving sentences of six months or less, and at least 25 percent were awaiting trial.

This could be addressed through a sentencing budget where prisons would adjust their space according to the money available to them.

However, if this was accepted it would place constraints on the independence of the judiciary which should not be seen by the public as "getting soft on crime".

The study group also was looking into the possibility of appointing an independent Prison Inspectorate to investigate the many claims of mal-treatment of prisoners. - Sapa.

Rejections for HIV applications climb

(92) (58)
SOUTHERN Life declined insurance to 1 263 HIV-positive applicants in the year to March — from 938 the previous year

Executive director (life division) Chris Liddle said 2,3% of life assurance applicants were now HIV-positive and insurance cover of about R260m had been turned down last year

"These rapidly rising HIV infection rates are a major concern for the life assurance industry and the SA economy as a whole," Liddle said

Exclusive Life, which provides financial immunity against AIDS-related premium increases, accounted for more than one-third of the company's new recurring premium income

BD 21/6/96

receives a certificate for participating in the Puppets in Prison Aids initiative

TOP RIGHT: ANC MP and Chairman of Correctional Services portfolio committee in Parliament, Carl Niehaus, hands a certificate to a puppeteer at the inaugural production of Puppets in Prison

BOTTOM RIGHT: Inmates of Johannesburg's Diepkloof prison learn puppetry to get the Aids message through to their peers



Aids 'made real' for inmates

ADELE BALETA
Staff Reporter

AIDS experts have given a thumbs up to the Aids awareness initiative *Puppets in Prison* which has been playing at Johannesburg's Diepkloof jail since February at a cost of R90 000

The positive evaluation is in sharp contrast to the criticism levelled at the expensive R14,5-million Aids play *Sarafina 2* which was scrapped barely two months after it opened. People with HIV and aids, and experts in the HIV field slammed the glitzy musical saying it failed to educate people about the disease

■ As the dust settles over the *Sarafina 2* debacle an Aids puppetry workshop – launched at a fraction of the R14 million price tag of *Sarafina 2* – is getting rave reviews.

Puppets in Prison stars volunteers who are all serving prison sentences and who, through the use of puppets, educate their peers on issues like Aids, sodomy, rape, prostitution and gang violence

Aids expert Clive Eريان and programme evaluator Renee Bubb found the prisoners show to be an "excellent initiative" which benefited the puppeteers and members of the audience. They said in the 37-page report that it was an "impor-

tant Aids initiative" as the prison environment was highly conducive to the spread of HIV/Aids and other Sexually Transmitted Diseases (STD's)

The effect of the programme on the puppeteers included an increase in self esteem, a sense of pride about their accomplishments and a perception that they had a role to play in the community. Prisoners interviewed in the report said they would start using condoms and that they

(92) AR 22/6/96

now believed Aids existed. One inmate said "When an HIV prisoner used to give me a cigarette I used not to smoke it, but to throw it away. Now, I will smoke their cigarettes."

Dr Eريان, a public health physician, saw *Sarafina 2* and described it as a "slap in the face to Aids health care workers struggling with meagre resources"

Armed with the positive evaluation, the creative talent behind *Puppets in Prison*, Gary Friedman and Nyanga Tshabalala, are hoping they will succeed in their bid for part of the department of health's national Aids and STD control budget for 1996 to 1997

In an interview with SATURDAY ARGUS, Mr Friedman said he had submitted a one-year budget of less than R1 million and a four-year budget of less than R4 million

The plan was to train 11 groups of prisoners who, through the medium of puppetry, would educate their peers in jails in all provinces

The two producers also had approached the department of correctional services for funding. Mr Friedman said the R90 000 health department grant was used to fund an initial eight-week pilot workshop involving 15 long-term juvenile prisoners between the ages of 18 to 24 ending on April 3

The education workshop, during which inmates learn to script and perform plays on issues involving the spread of Aids in prison, is continuing daily at Diepkloof Prison. It is presented to up to 50 inmates a day and is constantly revised and reworked

Dr Eريان and Ms Bubb said in their report that there was only a limited understanding of Aids, its means of transmission and prevention amongst the majority of prisoners. There are also many myths and misconceptions about the disease, and certain prisoners still doubt its existence. "The target audience and the puppeteers res ponded posi-

tively to the powerful medium of puppetry for learning about and discussing the highly sensitive issues"

One major criticism of the play by prisoners was that the warders were not reflected in the content

The report's recommendations included:
● On-going Aids education in prisons
● Continued use of prisoners to educate their peers as they were likely to have the most impact
● Using the puppet programme to address other sensitive and problematic issues, such as the relationship between

Call for more open view on sex education to fight HIV/Aids

Star 28/6/96 (92)

A lifeskills package is being worked out that will be available in all schools by the beginning of next year

By SUSAN MILLER

Over a third of all births in South Africa are to teenage mothers, who are also particularly vulnerable to the risk of HIV infection. According to the Gauteng Provincial Health Department, 392 out of every 1 000 births in South Africa are to teenage mothers, and the rate of HIV infection is highest among the 15-19 age group.

President Nelson Mandela called recently for a more open approach to sex education for teenagers in order to try and contain the Aids epidemic.

Speaking in Pietermaritzburg to business and religious leaders, he said a great deal of education was needed because of the "conservative nature of South Africans".

"Our country can no longer afford to be inhibited about sex education," he said.

Mary Crewe, chairperson of the national project committee on life skills and HIV/Aids education, endorsed Mandela's message.

She said a "lifeskills" package was being worked out that would be available in all schools by the beginning of next year.

She said it would be "immoral" for the next generation of young people to suffer because of a lack of information about safe sexual practices.

"We must acknowledge teenage sexuality - 30% to 40% of teenagers are sexually active from the age of 14," she said.

Crewe said the package would enable schools to run lifeskills programmes, including HIV/Aids educational components, and would be circulated later this year for comment.

Both the Department of Health and the Department of Education are represented on the committee.

Crewe said for the effort to be

effective there would have to be collaboration between the two departments on both a national and provincial level.

"At the moment, we are not sure whether the programme should be introduced as a new subject or whether components should be integrated into a number of subjects.

"With these packages the teachers can answer any questions which might arise.

"We want a situation where no school can say it would have liked to have had access to this kind of information but did not receive it," she said.

She stressed the important

“**What people have to realise is the age of consent is 16**”

role to be played by teachers in HIV/Aids education.

She said a programme in which two teachers at each school would be trained to teach life skills/sex education, including HIV/Aids education, would be starting during the last few months of this year.

Her committee will ask for tenders to train teachers to put across HIV/Aids.

Crewe said one of the most important things the departments of health and education would have to do was to make sure teenagers asking for condoms and sexual advice at clinics would not be "treated like pariahs".

"What people have to realise

is that the age of consent is 16 and many teenagers of 16 are still at school, so they should have full right of access to condoms."

She said it was also important for parents and community organisations to be involved in the process.

"We have to open up as a society and begin talking about sexual issues," she said.

Crewe said the programme should be joyful and vibrant instead of "gloom-filled" in order to make it accessible to young people.

Sibongile Jack of the Township Aids Project (Tap) said her organisation usually approached schools months in advance and consulted the principal, teachers and parents.

"We have to get their permission to work in their schools," she said.

She said Tap had been working in schools in Diepkloof, where it trained volunteers who then trained others.

"I am not even sure if the young people know how to use condoms properly because when they go to the clinics they are usually too embarrassed to ask many questions," she said.

Sharon Kruger of the Gauteng Health Department's Promotional Unit said lifeskills programmes were being carried out from Stds 0 to 10 and there was an AIDS drama group which had been travelling to schools.

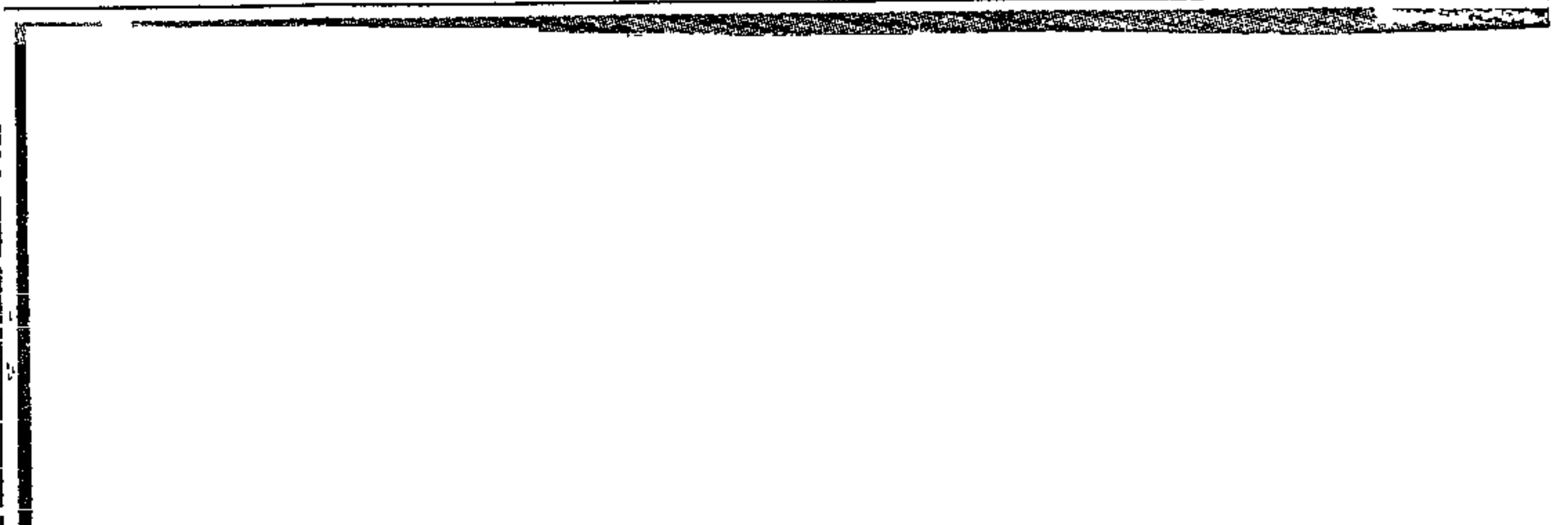
"We approach communities and schools for permission to carry out the programme."

Kruger said as far as she knew recipients of the programme did not have a problem with the correct terminology being used in sex education.

"There is a very good relationship between the Departments of Health and Education, especially in their joint efforts to educate youngsters about AIDS," she said.



Persistence ... in a race against time, medical scientists and researchers battle to produce a cure to overcome the virulent Aids virus.



AIDS threat starts quiet social revolution

THERE has not been quite such a fuss in Zimbabwe about a young girl and an old man since Rhodesian Front MP Sid Millar ritually burnt a copy of Vladimir Nabokov's novel Lolita on the steps of Bulawayo city hall 40 years ago, as a pro-censorship gesture

A ceremony of a different kind with 14-year-old Stella Gurra has burned the fingers of the current 60-year-old health minister Dr Timothy Stamps in the remote Mhondoro communal area

The married minister went through a Shona betrothal ritual in the belief he was reinforcing respect for traditional customs that militate against promiscuity — and the spread of AIDS

Gurra claims it was "for real" and her family may demand half the national beef herd in compensation. Stamps's efforts to make up for lost time in getting the AIDS warning across have previously reached bizarre lengths, in contrast to predecessor Dr Herbert Ushewokunze, who denied there was any link between HIV infection and AIDS — and then died of the disease himself

Many prominent AIDS victims lie in "heroes' acre" here. Stamps last year shaved his head as a sign of traditional mourning for the unknown hundreds of thousands who have already died from an epidemic thought to infect at least one in 10 of Zimbabwe's 11.5-million people

"My greatest concern is about those who claim you can get rid of AIDS by having sex with a virgin. This has led to the rape of many minors," says Stamps. Confirmed cases — the tip of the iceberg — included 433 children under four in July-September last year, the latest period for which statistics are available. More than 60% of the armed forces and 80% of the prison population are reportedly infected

Yet, in economic terms, the pandemic has not yet caused the holocaust that was predicted when the disease was first taken seriously 10 years ago (then Ushewokunze, a medical doctor and self-styled sangoma supreme, led the establishment's denial phase)

Some commentators predicted that by 1993 Zimbabwe might be

MICHAEL HARTNACK in Harare

bereft of skills and management, while farmers would have to move away from labour-intensive crops such as tobacco and cotton. It has not happened

One doctor says it has been shown in Zimbabwe, as elsewhere, that good nutrition, good housing and modest medication can put off the onset of full-blown AIDS for the average HIV case well beyond the 6-8 year diagnosis-to-grave time limit that was forecast.

"If people lose the death wish they get better for a time," Stamps has commented

Although, every week, the media carries news that "Comrade X has died after a short illness", there is, as yet, no shortage of manpower in government ranks

Yet economists are still watching closely to define what the potential loss of the "young upwardly mobile male" — the most vulnerable group — will do to consumer trends. More

than 25% of deaths in the 25-40 age group are now attributed to AIDS-related illnesses, like tuberculosis

It is also a fact that cemeteries are rapidly running out of space and coffin makers are doing roaring trade — many with cut-price lines "Bury your loved one, not your future," is one advertising slogan

Commercial Farmers' Union AIDS task force leader Peter Frazer-Mackenzie says his organisation has noted a pattern of rural people abandoning working of family plots for wage work, to foot bills for increasing amounts of medication in the family — and for funerals.

For this reason, no labour shortage had yet been noted on commercial farms, but the communal areas might soon record a marked contraction in cultivated areas

The farmers' union has launched a massive voluntary anti-AIDS campaign, organised by farmers' wives and recruiting "peer educators" from among the most progressive workers and their spouses

One of the most tangible results of the AIDS pandemic so far has been the formation of the Women

and AIDS Support Network. "We are all afraid of our past husbands, new boyfriends, etc," says one member, Thandi

A legal revolution took place in Zimbabwe, unnoticed at first, when President Robert Mugabe's government passed the Legal Age of Majority Act in 1983, giving all women over 18 control over their careers, their marriages and their money

Their new legal rights — and the imperative of staying alive — have caused the emergence of a new class of independent, urban black women not content with the past "mpota" (over the pots) status

Mavis, a support group member said "There is pressure to get married and have children. Culture says you must say yes to sex in marriage regardless, and if your husband has HIV you are supposed to accept whatever is coming"

Fear of the implications of AIDS for themselves and their families could make the pandemic the key factor in a long-delayed demise of polygamous, servile marriage — even if not quite the style of revolution Western feminists hoped for

LETTERS

Dear Sir

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(92) 26/6/97

UN agency warns that protests could harm economy

Aid cuts 'may affect ZCCM'

By Jowie Mwiinga

Lusaka — The United Nations Development Programme has warned foreign donors that cuts in aid to Zambia in protest at constitutional changes could have a severe effect on the economy and harm the sale of units of Zambia Consolidated Copper Mines (ZCCM)

Western governments, led by the United States, have said they will cut or freeze aid to Zambia in protest at changes that ban former president Kenneth Kaunda and others from contesting elections to be held by the end of October

Political analysts have said the political climate could slow negotiations on the sale of ZCCM units and the development of Konkola Deep by a consortium led by Anglo American Corporation of South Africa

ZCCM said the political climate would have little bearing on the company's privatisation, but the programme's report predicted increased capital flight and reduced direct foreign investment if aid was cut

The report also forecast a shortage of foreign exchange, leading to the devaluation of the kwacha, rising inflation and the inability to service external debts

CT(BR) 26/6/96 (92) (250)

Zambia's foreign debt stands at \$6.2 billion

"Acute scarcity of foreign exchange may at worst lead to default on World Bank and International Monetary Fund (IMF) loans, which could end their assistance to Zambia

"A break with the World Bank-IMF and Zambia's loss of their 'certificate of respectability' would impact negatively on donors beyond the dominant members of the Paris Club Consultative Group," the report said

The report predicted an increase in interest rates, leading to reduced borrowing and investment, and more external and internal borrowing with adverse macroeconomic results

A shortage of foreign exchange and the possible emergence of a parallel market would reduce the availability of goods and services and erode standards of living

"A number of ongoing or envisaged new programmes might be adversely affected, especially co-financed projects

"Hopefully, withdrawal of aid should be selective to ease the plight of the poor

"Furthermore, in the event of aid cuts, public expenditure should be so redirected as to cushion the poor from the ensuing hardships," it said —
Reuter

Insurer sounds the alarm on AIDS

(92) (88)
Linda Ensor

CAPE TOWN — The R14m Sarafina II controversy had diverted attention from the fact that more than 10% of SA's sexually active population could be infected by the HIV virus, Southern Life chairman Neal Chapman said.

In his chairman's statement released yesterday, he said HIV and AIDS continued to spread at an alarming rate, and warned that all sectors of society and all industries would suffer its effects.

Business leaders would have to take urgent steps to ensure the survival of their businesses.

The epidemic would affect all sectors of society and have implications for all industries in the SA economy. "The opportunity to make significant inroads into the numbers of new infections will

BO 27/6/96
now seem to have passed us by and the challenge of large-scale social and economic consequences must be faced."

Chapman said the number of HIV cases had grown sharply, and at least 50% would die within the next 10 years. By the end of last year the figure had grown to 2-million, with new infections increasing by 1 900 a day.

"It is now estimated that more than 10% of the sexually active population is infected with the virus," Chapman stated.

Dealing with other aspects of Southern Life's business, he said Futuregrowth portfolio, designed to fund investments of benefit for less privileged communities, had grown to R640m by end-March from R265m last year. More than 45 retirement funds had invested in the RDP via Futuregrowth

which had financed the provision of electricity to about 40 000 homes and potable water to more than 200 000 people as well as helping to make 8 000 low income housing loans available.

For the first time the life insurer disclosed the make-up of its actuarial surpluses which it said would enable investors to make more informed judgements on its ability to generate both profits and investment returns.

In the year to end March, the surplus of R1,038bn (R944,5m) comprised an operating surplus of R302,5m (R230m — a 32% rise) and investment returns on free assets of R735,2m (R405m, an 82% increase).

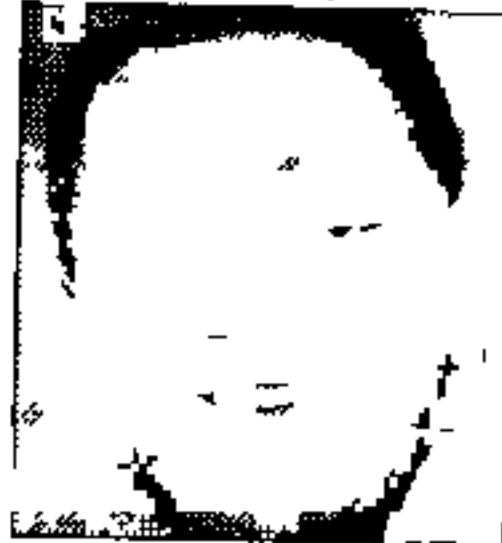
The 1995 actuarial surplus included an adjustment of R309,9m due to changes in valuation bases and prior year adjustments.

Sarafina playwright needs financial aid

(92) Star 6/7/96
Sarafina 2 playwright Mbongeni Ngema has approached the Department of Health and other individuals to help bail him out of a debt of nearly R200 000 owed to a Durban travel agency

Keiser & Gentry Travel will seek a summary judgment against Ngema and his Committed Artists Agency in the Durban Supreme Court on Monday.

It was reported yesterday that Ngema's Johannesburg-based attorney, Karien Norval, had confirmed that negotiations for assistance were under way with the Health Department and individuals whom she would not name



Mbongeni Ngema

The only Health Department official mandated to speak in connection with *Sarafina 2*, director-general Olive Shisana, could not be reached for comment

A report released recently by Public Protector Selby Baqwa advised that all government funding for the controversial Aids musical be stopped immediately - Sapa

Aids meeting opens on optimistic note

CT 8/27/96

(92)

VANCOUVER Aids researchers yesterday started the largest conference on the disease ever held with new optimism over breakthroughs, even as the killer virus continues to rage, infecting five people every minute.

The week-long 11th International Conference on Aids will be the biggest in an annual series of Aids gatherings, drawing 15 000 researchers, people who have Aids, activists, policymakers and journalists.

"We have our first glimmers of hope in a long time," said conference co-chairman Dr Martin Schechter. "But we don't want people to think we have the disease licked. We are far from it. Our goal is complete worldwide prevention and cure."

After a decade of disappointment, researchers have recently reported a flurry of major advances against Aids and their findings are expected to be

the highlight of the conference. Some scientists are even speculating that the gains may one day lead to a cure.

But they emphasize that many hurdles remain, and new data released on the eve of the conference showed the pandemic continues to spread.

The UN estimates 21,8 million people around the world are living with HIV or Aids. About 8 500 more people are infected daily — five every minute — with the Human Immunodeficiency Virus (HIV) that causes Aids.

Among developments that have helped dispel despair are remarkable results from a new type of drug.

These new drugs, called protease inhibitors, block an enzyme crucial to the multiplication of the virus. Tests show that when taken in multi-drug "cocktails", protease inhibitors reduce the amount of HIV in the blood for long periods. — Reuter

AIDS, violence obstacles to setting up health system

208/7/96 (92)

Kathryn Strachan

WITH soaring AIDS levels and relentless violence, KwaZulu-Natal is up against daunting obstacles in its task of building up the health care system

Violence is draining hospitals, with many intensive care unit beds taken up by patients who have been shot or stabbed

"Trauma is costing us a lot," says the province's superintendent-general, Dr Ronnie Green-Thompson. "Several clinics have stopped their night services because of attacks, and vehicle hijackings are interfering with our emergency health services."

With the rise in crime, the province is looking at ways to tighten up security at all its hospitals and clinics

KwaZulu-Natal also faces the highest incidence of AIDS in the country, brought about mainly by its proximity to Mozambique, reliance on migrant labour and the transport routes running through to the ports

According to Green-Thompson, the latest survey of pregnant women attending the ante-natal clinic at King Edward Hospital in Durban shows that between 18% and 23% are HIV-positive

This will cause a massive drain on resources, since AIDS has brought with it a dramatic rise in tuberculosis, exacerbated by the increase in drug-resistant strains of tuberculosis.

While it is a largely rural province, KwaZulu-Natal is densely populated, with 25% of the country's population estimated to be living in the province

Green-Thompson says the scattering of major administrative functions between Maritzburg, Durban and Ulundi makes co-ordination difficult. Plans to rationalise are expected to boost efficiency and morale

The province is focusing on bringing the health systems, which were fragmented under homeland policy, into a single structure. Nearly all the posts for health department directors are

now filled and the province is well on its way to filling 2 000 vacant nursing posts

The problem that remains is how to fill vacant doctors' posts, especially in rural areas. Discussions are under way with training institutions to ensure broader training, which will allow health workers to play a more useful role in rural settings

The province has lagged others in setting up district health systems, but Green-Thompson is confident that with local governments now elected, this process is set to take off

Building clinics has been difficult in the province's hilly terrain but despite this, the clinic programme is well under way. The province decided in September to introduce free primary health care at all rural and mobile clinics. This free service is now being extended to urban clinics

A regional hospital network will get into gear when the new Durban academic hospital, with 800 beds, opens in 2000

Sarfu to take lead in setting policy on HIV protection

CT 11/7/96 (92)

MICHAEL OWEN-SMITH

SARFU will take the lead in the world of rugby in announcing an official policy on "HIV and rugby participation" at Stellenbosch today

This is the first time any rugby body has taken a stand on Aids although there are already strict regulations about replacing players who suffer open wounds during play

The policy on HIV has been formulated by Sarfu's medical adviser, Dr Ismail Jakoet, after extensive research and consultation with experts.

"The risk of HIV infection in our society is a matter for consider-

able concern," said Dr Jakoet. "We must also recognise the rights of those who are HIV-positive

"We must find the balance between protecting the majority of players who are not affected while still giving those who are HIV-positive the opportunity to participate at some level."

Another item on the agenda for future Sarfu action is the increasing occurrence of professional fouls in top-level rugby

Last Saturday's international between the Wallabies and the All Blacks was riddled with fouls intended to stop opponents from scoring tries

Referee Ed Morrison of England twice warned the Wallabies for

such offences, threatening to send players off the field, but no such warnings were given to several All Blacks guilty of the same offence

"The first thing we have to do is define a professional foul in terms of the laws as we do with all other aspects of the game," said Sarfu's director of refereeing, Freek Burger

"Once it is properly defined in the law book, then we can tell the referees what is the appropriate course of action to be taken

"But it seems to me that a team that commits a professional foul must suffer more than the normal number of points for a penalty goal. There is a good case for a penalty try when that offence is in reasonable range of the goal line"

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Breakthrough in Aids battle as drug cocktail wipes out HIV

(92) star 12/7/96
Vancouver, British Columbia - A triple cocktail of drugs has wiped out all evidence of the virus that causes Aids in a group of nine volunteers and, if the approach really works, they might be cured in a year or two, scientists said yesterday

But they warned that the findings, announced at the 11th International Conference on Aids, were based on early experiments with a small group of people. They said more research was needed to back up the dramatic results.

The therapy consisted of a potent three-drug cocktail including a new class of medicine called protease inhibitors and two older-line compounds known as nucleoside ana-

logues, which include the drug AZT.

In a study at the Aaron Diamond Aids Research Centre in New York, nine Aids patients who started the triple therapy within three months of becoming infected were found to have no sign of human immunodeficiency virus (HIV). The patients have stayed virus-free for periods ranging between three and 10 months.

The findings represent a startling breakthrough in the 15-year battle against the Aids pandemic, which has killed nearly 6 million people. The question now facing researchers is how long the drugs will have to be continued before the virus is completely killed. - Reuters

Sarafina donor still secret

MAG. 12-18/7/96 (92)

Rehana Rossouw

THE Ministry of Health is still refusing point blank to lift the veil of secrecy shrouding the name of the donor who is bailing out its beleaguered Aids play *Sarafina II*

"There's nothing sinister about it, anonymous people make contributions to charity organisations for the benefit of the public all the time, and the public isn't entitled to know who they are," said Health Ministry spokesman Vincent Hlongwane

Told that the ministry was not a charitable institution but was headed by elected representatives, Hlongwane's only response was "I am not the best judge of that, but I don't see anything wrong with what is being done"

He refused to disclose whether the donor had been approached by the ministry to bail out *Sarafina II* or whether he had come forward on his own. The donor has established a legal trust before any money is disbursed

"He specifically made the request to us that he remain anonymous and we respect that. We thought it was only fair to go along with that wish," Hlongwane said. "He will cover all the costs incurred in the project. How much that is depends

on a new contract with [Sarafina II director Mbongeni Ngema's] Committed Artists if it is agreeable to both parties

"We are in the process of drawing up the contract and we're not ready to go into the details of it yet"

Hlongwane would also not be drawn on how many creditors were owed money for the production costs of *Sarafina II*. Keiser and Gentry Travel is seeking a summary judgment against Ngema to recover about R200 000

Political observers warned this week that the government was setting a bad precedent if it allowed an individual to enter into an agreement like this with a ministry

"Very few people do things for nothing. What this agreement could mean is that the minister could be indebted to some anonymous person. He may well want favours at some future date and will obviously have quite a strong bargaining position in that case," said University of Cape Town political studies head Professor Robert Schrire

"While the intentions here may be perfectly honourable, society has to make the worst possible assumptions about people in power in order to make democracy work, no matter how unfair that may seem"

Myths about Aids in Africa

(92)

ARG 12/7/96

A controversial new study has found that some of the gloomy predictions about the impact of the Aids pandemic in Africa have proved false, reports **DAVID BROWN** of The Washington Post who is in Vancouver for the 11th International Conference on Aids.

PREDICTIONS of the Aids epidemic's dire effects on the economies of African nations have largely proved false, Josef Decosas, a physician and health economist, told the 11th International Conference on Aids in Vancouver.

Some recent studies in Africa have failed to detect the expected economic damage.

"National economies can be stimulated by many different events, some of them outright nefarious, such as wars and epidemics," Decosas said. "Measures of macro-economic performance do not suffice as indicators of a society's well-being."

Many projections made a decade ago predicted higher rates of human immunodeficiency virus (HIV) infection in Africa than have occurred, and overestimated the disease's effects on the richer and more educated classes.

In addition, some of these pro-

jections did not take into account a large surplus labour force in Africa, capable of filling the jobs of Aids victims who die while still young and productive.

A study published last year by the National Bureau of Economic Research, a consulting company in Cambridge, Massachusetts, found that Aids was having no measurable effect on the growth of gross domestic product (GDP) in 51 countries.

Though beneficial economic effects from the Aids epidemic haven't been noted, Decosas said people shouldn't be surprised if they eventually emerge. He gave two examples from history.

"The plague epidemic of the 14th century killed one-third of Europe's population, caused wages to rise, and was a decisive factor in ending the feudal system and heralding the rise of Europe's global economic dominance," he told a plenary session of the conference.

"Similarly, the syphilis epidemic which followed in the 16th century caused widespread death among Europe's population. But it allowed the emerging bourgeoisie to finally overcome the stranglehold of the aristocracy and clear the way for the merchant empires of the Victorian era."

Decosas made his provocative comments, he said, not to promote complacency about the epidemic in developing countries.

Instead, he said he wants to direct the attention of economists and researchers to the disease's profound effects on "microeconomic" structures such as families and households.

For example, he cited the shift from protein-rich but labour-intensive crops to starchy but lower-maintenance crops in some areas hard-hit by the epidemic.

This change affects the nutrition of family members who are not infected with the virus.

Similarly, the loss of male wage-earners in Africa has left many households led by young women - a trend that is leading to the "feminisation" of poverty that impedes social and educational advancement for women.

These impacts can be detected, Decosas argued, when something other than GDP is used to measure HIV's effects on a nation.

A new yardstick, called the "human development index" (HDI), was formulated in 1990. It takes into account four variables: life expectancy at birth, adult literacy rate, mean years of schooling, and an adjusted measure of per capita economic production.

Some economists are now using HDI to assess the Aids epidemic's effects, and Decosas called this "an important conceptual achievement."

Research presented here this week both contradicts and supports Decosas's thesis.

An analysis of Kenya projects that Aids is having a profound effect on that country's economy.

Researchers projected the GDP in 2005 will be one-sixth less than it would have been without the disease.

Per capita income will be 10 percent lower, and personal savings 15 percent lower, they found.

Two studies of the rural Rakai district in Uganda illustrated Aids' effects on households.

In the first, researchers found that while 19 percent of the population was infected, 31 percent of households had at least one infected individual.

The other found that 15 percent of children under age 15 had lost at least one parent.

Those families had lower incomes than unaffected families, and only 47 percent of the girls, and 67 percent of the boys, in the affected families went to school.

FUNDING FORCES FATAL CHOICES

Doctors' tragic Aids dilemma



FACED WITH using resources on children doomed to die or saving them for those with curable diseases, doctors are making tough choices. ANEEZ SALIE reports

CT 16/7/96 (92)
blood products on a daily basis," said Lavies

"However, this fear seldom appears to compromise the patient in terms of fewer investigations or treatments"

A further concern was that most children diagnosed positive usually represented an infected family

"Dealing with a family illness can be a much larger task than dealing with a child alone. A paediatrician's involvement with the family in this case can be quite a daunting task," she said

An issue her colleagues offered for broad discussion was whether a certain proportion of bed space, or hospital budget should be reserved for children who are not infected

It's an issue that's likely to come

up for debate at a landmark workshop to be held early next month, at which delegates will take stock of the Aids epidemic

Meanwhile, Health Minister Dr Nkosazana Zuma has condemned as discriminatory the placing of people suffering from Aids or HIV infection in

Aids centres which resemble biblical leprosy centres, Sapa reports

Speaking during the ANC victory rally in KwaZulu-Natal on Sunday, Zuma said she was opposed to placing infected people in centres as a way of removing them from their families

She said this would further reinforce the false notion that HIV and Aids could be contracted by socialising with sufferers

Dr Zuma said she offered her support for the establishment of community-based Aids care centres with the focus on counselling and providing help, support and care

LOCAL doctors are having to let Aids children die because of insufficient resources already spread thin, and in the face of an alarming escalation of the disease

The number of Aids patients doubles annually while resources are shrinking. In 1991 there were 20 cases at Groote Schuur, Somerset and Red Cross hospitals (University of Cape Town's teaching facilities)

This year there are already about 350, and figures for Stellenbosch University's teaching institutions are similar

"There is a very harsh reality we are facing in view of limited resources and the hundreds of cases we have to deal with," said Dr John Burgess, a UCT consulting physician

"It is not nice having to take such decisions, (not to treat an Aids baby) but it has to be done. It takes a lot out of you." He emphasised though, that there were no blanket decisions taken

Professor Greg Hussey, who heads Aids clinics with Dr Burgess at Somerset, Red Cross and Groote Schuur, confirmed the dilemma

He added that the Western Cape, at the tail end of an Aids epidemic which has swept through Africa, has to pull out all the stops to prevent the epidemic becoming an even greater catastrophe

The extent of the doctors' dilemma is highlighted in the results of an informal questionnaire circulated at Somerset Hospital's paediatric department recently and completed by 14 doctors

One of those who conducted

the survey, Dr Di Lavies, found that most of her colleagues felt they spent the same time and effort examining patients, whether they were infected or not

"Sometimes they are inclined to undertake less intense investigation and treatments in infected children, mostly because of financial limits which force priority-making, but also because they are dealing with kids who have a fatal illness, as opposed to using

resources on children who are likely to have curable illnesses," she said

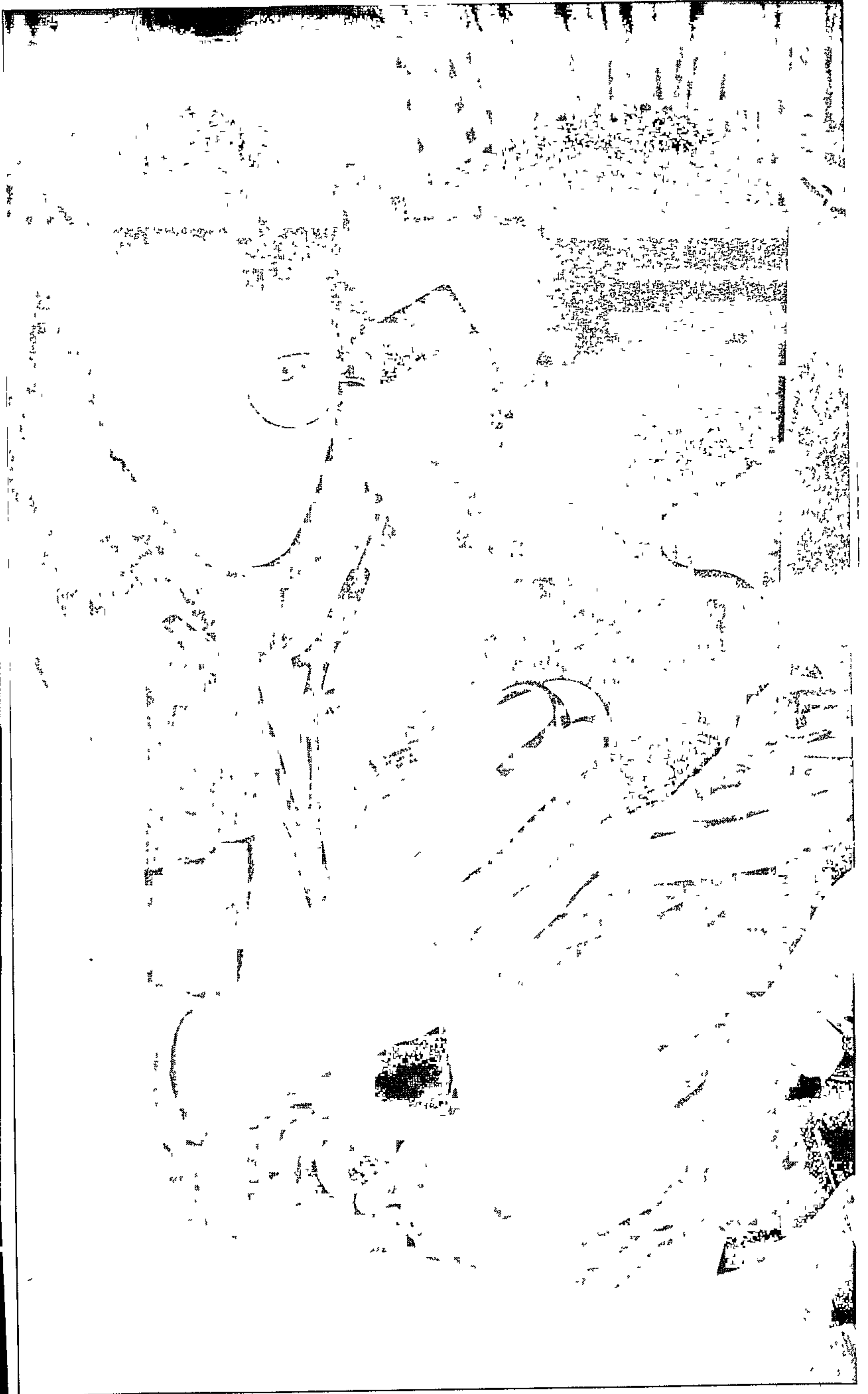
"Quite a number of doctors were of the view that job satisfaction was diminished working with HIV/Aids children who had such a poor ultimate prognosis, and some expressed an element of despair"

Lavies said the doctors were almost all in agreement that hospital admissions and antibiotics should be available to all infected children, but that very specialised and expensive treatments — especially admission to intensive care units — should be prioritised for children suffering other ailments

A large concern among doctors was the possibility of needlestick injuries while dealing with HIV/Aids patients, even though such cases were rare, Lavies said

"It is nevertheless a very important concern, and can have an effect on the anxiety level of doctors who work with needles and

"There is a very harsh reality we are facing in view of limited resources and the hundreds of cases we have to deal with."



AGONISING: Somerset Hospital's Dr Di Lavies comforts a baby with Aids, one of hundreds of children over whom doctors agonise daily in the face of increasing demand for dwindling resources

PICTURE: BENNY GOOI

Judge defends criticism of minister over Sarafina

BD 30/7/96 (92)

Wyndham Hartley

CAPE TOWN — Judge Edwin Cameron defended yesterday his public criticism of Health Minister Nkosazana Zuma over the Sarafina 2 affair as "regrettable, but justifiable" under the circumstances.

Cameron was being interviewed by the Judicial Services Commission in public hearings. He has applied for the post of Labour Appeals Court judge.

In response to a question about judges being involved in controversies, particularly with political figures, Cameron said it was undesirable and this principle should not often be breached.

He told the panel, which included Chief Justice Michael Corbett, Constitutional Court President Arthur Chaskelson and Justice Minister Dullah Omar, that the statement he issued criticising the minister over the Sarafina affair was "morally unavoidable". He issued the June 8 statement as co-chairman of the National AIDS Coalition, he said.

In the statement Cameron asked Zuma to accept responsibility for the

"misjudgment, mismanagement and ineptitude" which characterised the handling of the R14,2m AIDS awareness play

Cameron said that judges in the apartheid era had failed to criticise "outrageous" human rights abuses, but this did not mean now that they should become more controversial.

A judge in the Transvaal division of the Supreme Court, Cameron also headed the judicial inquiry into Armscor. He said he was still concerned about the SA arms "flooding" into Rwanda, but the commission had completed its judicial work. He said he had been given the undertaking by Labour Appeals Court Judge President John Myburgh that, if appointed, his desk would be kept clear until the commission work was finished.

The Judicial Services Commission has set aside this week to deliberate on judicial appointments to the nation's various courts.

These include the Labour Court, the Labour Appeals Court, the Land Claims Court, the Appellate Division and five provincial divisions of the Supreme Court.

Zuma's revenge

The Sarafina II controversy followed Nkosazana Zuma all the way to the International Conference on Aids in Vancouver, reports **Rehana Rossouw**

(92) MTG 26/7-1/8/96

SARAFINA II followed Health Minister Nkosazana Zuma to Vancouver, where she was invited to deliver the keynote address to the recent 11th International Conference on Aids.

Her address was interrupted by a South African Aids activist who called out in the middle of her speech for an explanation about the controversial



Nkosazana Zuma: Platitudes

"It was embarrassing to hear her platitudes and misrepresentations. The debacle over the process Zuma followed to get *Sarafina II* off the ground, the lack of collaboration between government ministries on Aids and her department's refusal to deal with sub-epidemics in Aids has

led to just about every Aids agency losing confidence in her." Lamont said. "There is a deep sense of loss in the NGO community which feels it is no longer involved in the struggle to support people with Aids in South Africa."

Lamont said Wola Nam believed the rift between the department and NGOs active in Aids support could be healed at the department's national Aids conference scheduled for next year.

Lamont said a unified government and NGO response to Aids was essential if the epidemic was to be tackled effectively in South Africa.

The Vancouver conference slogan was "One World, One Hope." For Lamont, the international conference highlighted the absence of world unity and the limited hope offered to his clients

in the black township Khayelitsha. Wola Nam offers support, care and empowerment for people and families affected by HIV and Aids.

"Providing employment is crucial for longer-term interventions. Globally, it is in the poorer communities where you find the highest infections. Social upliftment is the best route to slowing down the spread of Aids."

Lamont said when the Aids epidemic was first predicted in the 1980s, global attention focused on finding a cure and the panic united people. But a decade later that unity was being eroded.

Of the \$14-billion spent on Aids research, care and support services globally, only 3% has been spent in sub-Saharan Africa where 70% of all Aids cases in the world are found.

Zuma wants more AIDS plays

DURBAN — Health Minister

Nkosazana Zuma said on Saturday she would encourage more AIDS education plays such as the controversial Sarafina 2, for rural people who did not have access to electronic media.

Speaking at the launch of an anti-hunger campaign at the University of Natal's Durban campus, Zuma said that whatever the reservations in some quarters, educational plays about AIDS were suited to rural audiences.

"I, for one, shall continue to encourage the use of educational plays such as Sarafina 2 to highlight the dangers of AIDS, particularly where there are no television sets and electricity."

She said a soon-to-be-screened film on AIDS education, Soul City, would reach a vast audience in rural areas.

Her department had decided to throw its full weight behind the anti-hunger campaign because poverty resulted in a host of diseases, AIDS being the deadliest.

The anti-hunger campaign is a joint proposal by the community-based organisation Iso Lenthuthuko (development eye) and the University of Natal, with other partners. Its mission is the eradication of poverty and the promotion of sustainable development in KwaZulu-Natal AIDS education is

part of the programme

Speaking at the function, Zulu King Goodwill Zwelithini said poverty in some communities had resulted in violence flourishing.

"Hunger is the breeding ground for violence and once violence becomes endemic within a community, development stagnates, thus consigning a whole group of people to backwardness," the king said.

He criticised people who enriched themselves on non-government body funds intended for the poor.

The king said poverty eradication was closest to his heart, particularly as recent surveys had found KwaZulu-Natal among the poorest provinces, together with the Eastern Cape and Northern Province.

"It really hurts me that some people go about with a begging bowl, asking for funds on behalf of the poorest of the poor in our society and, ultimately, after getting those funds they then line their own pockets."

He said the relative peace that had descended on KwaZulu-Natal created conditions ripe for "jump-starting" development projects.

Representatives of big business and members of the provincial legislature attended the launch. — Sapa.

Education 'can end witchcraft killings'

PIETERSBURG — The department of safety and security in Northern Province has called for an immediate educational programme to curb witchcraft-related killings in the region.

Department spokesman Serobi Maja said ignorance and illiteracy in rural areas in the province were the reasons for belief in witchcraft. More than 110 people are believed to have been killed in the province this year after they were accused of being witches.

"It will be a long-term solution because many people still firmly believe in the supernatural and witches," Maja

said. "It remains a matter of grave concern," he added.

Maja was responding to the murder on July 14 of Frans Mmakhuhudu, 96, of Modjadji near Tzaneen, who was hacked to death — allegedly by members of his family — after being accused of witchcraft.

Two of Mmakhuhudu's grandchildren were arrested and have appeared in the Bolobedu Magistrate's court on murder charges. Thomas Manyama, 24, and Clement Mmakhuhudu, 26, were released on R5 000 bail and will appear again on September 13. — Sapa.

Umzumbhe poll on track

DURBAN — All 23 local-

government election polling stations in the Umzumbhe district on the KwaZulu-Natal south coast had opened on time on Saturday, manager of the election Jan Bezuidenhout said.

He said voting was slow but smooth at most of the stations and there had been no reports of voter intimidation or administrative errors at any of the stations.

The elections had to be postponed on June 26 because five polling stations did not receive voters' rolls.

In terms of a subsequent court order, the elections had to be rescheduled throughout the whole district, affecting more than 23 000 voters.

Bezuidenhout said all of the voters' rolls had been in place on Saturday and election officials were anticipating a free and fair poll.

The Umzumbhe district is one of 18 in KwaZulu-Natal's seventh regional council area.

The Inkatha Freedom Party won the most support in 17 of the 18 districts counted last month, polling 64,5% of the vote compared to its nearest rival, the ANC, which polled 28,3%.

Results of the poll were late yesterday. — Sapa

BD 22/7/96

More court officials join prosecutors' action

Susan Russell

OFFICIALS in the offices of the Master of the Supreme Court and court registrars have joined forces with state advocates and prosecutors, adding their voice on Friday to the demand for higher salaries and better working conditions for public service legal personnel.

Angry state advocates and prosecutors began their work-to-rule in response to the substantial pay increases which were granted to magistrates by the justice department.

Justice Minister Dullah Omar has said he did not have the power to grant increases for prosecutors and advocates linked to the public service's Central Bargaining Chamber, but has offered short-term relief in the form of promotions to existing higher salary scales and the unfreezing of more than 40 senior prosecutor's posts.

Pretoria Supreme Court Master M Rudolph said on Friday that a Masters' and Registrars' Association of SA was established last week to address their grievances, and it had already requested affiliation with the Association of Public Prosecutors.

A letter setting out members' grievances had also been sent to Justice Minister Dullah Omar.

Rudolph, who is also chairman of the organisation, said that the new association had 212 members and represented 90% of all masters and registrars nationwide.

In the letter to Omar, Rudolph said members were "perplexed and disturbed" that they had been overlooked when magistrates received their increases. He said personnel in the masters and registrars section were just as

worthy and the minister should be aware of the valuable and extremely necessary functions they carried out.

Another grievance was the backlog in filling vacant posts, which had long left deputy and assistant masters and estate controllers overworked.

Also, members were unhappy with the lack of remuneration for personnel who were performing duties and tasks normally done by more senior officials.

There was also no compensation for working overtime, which was done on a daily basis due to the urgency and importance of matters dealt with by the Master's office, he said.

Rudolph had informed Omar of the association's intention to affiliate itself with the State Advocates Association, as well as the Public Prosecutors Association of SA.

Sapa reports that senator Bulelani Ngcuka of Parliament's justice standing committee said important progress had been made on Friday toward the resolution of grievances leading to a work-to-rule decision by prosecutors.

He said that a meeting had been held between senior representatives of Western Cape prosecutors and Western Cape ANC members of the senate and national assembly.

Ngcuka said the prosecutors had been told that both justice committees (standing and portfolio) were aware of problems in the justice system, including poor pay and working conditions.

The prosecutors had been told legislation necessary to resolve the problems was being prepared urgently by Justice Minister Dullah Omar. Both committees would do everything possible to ensure that Parliament passed the legislation this year. — Sapa

Coetzee hears about his outrage over hahv daathe

Cost of new Aids drug puts treatment beyond South Africa's grasp

By JANINE SIMON
Medical Correspondent

At R66,000 for a year's supply, the drug cocktail treatment for Aids, which caused so much excitement at the 11th International Aids Conference in Vancouver, has almost no current relevance for South Africa, local Aids workers said.

Sub-titled "One World, One Hope", the conference made it increasingly obvious that there is

neither one world, nor one hope, when it came to Aids treatment, said Aids Consortium co-chairman Dr James MacIntyre.

Sub-Saharan Africa is home to at least 68% of the 22-million people who are HIV-positive. Only 4% of new infections occur in the developed world, and even their access to the drugs is limited by cost.

What the conference did confirm was that South Africa has correctly identified the most im-

portant elements of a country control programme, and that its research in these fields was world-class, MacIntyre said. Key areas are:

- To control sexually transmitted diseases, particularly those causing genital ulcers, and predispose sufferers to contracting HIV.
- Diagnose and treat tuberculosis, which flares when the immune system is depressed.
- Focusing on per-natal trans-

mission. Reducing viral load in pregnant women, and choosing who breastfeeds can dramatically decrease the transmission rate from mother to child.

■ Distributing condoms and researching other areas such as vaginal microbicides.

This year's conference was called the most upbeat in years, largely because of the preliminary results of a study by the Aaron Diamond Aids Research Centre in

New York.

This involved 12 gay men, aged on average 34, who had all become infected within three months prior to the trial and had not received any previous treatment. Up to nine months after treatment with the drug cocktail began, HIV levels in the blood of nine of the men had fallen to below the level of detection, and their white blood cell counts had risen significantly.

The drug cocktail consisted of

AZI, 3TC and Norvir, one of a new class of drugs called protease inhibitors, which have become available in the past six months.

Deep reservations were expressed about the study for factors other than its expense: the work was at a very early stage, and the drug cocktail regime had disturbing side effects and was difficult to follow.

The next conference, is in Geneva in 1998.

EU to relax funding controls despite 'Sarafina 2' furore

By JOHN FRASER

(92) Star 20/7/96

Brussels - The European Parliament voted on Thursday to relax controls on the payment of aid to projects in SA

The move came despite the *Sarafina 2* scandal, in which EU cash was paid without permission into the controversial Aids theatre project

The European Parliament adopted a report calling for the EU's ambassador in Pretoria, Erwan Fouere, who is Irish, to be given the right to authorise grants of up to R2,7-million

Thus, the cash could be handed over without the usual delays and red tape

The report argues that the change would help EU officials in Brussels because they would no longer have to spend time on such "small" projects

However, a transfer of authority from Brussels to the understaffed EU mission in Pretoria would carry risks.

The plan was put forward by a German member of the European Parliament, Maren Gunther, who drew up the report on South African aid

The report notes that an earlier request for Fouere to win this new cheque-signing power was shot down by EU governments, but it stresses a determination that the European ambassador must have this new right

The issue will now go back to EU governments, who are unlikely to be very enthusiastic

The EU is to fund aid of at least R2,7-billion in SA over the period 1996-99.

The report notes that the pattern of aid is changing, with a move away from funding of non-governmental organisations towards funding through governments. It warns that some of these NGOs "are destined to become redundant" - but others "will be able to consolidate their activities"

It also strongly criticises the EU for late payments of aid to the NGOs.

"Many have experienced delays in receiving funds from the European Commission without any explanation," it claims "Others have run up debts while waiting for Commission payments to arrive." - Independent Foreign Service

Delay action against Aids at your peril, warns UN report

(92) Star 19/7/96

BY JOVIAL RANTAO
Political Correspondent

Any government that does not take the Aids/HIV threat seriously or shies away from action because of cultural or religious sensitivities will pay the price later, warns the United Nations Development Programme (UNDP) in its 1996 report

The human development report, released in Johannesburg this week, says the Aids virus has retarded human resource development in many developing countries, where it has been responsible for a large number of adult deaths.

The report says 6 000 new HIV infections occur around the world every day, one every 15 seconds, and 90% of these are in developing countries.

New research by the UNDP shows that HIV/Aids has severely affected the Human Development Index (HDI).

The index measures basic human capabilities, ranking countries according to their average levels of life expectancy, educational attainment and basic purchasing power.

After comparing the actual 1980 and 1990 HDI for 56 countries with the estimated 1992 HDI that would have occurred in the absence of Aids, the researchers conclude that the world has

lost on average 1.3 years of human development progress due to the pandemic.

The Aids problem set Zambia back 10 years, Tanzania eight years, Rwanda seven years, and the Central African Republic more than six years. Burundi, Kenya, Malawi, Uganda and Zimbabwe lost between three and five years. South Africa is not mentioned in the report.

The report says the HDI drop was caused mainly by the dramatic reduction of life expectancy. More than 85% of HIV/Aids deaths worldwide occurred among people between 20 and 45 years of age.

The study found only marginal impact on the education and income components of the HDI, but this was because the index was only a partial measurement of human development.

"The impact of HIV/Aids goes far beyond what this study shows," the report says.

While Africa had shown the greatest impact of the pandemic to date, Asia's toll would soon begin to affect the global HDI.

"The losses will continue to mount, especially in such countries as India, Myanmar and Thailand, where the Aids crisis is becoming increasingly visible," the report says.

UN report outlines toll exacted by HIV

(9a)
Kathryn Strachan

DD 17/7/96

HIV/AIDS has set back human development by years in several countries, and by as much as 10 years in Zambia, according to a new UN report.

New research appearing for the first time in the UN human development report, launched today, compared the actual 1980 and 1992 human development index with the estimated 1992 index that would have occurred in the absence of AIDS.

The researchers concluded that the world lost on average 1.3 years of human development progress due to the epidemic.

The index ranks countries according to their average levels of life expectancy, educational attainment and basic purchasing power.

In Europe and North America AIDS was now the leading cause of death for adults under 45. But developing countries were still the hardest hit. Every day there were 6,000 new HIV infections, one every 15 seconds, and 90% of the new infections were in developing countries. AIDS set back development by eight years in Tanzania, and seven years in Rwanda.

The human development drop was caused mainly by the dramatic reduction of life expectancy, one of three components of the index. More than 85% of AIDS deaths worldwide occurred among people between 20 and 45 years old.

While Africa had shown the greatest effect of the pandemic to date, Asia's toll would soon affect the global index. "The losses will continue to mount, especially in such countries as India, Myanmar and Thailand where the AIDS crisis is becoming increasingly visible," says the report. "Governments that do not take the AIDS threat seriously now, or shy away from action because of cultural and religious sensitivities, will pay the price later."

The thrust of this year's report was that economic growth did not automatically create jobs. A study of 69 countries spanning the last decade showed that of the 46 countries with economic growth, only 27 of them saw employment grow.

Quoted in the report President Nelson Mandela said "despite welcome growth, very few jobs have been created. In fact, against the backdrop of new entrants into the job market, there has been a shrinkage in opportunities. We need a national vision to lift us out of this quagmire."

Lessons in Kenya's 'miracle' AIDS cure

ON THE wall of Prof Arthur Obel's office hangs a framed copy of Rudyard Kipling's poem, *If*. It is an appropriate choice, for as far as the portly professor is concerned those around him have definitely been losing their heads, blaming it on him (92)

The inventor of the Pearl Omega drug, focus of a four-month furore about medical ethics, compares himself to Galileo, Alexander Fleming and Sigmund Freud — scientific pioneers reviled for their revolutionary ideas but later recognised as geniuses. Like them, he says, he is a prophet scorned in his own land. BD 16/7/96

Stacked against the wall is the cause of his martyrdom: cardboard boxes, each holding 12 bottles of amber liquid. Easily mistaken for bootleg whisky, they hold the wonder drug Obel claims is capable of "sero-conversion": turning HIV-positive patients HIV negative.

The doctor maintains that a third of the 3 000 people treated with Pearl Omega have been converted from positive to negative. In his Nairobi office, anxious Kenyans queue for the drug. Bottles are being distributed in provincial hospitals and patients fly in from the US, Chile and Brazil in search of a cure.

All this despite the fact that Obel is breaking the law by selling a drug not approved by Kenya's pharmacy and poisons board. Such approval would have been hard to give, because Pearl Omega's ingredients remain a mystery.

In what must count as one of the most bizarre ways of announcing a scientific breakthrough, its miraculous properties were first published in the Kenya Times, mouthpiece of the ruling Kanu party, rather than a medical journal.

The president's office, Obel says, paid for his research and funded the creation of the centre where Pearl Omega is produced.

Some commentators, recalling the "political banks" that acted as conduits for covert fund-raising before Kenya's 1992 elections, wonder if Pearl Omega's launch during a pre-election period is a coincidence. A batch of Pearl Omega costs \$535. Obel claims production costs are so high government is actually losing on every sale. But since no one knows what is in the drug, no one can verify this claim.

The Pearl Omega story has shown how Kenya's well-connected can flout the law with impunity, and also how a ruling establishment, faced with a terrible modern scourge, has gone for the soft option.

For AIDS campaigners, who fear that Obel's supposed cure will encourage already unaware Kenyans to abandon all caution, the lesson is clear: Kenya fell for the easy lure of a "miracle cure", and is heading for trouble — Financial Times

HEALTH AND DISEASE - V. D.

1996

AUGUST - DEC

Footballers battle against Aids

By John Fashanu

EARLIER this year I was invited to help the "African Footballers United Against Aids Campaign" at the Africa Cup of Nations in Johannesburg

Football is the number one sport in Africa. It has the unique capacity to reach millions, of young men and women and improve their understanding of health issues, especially the threat of

Education about a fast growing killer disease takes root in Africa through a popular sport

HIV-Aids

Aids is the major health problem facing young Africans today. Two million people have died of Aids in sub-Saharan Africa, and this figure will reach six million by the end of the decade with 50

percent of HIV infections occurring among 15 to 24 year olds

The aim of the campaign is to get the message across to men in particular - that in Africa it is men who must take the first responsibility for halting the spread of HIV-Aids

In February I visited Tanzania. I learned of the problems that the Aids epidemic is causing - there is a severe social problem, the country is suffering huge economic losses because of increasing health and funeral costs, and there is a general decline in productivity

Life chances

Much of the good work that development agencies have accomplished to reduce infant and child mortality over the past decade is threatened by this epidemic

I visited the DogDogo Centre for street children, where I refereed a match between two teams including some girls. It was a great sight seeing the look on some of these kids' faces

I grew up in a children's home after my parents' separation. I know what it is like to start with nothing. I was able to make something of my life

Given the chance, and given the knowledge to protect themselves from HIV-Aids they will also have a chance in life

The campaign also aims to persuade political leaders to take

the problem of HIV-Aids more seriously. Because I am well-known as a sportsman - at least as well in Africa as in Britain - it is possible for me to meet the presidents and leaders of countries in a way that an aid worker or politician may not be able to do

In between the usual football talk, I have been able to raise issues about HIV-Aids, as well as discussing with them how to improve the plight of African children

Satisfying work

Working as part of the African Footballers United Against Aids team - which includes footballers like Liberia's George Weah, South African Doctor Khumalo and Zambian Kalusha Bwalya - has been hectic and hard work but has also given me great pleasure, especially when speaking directly to young people and youth organisations who come to watch the games

I have learned from them to be culturally sensitive and hope that my influence has contributed to changes in behaviour and practices among the young that will stem the advance of HIV-Aids

I have also learned about the many good things happening in Africa. It is easy to get a negative picture of the situation in Africa especially in the United Kingdom when we see reporting of crises like Rwanda

Even my little daughter, Amal, gets upset and says "Daddy, all the children in Africa are starving"

If I ask her if she would like to travel to Africa with me, that is what she thinks about

But I have gained a really positive picture of Africa and its people from my field visits and the HIV-Aids campaigning and fundraising work I have been spreading over the last couple of years

I believe there is a great deal we in the UK can learn from the work that many Africans are doing. They are light-years ahead in their understanding of HIV-Aids and their ways of coping with it -

Panos
(The writer is a former Wimbledon and English international football player)

(99) Rowellam 1/8/96

Spreading good

How do you spread health messages that will give people information and, more importantly, get people to change their behaviour? Entertain them, of course. That's the thinking behind the television series *Soul City*, a drama with a health message. Health Reporter JENNY VIALL takes a closer look. (92) (92)

THE finger-wagging educational style of the past didn't - and doesn't - work. It's no use scaring people to get them to change their behaviour.

Especially young people. Telling people they may get lung cancer if they smoke, or Aids if they have unprotected sex, is not going to stop them.

Yet health educators in South Africa face the daunting challenge of spreading awareness of major problems, which include

- Two-million people who are infected with HIV (human immuno-deficiency virus), a figure that will double in two years

- About 140 000 people who will get active TB this year, a figure that is rising with the HIV epidemic. Of them, 85 000 will be identified and 50 000 cured. The 55 000 not found will continue to spread infection and stay ill.

- Young people who start smoking today will be among the 10-million people who will

die from tobacco use in the year 2025.

Recent evidence is that advertising cigarettes has a major effect on young people, with a 10 percent increase in tobacco advertising resulting in an increase of smoking in three percent of adults and nine percent of children.

Knowledge about these health issues is one thing. Changing behaviour is another.

Enter *Soul City*, a television series set in a township dealing with the lives and concerns of the majority of South Africans.

Soul City is the brainchild of Garth Japhet, a young doctor who decided that harnessing the power of the media to spread health messages was the best way to save lives.

His idea was to use television, radio and the print media simultaneously to reach as many people as possible. *Soul City* was born, a unique project in its scope and research process, and one that captured

the imaginations of many South Africans.

The first television series *Soul City 1* focused on pregnancy and birth, reaching a total black population of 4,35-million people, 36 percent from rural areas.

An assessment of the series showed that 19 percent of people said they had changed their behaviour in some way, and this ranged from using a condom to storing paraffin safely.

The series has also appeared on television in Namibia and Zambia, and Kenya and Zimbabwe will also screen it.

Soul City 2 focuses on Aids, TB, smoking and land issues. It's the result of an 18-month extensive research and development process, which included consultation to prioritise topics, target audience research, consultation with relevant groups, and workshops with scriptwriters.

The series was pre-tested for appeal, personal relevance and credibility, message recall and

understanding, and unintended consequences.

The result is a drama that most South Africans can relate to.

Says Sue Goldstein, a doctor working on the project:

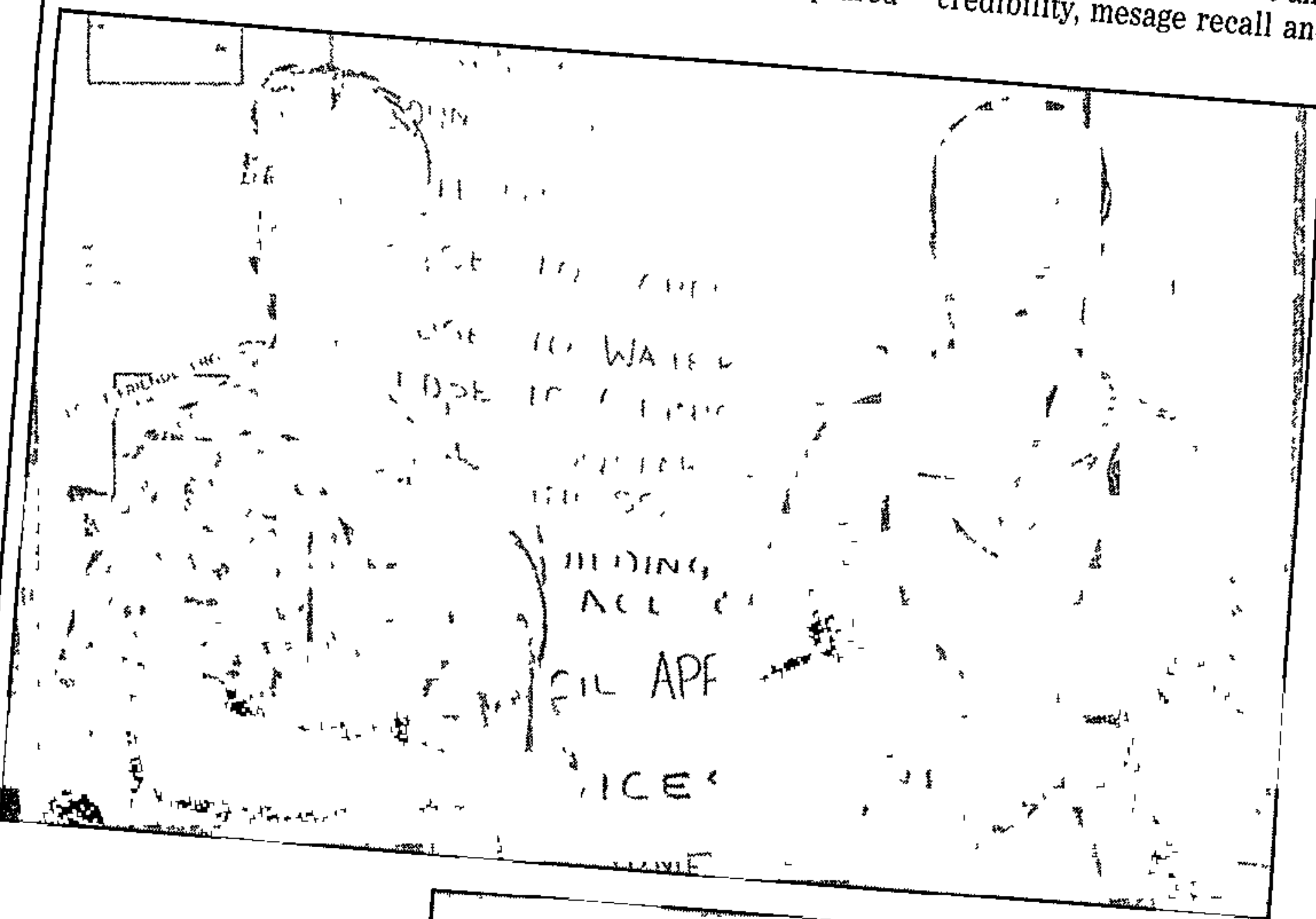
"*Soul City* is not fairytale stuff - we wanted it to be real. We wanted to create a powerful, credible, effective and continuing vehicle as a national and international resource."

- *Soul City 2* starts tonight on SABC1 at 8pm.

The series will be supported by a radio drama on nine radio stations, excerpts from the booklet printed in major newspapers, and a competition.

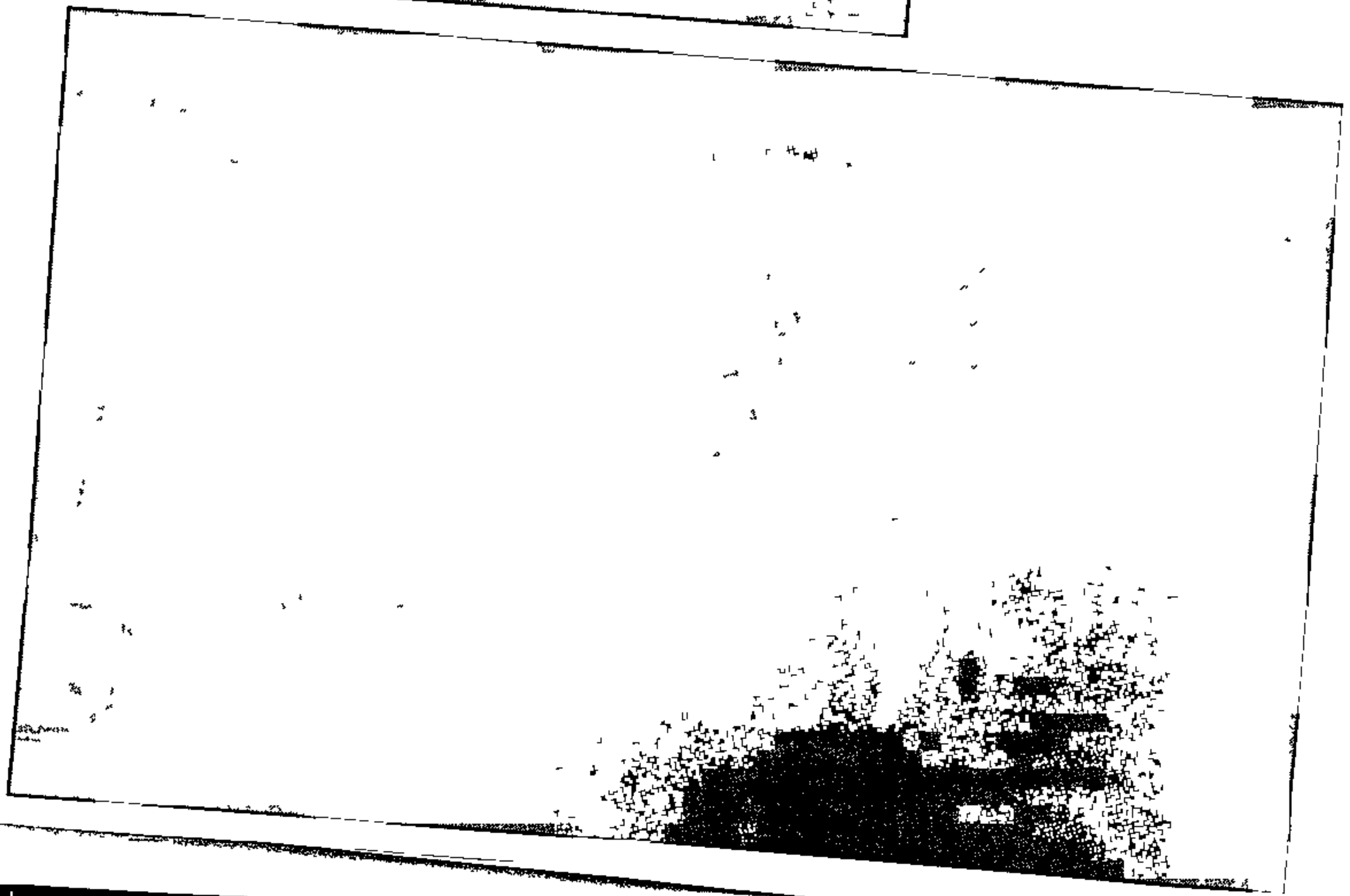
The first 13 serialised excerpts on "Aids in the Community" start this week in the Classified section of *The Argus*. Look for them every Monday, Wednesday and Friday.

Readers can win R100 000 worth of cash prizes in the competition. The entry form will be published on Thursday, August 8.



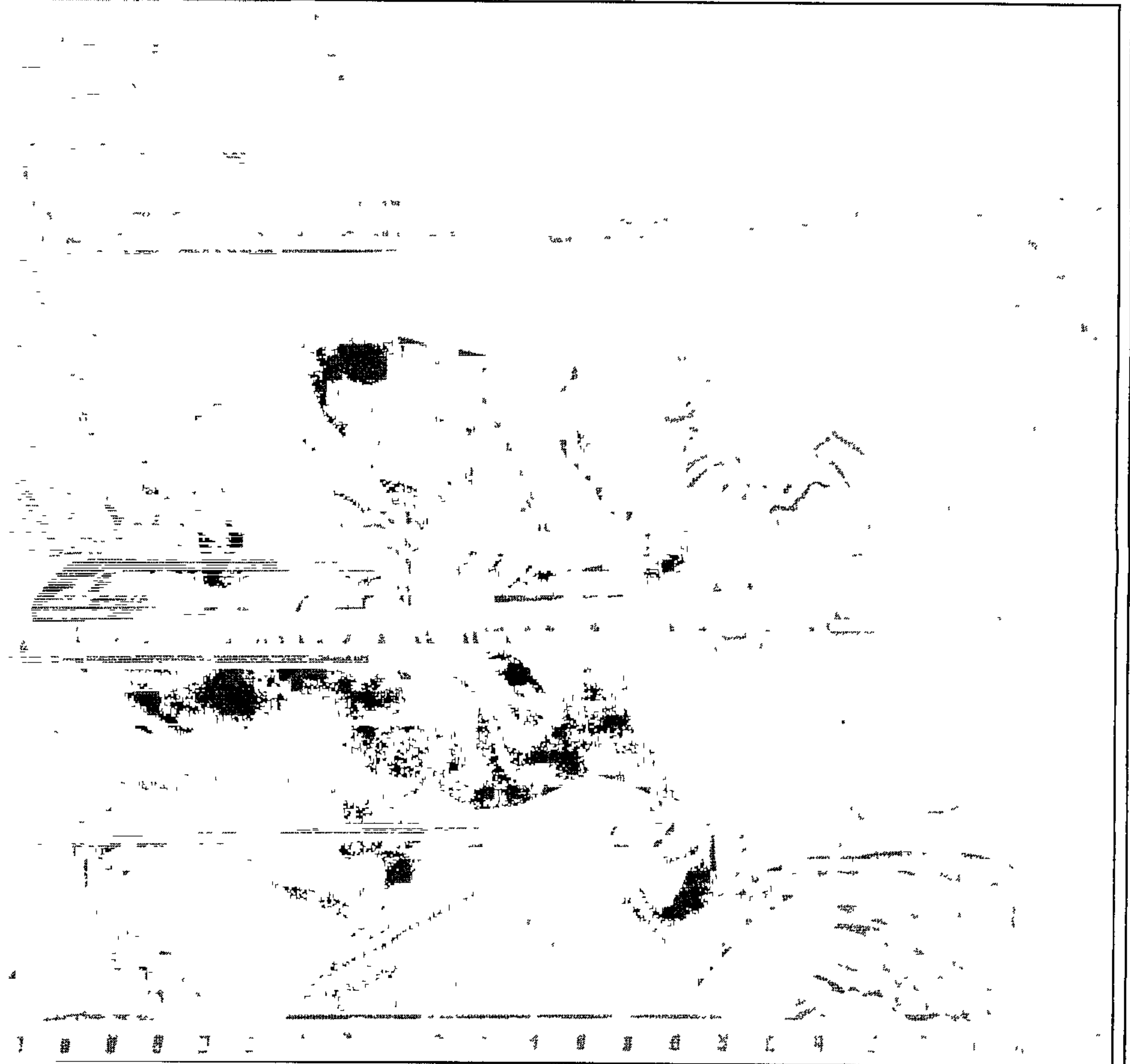
HOW TO GET A HOUSE: Left, Nonceba (Nomonde Gongxeka) and Thandi (Clementine Mosimane) discuss various issues at the community housing meeting in a scene from *Soul City 2*.

SMOKED OUT: Right, Ali (Aubrey Moalusi) tries to sneak a smoke break in the store room at a clinic - the setting for much of the drama of *Soul City 2* - but activates the smoke detector.



Health the TV way

ARC 6/8/96



TV DRAMA: Mandla (Arthur Molepo) tries to stop George (David Mohloki) from committing suicide after he hears the results of his HIV test in the *Soul City 2* series

More than a soap ... it's got soul

ANN VIAL
Health Reporter

UNINTENDED consequences can be deadly in a health drama. Picture this scene: Your character has tested HIV-positive and is so devastated by the news that he wants to kill himself. A place to end the week's drama?

Yes, maybe, if you're making a drama. But if your viewer can't see the follow up episode, the message he or she takes away is that if you have HIV there is no hope and you should kill yourself.

These are the kinds of conflicts the scriptwriters, directors, actors and health professionals involved in making *Soul City 2* grappled with as they reconciled the conflicting agendas of drama and health promotion. The bottom line is that if you don't entertain, you won't edu-

cate, says Harry Dugmore, who along with Steve Francis (both of *Madam and Eve* fame) scripted the series.

"We had some intriguing conflicts - drama is sexist, racist and homophobic and gives many bad messages.

"Many subliminal messages are deeply disempowering. We needed to take the entertainment aspect of the *Bold and the Beautiful* and change it into a subtle progressive, pro-social message," says Dugmore.

Sue Goldstein, a doctor on the *Soul City* team, said for health promotion to work people had to identify with the issues.

At the same time it was important to challenge issues without making the series unreal.

"For example we had a lot of difficulty with language around Aids and sexuality.

"We had to make sure people knew exactly what the message

was, and talking about 'sleeping' with people when we meant having sex was not good enough."

She said the production team was aware violence was not acceptable.

"We see gratuitous violence in many dramas and soaps, without any consequences. Most people don't just fall down and die, it takes time, and it's horrible."

Once scripted, Neo Matsunyane, assistant director, had the job of checking the script.

"I had to ask: does it relate to me?" he says.

"I had to sort out what was too Hollywood, what was too white. I checked for cultural differences in the way we do so that nobody is offended."

"For instance humour cannot be translated from one culture to another."

Bobby Heaney, director of *Soul City*, says that making the

series was a learning process for him as he grappled with resolving the conflict between sound messages and good drama.

"My business is drama, and drama comes from conflict. I wanted to shoot rape, violence and mayhem. In the end, I managed to show conflict, but with a message of hope. *Soul City* is completely different from what I have seen produced in South Africa and 90 percent of imports."

Scriptwriter Steven Francis agrees. "It's not just a soap; it's about characters we care about. It's not about people receiving education; the trick was to weave the message through drama and comedy."

"We needed to get across that you can do something about your life."

"We hope that people will see themselves and identify with the characters."

Young people more vulnerable to AIDS

(92) BD 6/8/96

Kathryn Strachan

YOUNG people around the world are more vulnerable to contracting AIDS than ever before, with 60% of new HIV infections occurring between the ages of 15 and 24, according to the UN Programme on AIDS.

"AIDS is foremost a disease of the young," says the UN Children's Fund. And young women, particularly in developing countries, are at greatest risk. The Harvard-based Global AIDS Policy Coalition estimates that HIV infection among women in Uganda is 20 times higher than men in the 13 to 19 age group. In Zimbabwe 30% of pregnant 15- to 19-year-olds at clinics were found to be HIV positive.

The London-based Panos AIDS Institute says young people are at risk, partly through their own behaviour and partly through the attitudes, expectations and limitations of society.

The main risk facing young people stems from ignorance of the dangers of sex caused by lack of information about HIV. Even those who visit family-planning clinics are often not given information about sexually transmitted diseases. A study by Quarraisha Abdool Karim, former head of SA's health department AIDS unit, found that AIDS was mentioned in only one in 48 visits to a family planning clinic.

Each year one in 20 adolescents worldwide contract an STD — a factor substantially increasing the risk of HIV transmission. But young people are even more reluctant than adults to seek treatment.

Girls face a greater physiological

risk of HIV than boys, and they often have less say over their bodies than boys. In poorer countries sex is sometimes the only way in which a young woman can earn money. At the University of Calabar, Nigeria, nearly 15% of women students said they engaged in sex to pay for their education.

And the institute reported that many men, aware of the risks of HIV, were now actively seeking out younger girls in the belief that they were less likely to be HIV positive. Some would already be infected themselves. This could be compounded by the high rates of sexual abuse in many societies worldwide. In Kenya a study found that 24% of women reported rape as their first sexual experience.

Since the AIDS epidemic began in the 1980s it was inevitable that it would hit young people the hardest. But the fundamental debates on how to tackle the crisis continue, and the question is asked whether adults and authorities are endangering young lives by refusing them access to information and protection.

"We have a window of hope between the ages of five and 18 years," says Uganda health commissioner Sam Okware. "If that group can be educated and their behaviour modulated, I think we have a future."

But many young people exposed to HIV and AIDS never enter a classroom and new ways of reaching street children and those in rural villages are urgently needed. Meanwhile, the future course of the AIDS pandemic is likely to be determined by the success of protection afforded to young people.

HANSARD

Simoneau Primary Farm School —
 Dordrecht
 Pinegrove Farm School —
 Dordrecht
 Morrison Farm School —
 Indwe
 Grootkraal Farm School —
 Dordrecht
 Swempoot Farm School —
 Dordrecht
 Amalivundle Junior Secondary School
 —
 Sterkspuit
 Barkly Pass Farm School —
 Elliot
 Tsomo Valley Primary Farm School
 —
 Elliot
 Meredith Farm School —
 Ugie
 Ugie
 Bride Farm School —
 Ugie
 Nicola Farm School —
 Maclear
 Zanelemba Primary Farm School —
 Patensie
 Boshoeck Primary Farm School —
 Alexandra
 Mondplaa Primary Farm School —
 Humansdorp
 Siveko Primary Farm School —
 Port Alfred
 Baddalord Farm School —
 Fort Beaufort
 Nobuhle Farm School —
 Port Alfred
 Skietrug Farm School —
 Alexandra
 Beacon Hill Farm School —
 Grahamstown
 Imiti Primary Farm School —
 Addo
 Oakdene Farm School —
 Fort Beaufort
 Rockwood Primary Farm School —
 Addo
 Daggie Farm School —
 Uitenhage
 Steenbokvlakte Intermediate Farm
 School —
 Uitenhage
 Glendowan Farm School —
 Grahamstown
 Amanzi Farm School —
 Uitenhage

(2) A total of 2 500 classrooms are to be built before the end of 1996. Contracts to build 1 880 classrooms have already been awarded and contracts to build the other 620 classrooms will be advertised during 1996. In addition to the above, 2 000 emergency classrooms are also being provided. These are already under construction.

Mr K M ANDREW, Madam Speaker, may I thank the hon the Minister for the information arising from his reply. I would like to ask him whether, given the fact that before the end of this year the Western Cape is required to reduce the number of teachers in its employ by 6 000, by way of either voluntary severance packages or redeployment, he is satisfied that if they were to choose redeployment, there are classrooms for them to teach in in other provinces. Is he not going to end up with more teachers than classrooms? What sort of co-ordination has been done to ensure that one does not end up just causing disruption without being able to have an equivalent benefit?

The MINISTER OF EDUCATION, Madam Speaker, my response to the question is that I am indeed sure that there is sufficient co-ordination being worked out. However, I want to say that this is a different question altogether. The hon member may put it on the Question Paper and will respond to it fully.

Business interrupted in accordance with Rule 199(3) of the Standing Rules for the National Assembly.

Schools in Langa/Guguletu/Nyanga: teacher/pupil ratio

*8 Mr K M ANDREW asked the Minister of Education
 Whether any schools in (a) Langa, (b) Guguletu and/or (c) Nyanga have more teachers than the number allowed in terms of the proposed 40:1 ratio for primary schools, and 35:1 ratio for secondary schools, if so, (1) which schools and (11) what is the average teacher/pupil ratio at schools in these towns?
 N1094E

The MINISTER OF EDUCATION

(a) Yes

(1) Mokone Primary School
 Moshesh Primary School

HANSARD

Isihmela Secondary School
 Langa Secondary School

(11) The average teacher/pupil ratio for these schools is 1 29,04

(b) Yes

(1) Bongo Lower Primary School
 Ikello Primary School
 Intshunga Primary School
 Lehlohonolo Primary School
 Litha Primary School
 Luvuko Primary School
 Sivwe Primary School
 Snyazingisa Primary School
 Songeze Primary School
 Vukukhanye Primary School
 Vuyani Primary School
 Fezeka Secondary School
 I D Mkize Secondary School
 Intshukumo Secondary School

(11) The average teacher/pupil ratio for these schools is 1 34,00

(c) Yes

(1) Walter Teku Primary School
 Oscar Mpetha High School

(11) The average teacher/pupil ratio for these schools is 1 34,23

There is a total of 10, 20 and seven schools in Langa, Guguletu and Nyanga respectively. The average teacher/pupil ratio for the other schools in Langa, Guguletu and Nyanga with fewer teachers than the number allowed in terms of the proposed 1:40 ratio for primary schools, and 1:35 ratio for secondary schools, are 1:40,9, 1:43,4 and 1:45,7 respectively.

Sarafina II: person requested to return money

*9 Mr A J LEON asked the Minister of Health

(1) Whether a certain person, whose name has been furnished to her Department for the purpose of her reply, has been requested by her Department to return any of the money given to him in connection with the production of *Sarafina II*, if not, why not, if so, (a) what amount was he requested to return and (b) on what grounds was he requested to return this amount.

(2) whether any of this money has been returned, if so, what amount, if not, why not.

(3) whether her Department is taking any steps to ensure the return of the money, if not, why not, if so, what steps?
 N1095E

The MINISTER OF HEALTH

(1) (a) R656 334,97

(b) R197 999,87 had not been justified as having been spent on the project R27 335,10 was unauthorised expenditure by Committed Artists R431 000 was used for studio at his home

(2) Yes—R441 411 62 was returned

(3) Yes,

(a) a letter of demand for payment of R656 334,97 was sent to him

(b) When we failed to pay the full amount we sent him another letter indicating that he failed to pay full amount which resulted in the termination of the contract

(c) The recovery of all the remaining amounts is being dealt with in the context of reconciliation of accounts and winding down of *Sarafina II*

Agreement between education department/teachers' unions

*10 Mr M J ELLIS asked the Minister of Education

Whether he or his Department has undertaken an investigation so as to determine whether the provision in the agreement between his Department and various teachers' unions, preventing teachers in the Western Cape who have accepted retrenchment packages from accepting teaching jobs in future is consistent with the provision in the Constitution granting all citizens the right to choose their trade, occupation or profession freely, if not, why not if so, what are the relevant details?

The MINISTER OF EDUCATION

The matter currently is being investigated. A legal opinion is being sought and further action in this regard will depend on the outcome of the legal opinion when obtained.

N1096E

Zimbabwe to imprison those who spread Aids

Harare - In another effort to stop the spread of Aids, which has already killed 100 000 people in Zimbabwe, tough laws have been proposed to jail people who pass on the virus that leads to the fatal disease

People who intentionally do anything likely to infect others knowing they are HIV positive face a prison sentence of up to 15 years.

The law will not apply between married people

Rapists infected with HIV, whether

(92) APR 15/8/96
they know it or not, will be jailed for up to 20 years in addition to the rape sentence

If Parliament approves the amendment to the Criminal Law Act, all those appearing in court for alleged sexual offences will be tested to see whether they are HIV positive

It has been estimated there are 1 million Zimbabweans HIV infected, out of a total population of 11 million.

More than 40 people die every day from Aids-related diseases - Star Foreign Service

Donor will not cover all Sarafina's costs

BD 20/8/96

(92)

Tim Cohen

CAPE TOWN — Health Minister Nkosazana Zuma said yesterday an anonymous donor would contribute R10,512m towards funding Sarafina II — contrary to her earlier undertaking that taxpayers would not be liable for any of the play's R14m costs.

The possibility that Zuma had misled Parliament sparked a decision by the NP to table a motion calling for the establishment of an ad-hoc committee to investigate the private financing of the controversial anti-AIDS play. The continuing controversy about the play was also one of the reasons the

DP, the NP and Freedom Front opposed the passing of the health budget in Parliament yesterday. The ANC majority ensured it was passed.

Asked by DP MP Mike Elms for the names of private sector companies which took over funding the play, Zuma said the donor wished to remain anonymous.

The donor would contribute R10,512m in a single payment to the health department and would then "decide about the play".

Earlier yesterday Zuma said the health department had terminated its contract with playwright and director Mbongeni Ngema and was in the pro-

cess of "winding down".

Once that process was over, the department would be "out of it" and it would be up to the prospective funder to decide what to do with the play.

Asked whether the play was costing the taxpayer anything, Zuma said "I wouldn't say it is costing us money in relation to running Sarafina".

"It is costing us money in terms of rounding up, and we have to reconcile the accounts to make sure that everything that was legitimate has been paid (and) if there is anything that the production company needs to make

Continued on Page 2

Zuma

(92)

BD 20/8/96

Continued from Page 1

good, that is done.."

This appears contrary to a statement the minister made to Parliament earlier, when she said there were South Africans from the private sector who wanted to help with the fight against HIV and AIDS and "support and pay for the play".

"This will therefore take care of

Sarafina II's total budget," she told Parliament in June.

Motivating a call for an ad-hoc committee to investigate the financing, NP health spokesman Willem Odendaal said it was necessary to investigate whether Zuma had deceived Parliament when she claimed secret investors existed.

The possibility of nepotism, bribery or corruption being involved if the private sector was financing Sarafina should be investigated, Odendaal said.

The motion has yet to be debated.

Health Minister Zuma denies Sol is 'Sarafina' secret donor

Star 20/8/96 (92)

POLITICAL STAFF

Cape Town - Health Minister Nkosazana Zuma refused yesterday to divulge the identity of the donor who is picking up the R10,5-million bill to cover the costs of the controversial Aids play, *Sarafina 2*. Dr Zuma fielded dozens of questions at a parliamentary press briefing yesterday on the play, but emphatically denied a claim by ANC MP Bantu Holomisa that casino magnate Sol Kerzner was the secret donor.

She said she refused to be drawn

any further into "the Holomisa debate". Asked if the privatisation of the play should not be open to public scrutiny, Zuma said it was up to the Government to protect the identity of a donor if that person required confidentiality.

The *Sarafina 2* project, which was found to be irregularly tendered after an investigation of the public protector, was at present being "wound down".

The sale of assets by the company, headed by Mbongeni Ngema, is expected to make up the shortfall of just over R3-million not covered by

the donor.

The European Community withdrew R14,7-million of a R50-million grant to the Department of Health for Aids-awareness projects in SA, following a parliamentary row over the cost of the play. The Government's decision to scrap the project followed investigations by the DP.

■ The NP and DP refused to support the health budget in the national assembly yesterday on the grounds that the minister was unable to properly deal with public funds. NP spokesman Willie Odendaal said South Africa "can't afford a Zuma".

DONOR'S IDENTITY STILL SECRET

It wasn't Sol, says Zuma

CT 20/8/96 (92)

SARAFINA 2 cannot be used as a pretext to get her to recuse herself from Mr Bantu Holomisa's disciplinary hearing, says Dr Nkosazana Zuma, because Mr Sol Kerzner was not, as Holomisa claims, the mystery donor

HEALTH Minister Dr Nkosazana Zuma has denied that the secret donor who picked up the government's R14-million tab after the Sarafina 2 fiasco was casino magnate Mr Sol Kerzner, but again declined to say who the donor was

At a media briefing yesterday, Zuma said she had indicated "from the onset that the funder had requested that his name remain confidential"

Sacked environment and tourism deputy minister Mr Bantu Holomisa has asked that Zuma recuse herself from an ANC disciplinary committee that will decide a case against him on various charges, including allegations that Kerzner had given the

organisation R2m.

Holomisa has said it is possible the mystery funder, whose name has been kept under wraps since the furore over the funding a few months ago, may be Kerzner and Zuma would therefore not be impartial

"I can say for the record that it was not Sol Kerzner. The Constitution does allow for people to request confidentiality if they wish to do so," Zuma said

Asked later if she would recuse herself from the committee since she had now become embroiled in the controversy with Holomisa, Zuma said "It is the ANC that has appointed me to the committee and I will not discuss the matter. I am here in my capacity as minister and this



DENIAL: Dr Nkosazana Zuma

is an ANC issue"

Water Affairs and Forestry Minister Kader Asmal recused himself last week, saying the "appearance" of impartiality on the part of the committee was as "important as the reality"

Public Protector Mr Selby Baqwa earlier this year found that there had been gross mis-

management in the funding and tender procedures surrounding the Aids play written and directed by celebrated playwright Mbongeni Ngema. He recommended that the R14,27m contract be terminated

The mystery donor, whose name is said to be known only to three people, including Zuma, paid the money already spent by the government on the play

Zuma said yesterday her department had already terminated the contract and was winding down operations connected with the play. "It is up to the funder to decide what to do with the play," she said

She said that by "winding down" she meant the storing of equipment used for the play and other matters

"I cannot say we are still spending any money on the play except what's involved in the winding down," she said — Political Correspondent



About 800 municipal workers, including bus drivers and traffic police, marched on the civic centre in Johannesburg yesterday to highlight their dissatisfaction with the deadlock in wage talks with the greater Johannesburg transitional metropolitan council. Picture GARTHLUMLEY

AIDS play still not seen on road

Kathryn Strachan

NEARLY three months after it was announced that an anonymous businessman had taken over the health department's funding of the R14m anti-AIDS play *Sarafina 2*, the show has yet to be seen on the road.

A spokesman for playwright Bongeni Ngema confirmed the play had not been on since government withdrew its funding.

Ngema has been unavailable for several weeks.

"He is just not available, he cannot be reached and he is not going to give comment to anyone," the spokesman said.

Health Minister Nkosazana Zuma has refused to say who has put up the money, despite being asked a parliamentary question on the issue by DP MP Mike Ellis on Monday.

Zuma said the mystery donor would contribute R10,512m towards funding the play. She has said taxpayers would not be hable for any of the play's R14m costs.

Nomavenda Mathiane reports that sources said junior dancers in the play were earning up to R8 000 a month during performances, compared with the salaries of principal dancers at Pact who earn R4 000 a month.

Senior and leading artists received up to R4 000 a week while performing, said an actor in the play, who refused to be named.

She said junior dancers earned R1 000 a week plus a R250 living allowance during the rehearsal period and R2 000 a week during performances, while senior and leading artists received R4 000 a week while performing.

Union leaders wash hands of city march

Reneé Grawitzky

SAMWU and Imatu leadership distanced themselves yesterday from the action of municipal workers who brought traffic in the city to a standstill as they marched on the greater Johannesburg transitional metropolitan council to highlight wage demands.

An estimated 800 members of the Independent Municipal and Allied Trade Union (Imatu) and to a lesser extent members of the SA Municipal Workers' Union (Samwu) took to the streets to put pressure on the council to agree to worker demands in the wake of months of negotiations.

The council indicated that the action, predominantly by bus drivers and traffic department officials, represented a fraction of the total work force of 30 000, with minimal disruption caused to bus services. Other services provided by the council operated normally.

Samwu branch secretary Weizmann Hamilton said last night that following a stalemate in negotiations last week the two unions had agreed to report to their respective constituencies and decide together on future action. The union's branch shop steward committee is meeting today to decide on its position.

Despite this it appeared that a joint Imatu-Samwu strike ballot form was being circulated and its origin at this stage was unknown. The council indicated that a formal dispute had not yet been declared by any of the unions.

It appeared that certain mem-

bers had jumped the gun either with or without support from their respective unions.

Hamilton said initially the unions had tabled a joint demand of R500 across the board for workers earning between R1 500 and R4 000 and increases escalating between R500 and R1 000 for those earning between R4 000 and R13 000. During negotiations this position was revised downwards a number of times and at certain stages the unions became divided on positions. It appears the present joint union demand is a R300 across-the-board increase.

The council was not prepared to divulge its position, but a union official indicated that a revised council offer ranged between R275 across the board for those earning up to R2 000, and R250 across the board for those earning between R2 000 and R4 000 a month. Those earning above R4 000 were offered a non-pensionable bonus of R4 000 payable together with a 13th cheque.

A union spokesman indicated that workers were impatient at the slow progress in negotiations and as a result disregarded official positions and took to the streets.

The council indicated that a crucial interim industrial council meeting was being planned for later this week or early next week to continue wage negotiations. In the event of action today, which is not expected, contingency plans have been put in place.

The council said a number of workers had returned to their posts after the march yesterday.

Sowetan 21/8/96
(92)

Aids education 'needs fresh look'

By Mokgadi Pela

SOUTH Africa should have a fresh look at its Aids education message so as to achieve maximum impact on sexual behavioural change, an expert on the disease told members of the Media Workers Association of South Africa in Johannesburg yesterday.

Addressing about 100 Mwasa members at the *Sowetan-New Nation* offices, Professor Ruben Sher of the National Aids Training and Outreach Programme said "It has become clear that people are not heeding these Aids messages, hence the continuing increase in the number of HIV-positive people."

He said hope lay in responsible behaviour. "Unless we heed warnings, the cost to South Africa will be enormous as many of those who will die from the disease will be those with skills."

"Isn't it funny that we know that our lives are being threatened, yet we are not doing enough to reverse this trend," Sher said.

On Aids in the workplace, Sher said discrimination against HIV-positive employees was contrary to the spirit of the New Labour Relations Act and the new Constitution. The same was true of pre-employment testing.

On the recent 11th international Aids conference in Vancouver, Sher said "While it brought hope for people in the First World in terms of vaccine development, the cost of the drugs make therapy out of reach for many people in the Third World."

"For instance, the cost of drugs aimed at preventing the onset of Aids was about R4 000 a month."

"How many people in the Third World can afford that?"

Niehaus, Mzimela clash over HIV tests

Drew Forrest

CAPE TOWN — ANC prison policy spokesman Carl Niehaus has again clashed with Correctional Services Minister Sipo Mzimela of the IFP, accusing him of upholding the "entirely undesirable" practice of pre-employment HIV and AIDS testing in his department

Niehaus — chairman of the parliamentary correctional services committee — said Mzimela had confirmed that HIV testing was departmental policy. The minister had also declared that it was necessary to ensure the safe custody of prisoners.

Calling for an immediate end to the practice, Niehaus said it was counterproductive in the fight to contain the spread of the disease, "affronted the spirit" of the Bill of Rights in the constitution, and violated the national AIDS plan and the Labour Relations Act.

As tests were mandatory, they amounted to unfair discrimination which potentially affected tens of thousands of people.

He said both the World Health Organisation and the International Labour Organisation had agreed that pre-employment testing was unacceptable.

Niehaus also said the "illogicality" of the policy had been highlighted by Mzimela's admission that existing employees of the correctional services department did not have to submit to HIV and AIDS tests.

Dept hires only HIV-negative

(92)
(92)

Sametlan 23/8/96

THE DEPARTMENT of Correctional Services is offering jobs only to applicants who test negative for the Human Immune deficiency Virus which causes Aids, but is applying no such pressure to existing employees

The tests are being carried out even though the ministry recently gave in to pressure to distribute condoms in prisons, and to end desegregation of homosexual prisoners

Correctional Services Minister Siphon Mzimela told Parliament during question time yesterday that HIV tests would remain a policy until a Cabinet-based committee that was looking into this matter completed its work and made recommendations

The committee was founded in June, when the Ministry of Defence wanted clarity on the

Any decision to have an HIV test has to be voluntary

desirability of pre-employment tests for HIV

Since then, the departments of Correctional Services and Safety and Security have been represented on the committee

Proper legislation

Dr Mzimela said proper legislation would be drafted once the committee made its recommendations

The minister was supported by Freedom Front MP Willem Botha, who said that while he had great sympathy for anyone who had an incurable disease, he supported the department's policy

"It is irresponsible for any department to employ someone

whose health put others at risk," Mr Botha said

In prisons, staff who prepared food had to be physically healthy, he added

Mr Carl Niehaus, head of the national assembly portfolio committee on correctional services, said people with HIV could live productive lives for many years after infection, and it was totally wrong to disqualify people from employment on the grounds that they would become ill in the future.

Pre-employment and in-house HIV testing was entirely undesirable in the struggle to contain the spread of the virus and ought to be voluntary, Mr Niehaus said

Sponsor bailing out 'Sarafina'⁽⁹²⁾ hasn't paid a cent yet

star 24/8/96
By WILLEM STEENKAMP

The mysterious sponsor who promised to bail out the Department of Health after it funded the disastrous R14,5-million *Sarafina 2* Aids play has so far not paid one cent to the beleaguered department to make up for its losses

Health Minister Nkosazana Zuma announced in June that a private group of businessmen would take over financial responsibility for the play, but she has refused to disclose the identity of the "sponsor"

There was a huge public outcry over the use of R14,5-million of taxpayers' money to fund the Aids play, which was slated by critics. Many experts believed the money could have been used more productively to fight Aids

Vincent Hlongwane, ministerial spokesman for Zuma, admitted that no money had yet been paid back to the department by the sponsor. The department's financial manager, Bill Bradshaw, was not prepared to comment on the situation

Materialised

He said the issue was handled by Zuma and that the *Saturday Star* should ask her if she had received any money. When asked if money, which may have been recovered or paid by the "sponsor", had to be reflected on the department's books, Bradshaw refused to comment.

When questioned whether the private sponsor's offer to take over the financial responsibility for *Sarafina 2* had indeed materialised, Department of Health director-general Olive Shisana said "The only person who has authority to answer that question is the minister"

Zuma was not available for comment when the *Saturday Star* approached her office

Hlongwane said the department was doing an audit on playwright Mbongeni Ngema's Committed Artists Theatre Company, which produced *Sarafina 2*

"Officials are trying to establish which assets belonged to the Government and which should be retained. Mr Ngema's company is involved in a similar process and once completed, these two audits have to be reconciled

Shortfall

"The contract between the Government and Mr Ngema's company and the implications of the agreement will also have to be studied"

Hlongwane said that once the audits had been reconciled, it would serve as the basis on which the exact amount of money owed by the Government would be established

"The shortfall will then be paid by the sponsor," he said

This means that at this stage the sponsor does not know how much he or they may have to cough up - but it could run into millions. The mysterious sponsor virtually has handed the Department a blank cheque

Opposition parties have been severely critical of the fact that Zuma has refused to disclose the sponsor and some have said the fact that a government department could accept potentially large "gifts" of money from undisclosed private sponsors could severely compromise the image of sound and clean government of such a department

No cash yet

for Sarafina rescue plan

WILLEM STEENKAMP
Staff Reporter

THE mysterious sponsor who promised to bail out the Department of Health after it funded the disastrous R14,5-million Sarafina 2 Aids play has not yet paid one cent to the beleaguered department to make up for its losses

In June Health Minister Nkosazana Zuma announced on television that a private group of businessmen would take over financial responsibility for the controversial play, but she has consistently refused to disclose the "sponsor's" identity

There was a huge public outcry over the use of R14,5-million of the taxpayer's money to fund the Aids play which was slated by critics. Many experts believed the money could have been used much more productively to fight Aids in different ways

Vincent Hlongwane, ministerial spokesman for Dr Zuma, admitted that no money has yet been paid back to the department by the mysterious sponsor

The financial manager of the Department of Health, Bill Bradshaw, said although he had been appointed by Dr Zuma to handle financial matters of the department, he was not prepared to comment on the situation

He said the issue was handled by Dr Zuma herself and said SATURDAY Argus should ask the minister if she had received any money

When asked if money - which may have been recovered or paid by the "sponsor" - did not have to be reflected on the department's books, Mr Bradshaw again refused to comment

When questioned on whether the private sponsor's offer to take over the financial responsibility for Sarafina 2 had indeed materialised, Department of Health Director General Olive Shisana said "The only person who has authority to answer that question is the minister"

Dr Zuma was not available for comment when SATURDAY Argus approached her office, but Mr Hlongwane admitted no money had been paid back to the department. He said officials of the department were currently doing an audit on playwright Mbongeni Ngema's Committed Artists Theatre Company - the company

■ The dust has not settled over the handling by Health Minister Nkosazana Zuma of the controversial Sarafina 2 Aids play and the refusal by Dr Zuma to identify a mysterious "sponsor" who, according to the minister, has promised to take over the financial responsibility for the disastrous play.

(92) ARG 24/8/96



□ **TIGHT-LIPPED:** Health Minister Nkosazana Zuma

which produced Sarafina 2

"Officials are trying to establish which assets belonged to the government and which assets should be retained. Mr Ngema's company is involved in a similar process and once completed, these two audits have to be reconciled

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the sponsor does not know how much may have to be coughed up - but it could run into millions. The mysterious sponsor has virtually handed the department a blank cheque

Opposition parties have been severely critical of the fact that Dr Zuma has refused to disclose the sponsor and some have said the fact that a government department could accept potentially large "gifts" of money from undisclosed private sponsors could severely compromise the image of sound and clean government of such a department

Said one critic "After all, the taxpayer's money was used to fund the Sarafina debacle. We want to know who and why such a sponsor picks up the tab. To put it bluntly, what is in it for the sponsor?"

AIDS playwright evicted as Zuma's secret

Sarafina donor

funder fails to pay up shock

(92) ST. 25/8/96

By RAY HARTLEY, MICHAEL SCHMIDT, ANDRÉ JURGENS and GEORGE MAHABEER

SARAFINA 2 producer Mbongeni Ngema has been evicted from his Durban offices after funding from Health Minister Dr Nkosazana Zuma's mystery benefactor was not paid.

It has been established that Zuma and the anonymous donor are still wrangling over the conditions under which the secret payment of R10,5-million would be made

Zuma has told Parliament twice that an anonymous donor would bail out the AIDS play — but Ngema's lawyers could not secure a guarantee from the donor that any money would be paid towards his debts

According to papers filed in the Durban magistrate's court, the donor is being represented by a Cape Town attorney, Malcolm Sermon of the law firm Arthur E Abrahams and Gross

Sermon confirmed yesterday that the terms had not yet been finalised

"I represent the donor and the money is in place. There are just certain conditions which have to be met," Sermon said

But he refused to reveal the donor's identity, saying "I am not in a position to disclose who our clients are"

After intense, behind-the-scenes legal tussles to secure payment for the rental of Ngema's Durban offices, a messenger of the court seized office furniture and computers from



MBONGENI NGEMA

the premises on Friday morning

Ngema's company, Committed Artists, which produced the R14-million play, was evicted from the offices in terms of a judgment granted against it on July 19 for R25 782 owed in rent

Keith Hobson, an attorney representing Ngema's landlord, Hampden Road Investments, said in an affidavit that Ngema's lawyers had told him "it was almost certain that the private donor would pay all of the debts"

Hobson said he then received a call from Sermon, who said that "if everything fell into place" his client would be paying out about R10,5-million and "taking over" Committed Artists

But, according to the court papers filed in Durban on July 25, Sermon could not give an undertaking that payment would be made in connection with the claim for R25 782

A firm of attorneys acting for Ngema, David Dison, Norval and Wheeldon of Johannesburg, failed to meet a deadline to raise the money and, instead, lodged a notice of appeal against the judgment

The appeal was withdrawn on Wednesday and the messenger stepped in to remove the company's belongings

In its application for the eviction order and judgment, the owners of the building said they signed an agreement in September last year with Committed Artists to lease the offices for two years

Ngema, who is believed to be holidaying with friends near the Umfolozi game reserve in northern Kwazulu Natal, could not be contacted for comment yesterday

Zuma told Parliament on June 5 that the costs of the play, which was closed down by the public protector, would be borne by a private donor who wished to remain anonymous

On Monday she told Parliament that the donor would pay R10 512 000 towards the costs incurred by the Department of Health for *Sarafina 2*

"The donor will make one payment to the Department of Health and then decide about the play," Zuma said

Meanwhile, it has emerged that the Minister of Finance, Trevor Manuel, and the director general of State Expenditure, Hannes Smit, have not been told the donor's identity

Jennifer Charlton, a spokesman for the Finance Ministry, confirmed that Manuel did not know who the donor was

And, said Smit "I have no idea where the money is coming from"

NP calls for Zuma probe

APG 26/8/96
(92)
JOHANNESBURG - The National Party has called for an investigation of possible misleading of Parliament by Health Minister Nkosazana Zuma over the *Sarafina II* controversy, amid reports that playwright Bongeni Ngema has been evicted from his Durban offices.

Newspaper reports yesterday said it had been established that Dr Zuma and the anonymous donor who bailed out the controversial Aids play were still wrangling over the conditions under which the secret payment of R10,5 million would be made.

"In view of the facts that became available today, it has become essential for the real

story behind the Sarafina saga to be told," said the NP spokesman on health, Willem Odendaal.

"The National Party believes that in the interests of Parliament and the public at large, an ad hoc committee of Parliament must investigate the possibility that the Minister of Health misled Parliament and that the unanswered questions surrounding Sarafina must be made known."

He added: "Parliament must now see to it that transparency prevails."

Reports yesterday said Ngema had been evicted after funding from the mystery donor was not forthcoming - Sapa

Anonymous donor holds onto cash (92)

Kevin O'Grady

HEALTH

Minister

Nkosazana Zuma confirmed yesterday that government's expenses in the failed AIDS awareness play Sarafina 2 had not yet been paid by an anonymous donor, but denied the delay was the result of wrangling over conditions for the payment.

She said government was still "reconciling everything" to determine the final amount to be paid. "What the donor wants to do is pay the amount government has spent legitimately on Sarafina 2, and then government will be out of the picture," Zuma said.

"The donor is only prepared to pay what government has already spent and does not want to take on debts which do not belong to Sarafina 2. That is why the winding down process is so important to the donor."

The amount to be paid could be more or less than the R10,512m given as the extent of government's involvement in the production by playwright Mbongeni Ngema, Zuma said. She could not say when payment was likely to be made.

Reacting to a report in the Sunday Times that Ngema's company Committed Artists had been evicted from its Durban offices because a R25 782 rent arrears that had not been paid because of the delay, Zuma said this would not necessarily be covered by the donation.

"I don't know whether we're talking about rent before the contract (to produce Sarafina 2 was awarded) or afterwards."

The reconciliation process would also establish whether any money was owed to government by Committed Artists, Zuma said.

Aids play: Zuma again under fire over funding

By JOVIAL RANTAO AND
OWN CORRESPONDENT

Health Minister Dr Nkosazana Zuma will this week come under intense pressure from opposition parties to disclose the identity of the mystery donor who was believed to have saved *Sarafina 2*, and is set to face allegations that she twice misled Parliament on the matter.

The National Party and the Democratic Party have vowed to turn on the pressure in a bid to get some answers from Zuma.

The DP announced yesterday it would ask Public Protector Selby Baqwa to reopen the investigation into the R14,2-million Aids awareness musical.

DP health spokesman Mike Ellis,

who has spearheaded opposition to Zuma's handling of the musical, said he would approach Baqwa today.

Ellis, who initiated Baqwa's original probe, has also renewed opposition demands that heads should roll.

His latest call is in response to the non-payment of donor money which was supposed to bail out the play, for which unauthorised European Union money had been used.

"Not even a week ago, Zuma again confirmed in Parliament that a secret donor had taken over funding of *Sarafina 2* from the Government. Now we learn from court documents that it is not so," said Ellis.

On Friday the sheriff of the Durban Supreme Court confiscated equipment from the offices of Committed Artists, the company headed

(92) Star 26/8/96
by creator of *Sarafina 2* Mbongeni Ngema, for R25 782 in rent arrears.

Zuma had told Parliament an unnamed donor would pay R10,5-million to cover the department's investment in the play and see to all other expenses. But this had not happened.

"This is in direct contradiction to what Zuma told Parliament on June 5 and again on Monday last week," Ellis charged.

"This is the second time she has misled Parliament. The first was when she insisted the EU had known of and approved that its funds be used for *Sarafina 2*. Well, Baqwa found the EU had not known or approved."

He said that if Zuma did not resign, she should be sacked by President Nelson Mandela.

DP call to reopen Sarafina probe ⁽⁹²⁾

CT 26/8/96

ANEZ SALIE

THE Public Protector is to be asked to reopen the investigation into the R14,2-million Sarafina 2 debacle

The Democratic Party's spokesman on health, Mr Mike Ellis, who has spearheaded opposition to Health Minister Dr Nkosazana Zuma's handling of the Aids musical, has also renewed demands for her to resign or be fired

He thinks she may have misled Parliament about a secret donor's undertaking to bail out the Aids musical

He said last night he would approach Public Protector Mr Selby Baqwa this morning

"Not even a week ago, Zuma again confirmed in Parliament that a secret donor had taken over funding of Sarafina 2 from the government. Now we learn from court documents that it is not so," said Ellis

On Friday, the sheriff of the Durban Supreme Court confiscated office equipment from the headquarters of Committed Artists — the company headed by Mbongeni Ngema, creator of Sarafina 2 — for R25 782 in rent arrears. According to court papers, Ngema had been waiting for the donor to release funds, but the donor had indicated that details remained to be settled with Zuma's department

"This is in contradiction to what Zuma told Parliament on June 5 and again on Monday last week," Ellis said

Opposition should 'discuss' Sarafina 2

ED 27/8/96 (92)

CAPE TOWN — The Sarafina 2 controversy could be laid to rest if opposition politicians held talks with Health Minister Nkosazana Zuma about their concerns, President Nelson Mandela has suggested.

"Instead of shouting . . . the president thinks they should sit around a table and discuss the matter," presidential aide Parks Mankahlana said yesterday.

Zuma faces renewed pressure from opposition parties for her handling of the Sarafina 2 matter, after a Sunday newspaper reported that the mystery donor who, she told Parliament, would bail out the R14m musical, had yet to do so.

This emerged after the sheriff of the Durban Supreme Court on Friday attached equipment from the offices of Committed Artists, headed by Sarafina 2 creator Mbongeni Ngema, for non-payment of R25 782 in rent. According to the court papers, Ngema had been waiting for the donor to release the funds to meet his debts, but the donor had indicated details still needed to be settled with the department.

The DP said it would initiate another public protector probe into the matter, while the NP has demanded a parliamentary investigation. Both parties accused Zuma of misleading Parliament for a second time and called for her resignation or dismissal.

Earlier yesterday the president reiterated his support for Zuma. "She is a very good minister. Let her do her work," he said after meeting Miss SA 1996 Peggy-Sue Khumalo in Pretoria.

Mankahlana said Mandela believed the Sarafina matter should be dealt with by the opposition parties and Zuma "in a way that increases confidence among themselves". Zuma has declined to name the mystery donor, whom she said would bail out the musical on condition of anonymity.

On rumours that the President's Children's Fund was the mystery donor, he said: "The president's office is not aware of any connection between the fund and the funding of Sarafina 2" — Sapa-AP.

'Zuma must be left alone to do her work'

Star 27/8/96

(92)

By JOVIAL RANTAO
Political Correspondent

President Nelson Mandela has again come to the defence of Health Minister Nkosazana Zuma, who is facing renewed pressure to reveal the identity of the businessmen who are believed to have taken over the funding of *Sarafina 2* and allegations that she has misled Parliament.

In Pretoria yesterday, Mandela was empathic about his support for Zuma. "She is a very good minister. Let her do her work," he said, adding he did not want to discuss the matter further.

Presidential spokesman Parks Mankahlana told *The Star* that Mandela felt that the *Sarafina 2* debacle had to be removed from the arena of political mud-slinging and be dealt with in such a way that no one would suspect the existence of an agenda to score political points.

He said political parties which wanted the identity of the donor published had the right to ask their MPs to approach the parliamentary committees about the matter.

The Democratic Party yesterday faxed a letter to Public Protector Selby Baqwa, requesting him

to reopen the investigation into the R14,2-million *Sarafina 2* debacle, following accusations that Zuma might have misled Parliament for a second time.

DP health spokesman Mike Ellis said "I indicated in the letter that I was concerned that there has ever been a private donor. I also urged that the donor should be published in the interest of the public. I also raised my concern that Parliament, the press and the public have been misled."

"I also asked the public protector to clear up how the money that *Sarafina 2* used would be paid."

He does not expect a reply

from Baqwa, who is away on a week-long workshop.

Ellis' latest action follows the non-payment of secret donor money to bail out the play.

Ellis has pointed out that a week ago, Zuma again confirmed in Parliament that a secret donor had taken over the funding.

This was, however, contradicted by the action of the sheriff of the Durban Supreme Court, who confiscated office equipment from the Durban headquarters of Committed Artists, the company headed by playwright Mbongeni Ngema, the creator of *Sarafina 2*, for non-payment of R25 782 rent.

DP wants inquiry on play donor

/Sowetan 27/8/96 (92)

Sowetan Correspondent

THE Democratic Party has asked Public Protector Selby Baqwa to investigate Health Minister Nkosazana Zuma's claim that an anonymous donor would bail out the controversial Aids play *Sarafina 2*

This follows suspicions that no such donor exists

DP health spokesman Mr Mike Ellis said he had written to Baqwa as he doubted the existence of the "so-called donor" who supposedly promised R10,5 million to finance the play

"There is a growing suspicion that there never was a private donor. It is clear that the Minister again has misled Parliament and the public

"She has refused to say who is going to pay. Because of the huge amount of public interest and concern, we need to know who this mysterious donor is," Ellis said

"The Minister should also say what the nature of the donation is," Ellis said

Cape Town attorney Mr Malcolm Sermon, who said he represented the anonymous donor, yesterday denied the allegation that there was no donor

Money is there

"My client has agreed to cover the costs of *Sarafina 2* under condition of anonymity. The terms of agreement between my client and the Health Department must still be finalised, but the money is there," he said

"My client is prepared to cover the full amount outstanding"

He said the donor would withdraw the donation if his name was made public

Zuma's spokesman Mr Vincent Hlongwane said he was "not intimate with the details of negotiations"

Mandela backs Zuma in Sarafina controversy

(92) et 27/8/96

THE Sarafina 2 controversy could be laid to rest if opposition politicians held talks with Health Minister Dr Nkosazana Zuma about their concerns, President Nelson Mandela suggested.

"Instead of shouting ... the President thinks they should sit around a table (with Zuma) and discuss the matter," presidential aide Mr Parks Mankahlana said yesterday.

Zuma faces renewed pressure from opposition parties for her handling of the Sarafina 2 matter after a Sunday newspaper reported that the mystery donor who, she told Parliament, would bail out the R14 million musical, had not yet done so.

This emerged after the sheriff of the Durban Supreme Court on Friday attached equipment from the offices of Committed Artists, headed by Sarafina 2 creator Mbongeni Ngema, for non-payment of R25 782 in rent.

According to the court papers, Ngema had been waiting for the donor to release the funds to meet his debts, but the donor had indicated details still needed to be settled with the Health Department.

The Democratic Party said it would

initiate another Public Protector probe into the matter, while the NP has demanded a parliamentary investigation.

Both parties accused Zuma of misleading Parliament for a second time and called for her resignation or dismissal. They made similar demands after she claimed the European Union (EU) had authorised the use of its funding for the play.

Earlier yesterday the president reiterated his support for Zuma.

"She is a very good minister. Let her do her work," he told reporters.

Mankahlana said Mandela believed the Sarafina matter should be dealt with by the opposition parties and Zuma "in a way that increases confidence among themselves".

Zuma has declined to name the mystery donor, whom she said would bail out the musical on condition of anonymity.

"The president does not believe it would be impossible for the different political parties to arrange a discussion with the minister, nor is there any reason not to respect the proposal of confidentiality," Mankahlana said. — Sapa

FURTHER PROBES COULD FOLLOW

Request made for audit of Sarafina 2 92

ET 29/8/96

DURBAN: The Sarafina 2 saga continues with a request for an audit of the musical's expenses.

THE attorney-general of KwaZulu-Natal, Mr Tim McNally, has asked that an audit of the expenditures in the controversial Aids musical, Sarafina 2, be made before further investigations could be conducted.

McNally's request for an audit comes after a police follow-up to a request by a senior member of the Department of Health to have the musical, for which R14 million was budgeted, probed by the commercial branch of the police.

Sources said the department had made the request in April



EMBATTLED: Minister Zuma

The director-general of the department, Dr Olive Shisana, had apparently not received any information from the police regarding the request.

"We first sent a letter to the police in April after our auditors noticed irregularities in the ministry," Shisana said yesterday.

But the police claim that they have sent information to the ministry requesting an audit, but have not received a response.

● It was disclosed in the National Assembly yesterday that there had been 64 performances of the musical from December 1 until its suspension earlier this year.

Altogether 39 457 people had attended the shows in Gauteng and KwaZulu-Natal, Health Minister Dr Nkosazana Zuma said in reply to a question from Mr Mike Ellis (DP).

Box-office takings amounted to R135 158. Some of the shows were free — Own Correspondent, Sapa

Sarafina 'donor'

to be probed

(92)

Existence of 'private benefactor' under spotlight

ARL 29/8/96

WILLIAM-MERVIN GUMEDE

Staff Reporter

AUDITOR-General Henri Kluever is pushing for a rapid investigation into allegations that unauthorised public money was used to fund the controversial Aids awareness play *Sarafina 2*

This follows Democratic Party accusations that the story of a mysterious private donor giving R10,5 million to the Department of Health to fund the play is a fabrication

The DP today asked Mr Kluever to investigate suspicions that taxpayers' money is being secretly used to fund the play

The DP has also asked Public Protector Selby Baqwa to reopen his probe into the play

Earlier Mr Baqwa recommended its closure after the withdrawal of more than R10 million in European Union money

The EU has said the money was used to fund the play without its knowledge

The DP has asked Mr Baqwa to investigate the existence of the private donor

who Health Minister Nkosazana Zuma says is donating R10,5 million to cover some of the costs of the play

The DP and National Party have expressed doubts that such a private donor exists

Mr Kluever said today he had asked that Mr Baqwa's report be completed speedily. If he was not satisfied with it, he would launch his own investigation into whether public money has been misused

He added that funding of the play could also be investigated by the Office for Serious Economic Offences

Mr Kluever said the *Sarafina 2* controversy was heavily politicised and any investigation from his side would have to proceed with caution. He said any unauthorised expenditure by the health department to fund *Sarafina 2* would be reflected in the Auditor-General's report - usually tabled in February

The outcome of a special investigation could be released ahead of the traditional Auditor-General report, he said

Mr Kluever said his office was the

"watchdog", a guard against the misuse of taxpayers' money. "However the watchdog role is limited. The watchdog can only bark as loudly as it possibly can. It is up to the government to take the corrective steps speedily and efficiently," he said

The NP has demanded a parliamentary investigation into the claims of a private donor and has accused Dr Zuma of misleading parliament for a second time

The NP accused the minister of misleading parliament with her earlier claim that the European Union had authorised the use of its money to fund the play

The NP has also asked National Assembly Speaker Frene Ginwala to allow a special debate on the funding of *Sarafina 2*

NP chief whip Hennie Smit said the debate would be entitled "The necessity for transparency into the private funding of *Sarafina 2*"

The NP also asked Dr Ginwala to set up an ad hoc parliamentary committee to investigate certain issues surrounding funding, as proposed earlier this month by its health spokesman Willem Odendaal

Baqwa to probe silence over Sarafina 2 donor

Ingrid Salgado

PUBLIC protector Selby Baqwa said yesterday he would investigate why the identity of AIDS play Sarafina 2's donor had not been revealed and make the name public if he thought there was no justifiable reason for keeping it secret.

Baqwa said however, that he would not reopen his investigation into claims of irregular tendering procedures for the controversial play.

He would probe the fact that Health Minister Nkosazana Zuma had refused to disclose the identity of the private donor that had come to the play's rescue.

The latest investigation follows a DP request to reopen the enquiry after Zuma repeatedly refused to identify the donor. Earlier this week, she said the R10,5m to

take over the play had not yet been paid to the health department.

Baqwa said he had not yet seen the DP's complaint and would not revisit the same issues concerning Sarafina 2 that he had previously probed. "I've already made my recommendations and findings."

However, all indications were that he would investigate Zuma's alleged lack of transparency about the secret donor. His investigation into the matter would last one or two weeks.

Baqwa said that failure to disclose identities was often due to some valid legal or contractual reason.

If a silency clause existed in the contract between the health department and the secret donor, he would investigate whether such a clause was reasonable.

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BD 30/8/96 (92)

'Sarafina 2' report dodges key issues, says Aids group

ADELE BALETA
Staff Reporter

THE Health Ministry's advisory committee on Aids/HIV and STDs has publicly criticised the public protector's report on the *Sarafina 2* debacle.

This is the first time the Government has questioned public protector Selby Bagwa's findings and is bound to add more fuel to the renewed controversy over *Sarafina 2*, panned by Aids experts for the lack of its HIV/Aids education message.

Last week the issue flared again when questions were raised on the identity and the existence of the mysterious sponsor who promised to bail out the Department of Health to the tune of R10,5 million.

Auditor-General Henry Kluever said yesterday the department had not yet been able to prove it had received the donation.

"No accounting transactions had taken place regarding any donation to the department, and the department could produce no documentary evidence in this connection," he said. In a letter to Minister of Health

AR 6 31/8/96

(92)

Nkosazana Zuma, the chairman of the HIV/Aids and STD advisory committee expressed his dissatisfaction with the public protector's report.

The committee, a Government appointed body, comprises a wide range of high-profile health professionals and gay activists.

In her reaction to the committee's criticism, Dr Zuma said she respected the office of the public protector and therefore accepted his report.

Committee chairman Jerry Coovadia had written to her saying the committee believed Mr Bagwa had "diminished" his position by submitting a report on *Sarafina 2* that was "lacking in the degree of penetration, depth and analytical quality expected of him and demanded by the seriousness of the subject".

Professor Coovadia said it appeared as if the report had been widely accepted and was regarded as a fait accompli, when in fact serious questions had not been answered.

The committee wants to know who made the final decision on granting the approximately R14-million for the Aids play, saying that its members were not convinced Mr Bagwa had "properly applied his mind to this issue".

They want to know who granted final approval on use of European Union funds for *Sarafina 2* and suggest Mr Bagwa did not adequately address the allegation that there had been a pre-tender decision on awarding the contract to playwright Ndongeni Ngema.

The letter said that "owing to crucial deficiencies in the report", Mr Bagwa

failed to uncover the fundamental causes of the problem. Nor did he provide an adequate opportunity for those found guilty of a misdemeanour to answer charges and defend themselves, the letter said.

"The unavoidable implication is that subordinates can be held responsible for decisions for which their superiors should be accountable."

Critical unresolved issues included Ngema's role in the controversy and prima facie evidence that an inordinate amount of money had been spent on the play.

Professor Coovadia said unfortunate public statements had been made by individuals in the Department of Health. Members of the committee were "disappointed" with the department's overall response to the media on the real problems created by *Sarafina 2*, he added.

His letter said if it was true that someone in the department discounted the seriousness of the issue by implying stringent financial controls could be relaxed as EU funds were being used, then the individual concerned should have been censured as the remark "had caused harm".

The committee urged Dr Zuma to ensure that "all individuals (both senior and junior) connected to the play be suitably and even-handedly investigated".

Professor Coovadia said that one of the main reasons the committee had been appointed was to "express unbiased, objective and critical opinions on the department's Aids programme".

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HANSAARD

(1) Whether his Department has released any White Papers since 27 April 1994 if so, when, in each case.

(2) whether any comments have been received on these White Papers, if so, what was the (a) nature and (b) extent of such comments in each case

(3) whether any steps are envisaged with regard to such comments, if not, why not, if so, what steps? N1045E

The MINISTER OF SPORT AND RECREATION

(1) Yes April 1995

(2) Yes

(a) The inputs received from the public before the closing date for comments covered the wide spectrum of sport and recreation related matters, addressed in the Draft White Paper

(b) The comments did not differ significantly from the policy directions enunciated upon in the Draft White Paper

(3) The Department is presently in the process of finalising the final version of its White Paper Comments relevant to the issues which confront the Department on its future course of action were incorporated into the White Paper

SANDF: White Papers

596 Mr J C N WAUGH asked the Minister of Defence †

(1) Whether the South African National Defence Force has released any White Papers since 27 April 1994, if so, when, in each case

(2) whether any comments have been received on these White Papers, if so, what was the (a) nature and (b) extent of such comments in each case.

(3) whether any steps are envisaged with regard to such comments, if not, why not, if so, what steps? N1048E

The MINISTER OF DEFENCE

(1) Yes The Minister of Defence published a draft White Paper on Defence on 21 June 1995, inviting public and parliamentary

comment thereon The Minister tabled the final version of the White Paper in Parliament on 9 May 1996 Parliament approved the White Paper with amendments on 14 May 1996

(2) (a) and (b) Yes The Minister received approximately 100 submissions in response to the 21 June 1995 draft The submissions were made by members of the public, the SANDF, retired SANDF officers, non-governmental institutions, defence analysts, and political parties

The submissions covered virtually every aspect of the White Paper (e.g. Part-Time Forces, civil-military relations, policy on language and religion, defence intelligence, the strategic environment, human resources issues and the defence industry, etc) The submissions also proposed the inclusion of new sections (e.g. on land, environmental matters, and defence labour relations)

The submissions were reviewed by a working group comprised of the drafter, members of the Defence Secretariat and the SANDF, as well as civilian experts Proposals were accepted where relevant and appropriate

Copies of the submissions were distributed to members of the Joint Standing Committee of Defence An extensive process of consultation of subsequent drafts was conducted within the Department of Defence and with the parliamentary defence committees The details of this process are described in the drafting Memorandum included in the White Paper from all the political parties represented in Parliament

Major concerns related to the Part-Time Force, the integration process, support for demobilised soldiers, and the necessity to alter the composition of the SANDF, and its leadership in particular, through affirmative action and equal opportunity programmes

A full record of the comments made during the parliamentary debate is available in Hansard

(3) Yes The Minister and Deputy Minister of Defence are currently reviewing the comments made during the parliamentary debate The matters referred to above are being addressed by the Department and will be covered in the Defence Review and in sub-ordinate policy position and departmental plans The White Paper itself indicates that a range of issues, especially those relating to force design, will be addressed in the Defence Review

Provinces: expenditure

617 Mr A WATSON asked the Minister of Finance †

What was the expenditure per province for the (a) 1994-95 and (b) 1995-96 financial years? N1073E

The MINISTER OF FINANCE

Auditor-General Reports, and therefore Appropriation Accounts, are not yet available However, the following exchequer contributions for the expenditure of the provinces were provided for on the Vote of the National Department of Finance for the 1994-95 and 1995-96 financial years

(a) 1994-95	R '000
Eastern Cape	6 016 679
Northern Cape	644 955
Western Cape	2 833 249
KwaZulu-Natal	5 363 506
Free State	2 143 334
Mpumalanga	1 810 168
Northern Province	5 079 417
North West	2 262 216
Gauteng	3 847 464
	<u>30 000 988</u>

(b) 1995-96	R '000
Eastern Cape	12 266 378
Northern Cape	1 657 589
Western Cape	8 112 329
KwaZulu-Natal	13 700 121
Free State	4 774 322
Mpumalanga	3 975 821
Northern Province	8 640 254

North West	5 820 479
Gauteng	10 392 031
	<u>69 339 324</u>

The major reason for the increases in functions shifted from central government departments

Saragfina II funding (92)

629 Mr M J ELLIS asked the Minister of Health

Whether any private sector companies are to take over the funding of *Saragfina II*, if not, what is the position in this regard, if so, (a) what is the name of each such company and (b) what amount is each company to contribute towards the play over each specified period? N1125E

The MINISTER OF HEALTH

(a) The donor wishes to remain anonymous

(b) The donor will contribute R10 512 000 towards what the Department of Health has paid in terms of the contract

(c) The donor will make one payment to the Department of Health, and then decide about the play

Provinces: home language distribution

668 Mrs D GOVENDER asked the Minister of Arts, Culture, Science and Technology †

What was the home language distribution in each of the provinces in 1995? N1179E

The MINISTER OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY

The most recent available data are based on the 1991 population census, with the addition of the figures for the former TBVC states in certain cases (Source Van der Merwe I J and L O van Niekerk, 1994 *Language in South Africa Distribution and Change* University of Stellenbosch)

Northern Province	
isiZulu	35 000
Afrikaans	123 000
Sepedi	2 650 000
English	21 000
isiXhosa	9 000
Sesotho	12 000
isiSonja	150 000

The relevant waste management departments should attain some of the data through the National Waste Strategy project which is scheduled to start during 1997

Serious crime investigated by criminal investigation department

649 Mr H A SMIT asked the Minister for Safety and Security †

(a) How many cases of serious crime were investigated in each province by the criminal investigation department of the South African Police Service in (i) 1994 and (ii) 1995 and (b) how many detectives were involved in these investigations?

N1160E

The MINISTER FOR SAFETY AND SECURITY

(a) Province

Province	(i)	(ii)
Natal	309 513	324 151
Northern Cape	60 589	65 751
Eastern Cape	183 765	194 824
Western Cape	96 980	102 171
Orange Free State	148 847	162 142
Free State	32 891	43 989
Far Northern Transvaal	330 208	338 691
Western Transvaal	73 735	85 472
North West		
Northern Transvaal	638 891	666 283

(b) Province

Natal	2 556
Northern Cape	557
Eastern Cape	1 613
Western Cape	1 315
Orange Free State	1 474
Free State	550
Far Northern Transvaal	4 514
Western Transvaal	712
North West	†
Northern Transvaal	

Note TBVC states and self-governing territories are excluded

*Not available

Local governments' arrears rentals/service fees
658 Mr J A RABIE asked the Minister for Provincial Affairs and Constitutional Development †

What did the total amount in arrears rentals and service fees owed to local governments amount to in respect of each province as at the latest specified date for which information is available? N1169E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT

The provincial administrations were asked to furnish the information sought. The following information was received from them

Gauteng	R2 414 948 896,00 (as on 31 May 1996)
Northern Province	R32 087 616,80 (as on 30 April 1996)
Free State	R124 462 557,00 (as on 31 May 1996)
Western Cape	R275 235 960,00 (as on 31 March 1996)
Northern Cape	R81 067 313,00 (as on 31 January 1996)
KwaZulu-Natal	R877 985 314,88 (as on 31 January 1996)
Mpumalanga	No information could be obtained
North West Province	No information could be obtained
Eastern Cape	No information could be obtained

Olympic Games: Minister's visit to Atlanta

701 Dr A P JANSE VAN RENSBURG asked the Minister of Arts, Culture, Science and Technology

(1) Whether he went on an overseas trip to Atlanta, USA, during the duration of the Olympic Games, if so, (a) who invited him, (b) who funded the trip, (c) what was the purpose of his visit, (d) what was the duration of the trip and (e) what was the total cost of the trip, including accommodation.

(2) whether any members of his (a) staff and/or (b) family accompanied him, if so, what are the names of these persons,
(3) whether he attended any official appointments, if so, what appointments?

N1274E

The MINISTER OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY

(1) No
(a)-(e) Not applicable
(2) No
(a)-(b) Not applicable
(3) Not applicable

ANSWERS

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language

Compulsory pre-employment HIV/Aids test

1 Mr C G NIEHAUS asked the Minister of Correctional Services

(1) Whether his Department follows a compulsory pre-employment HIV and Aids testing policy while not making it compulsory for existing employees to undergo such testing, if not, what is the position in this regard, if so, why,

(2) whether this policy has resulted in litigation against his Department, if so, what legal costs have been incurred in this regard by his Department to date?

N1405E INT

The MINISTER OF CORRECTIONAL SERVICES Madam Speaker, the answer to the first part of the question is yes. I need to inform the hon member that on 5 June 1996 the Cabinet decided that the Minister of Defence, the Minister for Safety and Security and the Minister of Health, in consultation with other relevant parties, should meet to discuss the matter of pre-employment testing for HIV and Aids. The Department of Correctional Services requested to be included in this committee, as our policy of pre-employment testing is similar. We must, therefore, wait for this committee to conclude its work and for the Cabinet to take a final decision.

The answer to the second part of the question is no

Mr C G NIEHAUS Madam Speaker, in answer to a question on compulsory pre-employment HIV and Aids testing, Minister Mzimela confirmed that pre-employment testing was part of departmental policy, and he did so today again. It was claimed, in that answer, that it was necessary in order to ensure the safe custody of prisoners. Those applicants who test positive for HIV are not employed.

However, the illogicality of this approach was immediately exposed when later, in the same answer, the Minister stated that it was not compulsory for existing employees of the depart-

ment to be tested. Those who are HIV positive among this group are, in the strange logic of the answer, apparently able to perform their duties, in order to ensure the safe custody of prisoners.

Using these kinds of contradictory arguments, in order to justify pre-employment HIV testing reinforces the unjustifiable and unreasonable assumption that persons with HIV are unhealthy and incapacitated. A person with HIV can live a productive life for many years after infection. It is totally wrong to disqualify people from employment on the grounds that they will become ill at some point in the future.

Pre-employment and in-job HIV testing is entirely undesirable, and I sincerely hope that the Cabinet committee will come to the same conclusion. It is counterproductive in the struggle to contain the spread of the HIV virus and ought to be stopped immediately. It affronts the spirit of the Bill of Rights in our Constitution. It is in breach of the provisions of the National Aids Plan and the Labour Relations Act of 1995. Internationally the World Health Organisation, the United Nations and the International Labour Organisation all agree that pre-employment testing for HIV and Aids is unacceptable and indeed irrational.

Any decision to have an HIV test must be voluntary. In the context of a job application to insist on an HIV test is therefore totally unacceptable, because an applicant who refuses to accede to an HIV test will not be employed, and there are a number of examples of people who have applied to the Department of Correctional Services and who have not been employed because they refused to take the test.

HIV affects millions of people [Time expired]

*Mr W A BOTHA Madam Speaker, the FF has great compassion for any person who suffers from an incurable disease. We also have sympathy and feel sorry for persons who are HIV positive. We realise that there are a lot of people who have contracted the deadly virus through factors beyond their control. We grant them good treatment and the best medical care available.

The FF, however, fully supports the department's policy of not employing people who are HIV positive. It would be irresponsible of the Department of Correctional Services—or, for argument's sake, any other department—to employ a person who has such a sword hanging over his

health. After all, one cannot expect the department to employ somebody with a serious heart problem or perhaps cancer either. No responsible person or business undertaking will employ someone if he or she does not have the potential to render long and stable service to the organisation or undertaking.

The Department of Correctional Services has all the greater a responsibility towards South Africa, the public and the prisoners themselves, to plan and manage in such a way that its staff will always be prepared and, as far as possible, healthy for the performance of this extremely necessary service in a faithful and efficient way. The prisoners also have the right to expect that the persons who work with them, and especially those who prepare their food, are physically healthy.

In the light of this, and because it has not yet been established beyond any doubt in what ways Aids can be spread, the FF would even welcome it if the staff, who are currently preparing food, could also be tested. Any present staff member who is tested HIV positive would naturally have to be treated differently and service that has already been rendered, would have to be recognised.

The FF supports the department in its pursuit of efficient service, and deplores the ANC's assault on this [injections].

THE MINISTER OF CORRECTIONAL SERVICES Madam Speaker, I wish to inform the hon member that an applicant is not an employee. The right not to be unfairly discriminated against in terms of section 8 of the Constitution, is therefore limited in the case of applicants, because section 33 of the Constitution clearly states that "The rights entrenched in this chapter may be limited by law of general application, provided that such limitation (is) reasonable and justifiable." When a person applies for a job he or she is informed, in writing, that a condition of acceptance is proof of a negative blood test for HIV or Aids.

DR S A NKOMO Madam Speaker, hon Minister Mzimela, hon members, I rise on behalf of the Portfolio Committee on Health to lend my full support to the comments made by Mr Niehaus.

I am pleased to inform the House that our two portfolio committees, working together, have managed to achieve substantial policy shifts in relation to prison policy on HIV and Aids, and in fact I have with me a charter on Aids and HIV which I recommend that the Minister should read.

Following our intervention, the Minister agreed to the desegregation of HIV-positive prisoners and to the distribution of condoms in prisons.

I want to give the Minister notice that we do not intend to stop there. We will be closely monitoring the implementation of new guidelines in this area and pushing ahead with our other urgent measures such as the scandalous practice of testing prisoners without consent.

My colleague has laid before the House the ways in which pre-employment testing is an affront to basic human rights and devoid of common sense or scientific logic, placing this country out of step with international standards. It is a policy of paradox and prejudice which must come to an end.

As has been pointed out, this matter affects our other Government departments, and it is important that we should set today's deliberations in a broader context. We have a first-rate national Aids plan, fully backed by the Minister of Health, but we will never make progress unless we adopt a concerted and intersectoral approach.

My own committee will collaborate with colleagues in Government and Parliament to bring this about. I wish to commend Mr Niehaus for raising this important matter today. Thank goodness we have a committee chairperson who is committed to ending the nonsensical barbarity which occurs daily in our jails.

We are appealing to the hon the Minister to join us in ensuring that the human dignity of all South Africans is respected. As my colleague has said, we will raise with the Minister of Health in respect of the necessary legislation. But the Minister can put a stop to pre-employment testing of his own department's employees today. [Time expired.]

MR C G NIEHAUS Madam Speaker, I am surprised that the Minister could think that preventing someone from being employed in the department because that person has tested positive for HIV can be reasonable and justifiable. It is utterly unreasonable, it is totally unjustifiable and it is totally irrational.

Contrary to what the Minister may seem to want to achieve with the pre-testing policy, discrimination against persons with HIV only contributes to the transmission of the virus. Discrimination encourages denial and risky behaviour. It discourages voluntary testing. A false sense of security is

created by thinking that so-called Aids-free working environments can be created, with every bit of authoritative research indicating that this is not possible. It undermines the urgent need for universal Aids and sex education programmes and the development of safe and nondiscriminatory behavioural patterns. [Time expired.]

THE MINISTER OF CORRECTIONAL SERVICES Madam Speaker, I said at the outset that the Cabinet had already decided that the Department of Defence, of Correctional Services and of Safety and Security must look into this matter and make recommendations. Thereafter there would be proper legislation. For anyone to stand up and pontificate as if he were an expert on the issues of HIV and Aids has to go down as a big joke.

Debate concluded.

Medical students' training period extended

2 DR W A ODENDAAL asked the Minister of Health

- (1) Whether she will make a statement on the question of the extension of the training period of medical students by two years, as recommended by the South African Interim Medical and Dental Council,
- (2) whether these recommendations are consistent with her Department's policy in this regard, if not, what is the position in this regard, if so, to what extent?

N1402E INT

THE MINISTER OF HEALTH Madam Speaker, hon members, the Interim National Medical and Dental Council of SA decided, at its meeting on 22 and 23 July 1996, to introduce a system of postgraduate vocational training for medical practitioners. This has been done in the public interest to ensure that doctors are sufficiently prepared, in all relevant areas of modern medicine, before being able to practise without any supervision.

This will mean that newly qualified doctors will have to spend a further two years, after their internship, working under supervision before being able to enter into independent private practice. The council further decided that this should be implemented from January 1998, and it will therefore apply to doctors doing their internship in 1997.

The Department of Health supports this decision and has, together with the provinces, undertaken

to do everything it can to ensure that suitable posts and adequate supervision are available to enable this system to be implemented successfully in 1998.

Among the reasons for introducing this system are the tremendous expansion in medical knowledge, the disquieting tendency for an increasing number of young doctors to move directly to independent practice immediately after their internship, and the unanimous view of the deans of the medical schools that their graduates are not ready for independent practice immediately after internship. It is of interest to note that this has been introduced and recognised in many other countries in the world. An estimated 70% of young doctors already spend some time in hospitals after internship. The major change for them is likely to be that now this time will be part of a structured programme.

The Department of Health would like to see as many doctors as possible doing higher diplomas, in areas of special interest to them, during their two years of postgraduate vocational training. This would further raise the standard of medical practice in South Africa. Many details will have to be worked out before the system is implemented in 18 months' time, and the SA Interim Medical and Dental Council has appointed a task group to look at the structuring of the detail of the proposed system of vocational training.

DR W A ODENDAAL Madam Speaker, I would like to point out to the Minister that the decision of the SA Interim Medical and Dental Council to extend the so-called vocational training period for medical students by an extra two years was forced through the council with the aid of a large number of lay persons who were imposed on the council by this Minister, only two years ago, when she amended the Act. She actually intimidated the council into taking the decision so that she could hide behind the council's decision, as she is now doing.

The decision taken by the council is nothing but a cover-up for a secret plan of the ANC Government to force young medical students to do cheap conscription service for two years. What about the other professions in this country? Why pick on the medical students? The Minister says she supports the decision, but she is overlooking the fact that most of these students have huge study loans to repay after they have qualified. Now they have to do an extra two years of cheap hard labour, before they can even start substantially paying off their

1789

WEDNESDAY, 28 AUGUST 1996

ANSARD

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(3) It was impossible to consult the family in regard to the release of the body. Furthermore, had the family been contactable, the body would simply have been released to the family in the usual way. Another unclaimed body would have been provided to the University at a later date.

*14 Dr R T RHODA asked the Minister of Health †

(4) No

Truth and Reconciliation Commission: costing

*13 Dr F J VAN HEERDEN asked the Minister of Justice †

(1) Whether his Department has done a costing in respect of the costs of the Truth and Reconciliation Commission, if so, what did the costs amount to during the period 1 January 1996 to 30 June 1996,

(2) whether he will make a statement on the matter? N1357E

The MINISTER OF JUSTICE

(1) Yes. A preliminary budget was prepared by my department before the Commission commenced operations. In terms of Act 34 of 1995 the Commission is funded by Parliament and is required to report to Parliament on its expenditure.

• Section 46(5)(a) of the Act provides that the Commission must, within three months from the date of appointment of the Commissioners, prepare its estimate of revenue and expenditure. This must be submitted to the Minister of Justice for its approval which is to be granted in concurrence with the Minister of Finance. Thereafter it is to be submitted to Parliament. In terms of section 46(3) Parliament appropriates the necessary funds for the Commission.

• Section 46(2)(a) provides that the Chief Executive Officer of the Commission shall be the accounting officer in respect of all state monies.

• Section 45(2) also provides that the Commission shall submit to Parliament half yearly financial reports.

I am informed by the Financial Director of the Commission, that the Commission's expenditure incurred for the period

1791

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New tender procedures

*16 Mr K M ANDREW asked the Minister of Finance

Whether the new tender procedures permit the waiving of the requirements for security to be provided by or on behalf of a successful tenderer, if so, (a) in what circumstances will such requirements be waived and (b) what measures are being taken to ensure that the State does not suffer a loss if the successful tenderer subsequently does not meet his or her obligations or is otherwise in default? N1360E

The MINISTER OF FINANCE

Yes. (a) Only for building and construction contracts less than R100 000 in value.

(b) Contractors are only paid for work completed. Should a contractor not meet his or her obligations or be in default, the contract is terminated and new tenders/quotations invited. Losses, including advertising costs in respect of new tenders, is recovered from retention money.

Charges of misconduct against certain person

*17 Mr K M ANDREW asked the Minister of Trade and Industry

Whether a certain person, whose name has been furnished to his Department for the purpose of his reply, has been investigated for charges of misconduct, if so, (a) what was the nature of the charges, (b) when was the investigation completed, (c) what was the outcome of the investigation and (d) what action has been taken as a result? N1361E

The MINISTER OF TRADE AND INDUSTRY

An investigation into certain allegations of charges of misconduct against the person concerned was instituted by the Department of Trade and Industry. These allegations related primarily to a previous internal personnel matter concerning another employee of the Department. The person concerned was, on account of his position as the previous head of personnel of the Department, directly involved in internal disciplinary matters. This involvement resulted in the said other employee accusing the person of *mala fides*. These accusations eventually formed the subject mat-

ter of the misconduct investigation which was instituted against the person concerned.

The aforesaid investigation was completed during February 1996 and the outcome of the investigation as that no grounds for a charge of misconduct against the person concerned could be found. Accordingly, no misconduct proceedings were instituted by this Department against the person concerned.

Hospitals: management decentralised

*18 Mr M J ELLIS asked the Minister of Health

Whether her Department intends introducing measures aimed at decentralising the management of public sector hospitals, if not, why not, if so, (a) what specific measures are envisaged, (b) what aspects of management are to be decentralised and (c) what progress has been made in this regard? N1362E

The MINISTER OF HEALTH

Proposals to decentralise the management of all public sector hospitals have been developed by the Hospital Strategy Project, working closely with the Department of Health and all the Provincial Health Departments.

The final report of this project, including the recommendations on decentralising management, is a very lengthy document and is currently being studied by the Minister and the MECs. It will be discussed by them at a meeting scheduled for 19 and 20 September. Further information can be supplied after that meeting.

Performances of Sarajina II (92)

*19 Mr M J ELLIS asked the Minister of Health

(a) How many performances of *Sarajina II* took place during the period 1 December 1995 up to the latest specified date for which information is available, (b) in respect of each such performance, (i) where did it take place, (ii) how many persons attended it and (iii) what were the takings from entrance fees and (c) what was the total amount received in entrance fees to the play during this period? N1363E

The MINISTER OF HEALTH

(a) 64 shows

Government bid to save Sarafina's bus

By ANDRE JURGENS and GEORGE MAHABEER
(92) 5119196

EMBAITLED Minister of Health, Dr Nkosazana Zuma, is trying to stop the sale of a R1-million luxury bus — Sarafina 2's only known valuable asset

Her department has instructed Kwazulu Natal's acting senior state attorney to save the bus as creditors demand payment of debts incurred by Committed Artists, the company belonging to the AIDS play's producer, Mbongeni Ngema

Two judgments against Ngema and his company have been passed in the Durban magistrate's court and summons for thousands of rands have been issued. Committed Artists was evicted from its Durban offices last week for failing to pay R25 782 in rent

Barlow's Natal Motor Industries has attached the bus after being awarded a R48 732 judgment against Ngema and Committed Artists in June. The bus was repaired this year but Committed Artists never paid the bill

The luxury 46-seater coach, which boasts air-conditioning, toilets and a sophisticated sound system, is now parked at Natal Motor Industries' depot near Durban

Ngema could not be reached for comment this week, but acting senior state attorney Andre Crozier said he had received instructions from the Department of Health to act in connection with the attachment of the bus. "The department is claiming ownership of the bus," he said. "I cannot comment further and all questions should be directed to the Department of Health"

However, Zuma's spokesman, Vincent Hlongwane, refused to comment on both the financial fiasco surrounding Sarafina 2 and the wrangle over the bus

He said stakeholders were winding down the play. "At the conclusion of this process, Dr Zuma will be given a full briefing of developments. We will then be in a position to make a statement"



LAYING DOWN THE LAW . . . messenger of the court officials remove goods from Mbongeni Ngema's Durban office to cover an alleged trail of debts
Picture: RICHARD SHOREY

Ills hide minister's healthy progress

(92) ST 1/9/96

By PAT SIDLEY

PRESIDENT Nelson Mandela this week defended the Minister of Health, Dr Nkosazana Zuma, saying she was a good minister who needed to be allowed to get on with her work. But what has Zuma actually done to give him this impression?

In two years of office, she has

- Introduced free primary health care for all,
- Introduced free health care at all levels for children under six, their mothers and pregnant women,
- Re-allocated the health budgets to give health care to areas which previously had none,
- Built or refurbished hundreds of primary health care clinics,
- Administered feeding schemes for children. Where these work, they draw children to school,
- Introduced a national drugs policy,
- Pulled in foreign doctors to plug massive staffing gaps,
- Squeezed the cabinet into drastically raising doctors' salaries, and paying them overtime, and
- Paved the way for the introduction of fluoride to water, which will improve oral health.

Even some of Zuma's constant detractors in the medical profession say she is the country's first health minister who has had the will and resources to bring health care to those who need it most

Although free health care has strained the system, initial evaluations show it has been beneficial

The National Drug Policy will end many abuses in the market place and put a stop to doctors dispensing where pharmacists can do the job. A stipulated fee will end profiteering on dispensing and the Essential Drugs List has been introduced to cut down the government's unnecessary spending on drugs

While controversial, many people in health care have welcomed the Cuban doctors brought to South Africa by Zuma. Their selection and placement has been accompanied by massive salary hikes for public sector doctors in a bid to draw back those lost to the private sector.

But Zuma's terrible public relations and her dogged determination to shoot herself in the foot over the controversial AIDS play, *Sarafina 2*, have obscured any accurate appraisal of her department's achievements.

The scandal has also ensured that priority projects such as the AIDS programme and the Hospital Strategies Plan, have been slowed drastically and in some cases derailed. Zuma and her department have displayed some glaring errors of judgment, a desire to rush ahead with ill-thought-out intentions and a consequent need to apply brakes and start all over again

All of this has slowed her progress considerably — and unnecessarily

Jobs lost, but new factories open

Clothing industry survives strike over wages ARG 4/9/96

ESTELLE RANDALL
Labour Reporter

NEW clothing factories opening in the Western Cape outnumber those that have closed since last month's clothing industry strike, but nearly 5 000 jobs have been lost in the past year

Fears that the clothing industry's first national wage strike last month would cause large-scale factory closures in the Western Cape do not appear to have materialised

Employers admitted wages were low, but said the increases being demanded could not be met in an industry threatened by cheap imports from Asia. But they later agreed to the 10 percent package increase

the Clothing and Textile Workers Union had demanded, and back-dated it to July 1

Only four Western Cape factories employing about 52 workers have closed since the strike

Clothing Industrial Council secretary Dawie Ackerman said the closures resulted from applications for liquidation.

"Small places come and go all the time," said Mr Ackerman. "It's very easy to open a clothing factory"

He said that during the same period 22 new factories providing jobs for 148 people had opened in the Western Cape.

There had been an estimated 10 percent drop in the number employed in the clothing industry in the year ending June. In

June 1995, there were 415 clothing manufacturers with 49 000 employees registered with the industrial council, and in June this year there were 393 manufacturers with 44 282 employees

Mr Ackerman said the law required manufacturers to give the council seven days' notice of their intention to apply for provisional liquidation. But this did not stop manufacturers from going ahead with closures.

"We would like to see changes as soon as possible to the existing legislation on insolvency," Mr Ackerman said

He knew of proposed changes to the Insolvency Act, and the council would lobby employers and trade unions about making joint representations

Show 'harmful' AIDS workers'

JENNY VIALI
Health Reporter

THE musical *Sarafina 2* has done immense damage to people working in the AIDS field, says chairman of the National AIDS Convention of South Africa Peter Busse

The lack of transparency as well as the controversy surrounding the play had demoralised them, he said yesterday

Mr Busse was a member of a delegation from the convention which briefed the National Assembly portfolio committee on health

He said people with HIV (human immuno-deficiency virus), which can lead to AIDS, faced a lot of unfair and irrational discrimination. A ban on testing people for HIV without their consent and a ban on pre-employment testing were two areas in which legislation was urgently needed

"AIDS is not a health issue. AIDS is an issue for every citizen of this country to address"

Groceries for child sex 'rife' in W Cape town

CLIVE SAWYER
Political Correspondent

A LARGE number of schoolgirls in a Western Cape town were involved in a sex ring where abusers bought them groceries in return for favours, a parliamentary committee on welfare has been told

Many parents, especially mothers, were aware of the situation but allowed it to continue, said Alan Jackson, director of the Cape Town Child Welfare Society

Some teachers and even police were aware of what was happening, but turned a blind eye because it had been happening for many years

This illustrated the extent of child abuse in semi-rural areas, Mr Jackson said

The name of the town was not disclosed in the submission to the committee

Mr Jackson told the committee that in 1995 the police Child Protection Unit had reported

an increase of more than 20 percent in cases compared to 1994

A number of factors could be contributing to the reported increase, including greater publicity about child abuse, and recently-increased capacity on the part of organisations, the police and the courts dealing with the problem

"The extent of the problem is not known ... the conspiracy of silence surrounding this issue means we might never know the extent of the problem"

Mr Jackson said the situation in the Western Cape town was one in which the difference between right and wrong had become blurred and where sexual abuse had become accepted as the norm

It was also a situation which was unlikely to be solved by the usual legal methods alone

Mr Jackson said an awareness campaign and a debate at community level were essential to combat the problem

Anger as only 14 MPs attend talk

ANEEZ SALLIE
HEALTH WRITER

LOCAL members of Parliament are seemingly not putting their mouths where their money is when it comes to the fight against Aids

This emerged yesterday at a meeting of the National Assembly Portfolio Committee on Health in the Good Hope Chamber at Parliament, called to hear a presentation by the National Aids Convention of Southern Africa (Nacosa) on the pandemic

Only 14 parliamentarians, all members of the committee, responded — although Mr Poovan Moodley of Nacosa's national lobbying office said 490 personal invitations had been sent to MPs of all parties

"We are not only disappointed by the turnout," he said in a presentation to the committee, "we are angry. It is an indication of what we are up against."

Committee chairman Dr Abe Nkomo was equally concerned, although he said most of his colleagues were tied up in a myriad of other committee meetings

Even the co-chairman of the special health committee sitting, Dr Essop Jassat, had to leave mid-stream to excuse himself from a

MOTHER TELLS PARLIAMENTARIANS OF ANGUISH

HIV/Aids 'like new form of apartheid'



A MOTHER who has lost her husband and baby daughter to Aids told members of Parliament yesterday that her dearest wish was that her HIV-free son would be treated as a normal child, reports Health Writer ANEEZ SALLIE.

THE anguish, pain and humiliation inflicted on HIV/Aids sufferers in a new form of "apartheid" was outlined yesterday in a moving address to a parliamentary committee by a mother living with the virus

Raghnat (not her real name) had a simple request after she had told her story, which included the death of her Aids baby this year

"All I want is for my other child, a perfectly healthy, virus-free boy of seven, to be treated like any other, normal child," she told a specially arranged meeting of the National Assembly's portfolio committee on health "Surely that is not too much to ask for?"

Raghnat was part of a delegation from the National Aids Convention of South Africa (Nacosa) invited by the committee to present a report

All her pleas for her son had been rejected, she said

"Three times my boy has been kicked out of school, because I am HIV-positive

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"I felt very scared and alone. I had to think of my parents and my husband, and how I was going to tell them."

She had decided not to tell anyone

"I gave birth to a pretty little girl, the prettiest in all the world," she said, although she acknowledged that all babies were beautiful

Instead of the moment of the birth being cemented forever by sympathetic health workers, she was left lying in a lonely hospital bed for seven hours, in pain and bleeding, before a nursing sister on night duty had stitched her up

Others had refused to touch her, despite her appeals, because they had found out she was HIV-positive

That had been only the start of a series of humiliations and violations of her basic human rights, she told the committee, several members of which dabbled their eyes at regular intervals during her address

Afterwards she was comforted by, among others, committee member Mrs Albertina Sisulu

When Raghnat was taken home with her new baby she had her first taste of the pain and anxiety of living a double life

Her family and friends had flocked to celebrate the precious new life

"But I was looking at all this excitement, and worrying about this something

inside of me, this worry about what was really going to happen to my baby," she said

After three months the baby had tested positive and this had been confirmed at 18 months by a decisive test

At the same time Raghnat's happy, stable life had come apart at the seams. Someone had informed her husband that she had tested positive, and he had promptly kicked her and their two children out of the house

She had not been able to seek refuge with her parents, because they had not known about her predicament

She had then gone to the Salvation Army, and through them to a sympathetic woman doctor, an Aids activist, who had taken her in for a few months while she struggled to maintain her dignity, if nothing else

Before long she lost her job when her employer discovered her secret condition

Raghnat was almost out on the streets, with no permanent home, no family or friends, no job or money, and two children to care for alone — one a desperately sick baby

A short while later her

husband had tested positive too, but he had already developed Aids

In this way the mystery of how she had been infected with the virus had been solved.

He had become very sick and Raghnat and the children had moved back in with him, primarily to care for him

He had died not long afterwards, and Raghnat's daughter had followed him on May 1 this year

Raghnat now works for the National Association of People Living with Aids, where she helps counsel some of the tens of thousands of other mothers in a similar situation

UN bid to jack-up anti-Aids fight in Africa

BY JANINE SIMON

Southern and East African countries have only pockets of activity against the raging HIV-Aids epidemic and need to take these to a national and regional scale

This was according to a United Nations AIDS (Unaids) task team which visited six countries in the region last week, ahead of setting up regional offices of the UN programme in Pretoria next year

Unaids is a joint United Nations programme on HIV-Aids pulling together six UN agencies - including World Health Organ-

sation, World Bank, Unicef and Unesco - to respond to economic and social issues of the epidemic.

Faustin Yao, leader of Unaids in Geneva, said African countries had done a lot in response to the epidemic. But most work was in small scale interventions with limited impact, for example, work with groups of truck drivers and prostitutes and the social marketing of condoms such as Lovers Plus in South Africa.

These all needed to be taken to larger scales as the epidemic was still raging in Africa, he said

In Zaire up to 50% of people

(92) Star 4/9/96
dying in hospital beds were infected with HIV. In Zambia 20% of byelections held were to replace politicians killed by Aids. In Botswana 50% of patients in major referral hospitals were HIV positive

Unaids will set up an inter-country team in Pretoria next year to develop an inventory of regional networks and "best practices" operating against the epidemic

It would also broker collaboration between successful initiatives and be active on cross border issues such as transporters spreading the virus

Identity of Sarafina donor revealed to public protector

WILLIAM-MERVIN GUMEDE
STAFF REPORTER

The identity of the mystery donor who has promised R10,5-million to rescue the AIDS-awareness play, *Sarafina 2*, has been revealed to Public Protector Selby Baqwa, who is deciding whether to make the name public.

Health Minister Nkosazana Zuma was summoned to a meeting with Mr Baqwa today to answer questions on the secret donor, whom she claimed had pledged R10,5-million towards *Sarafina 2*.

Deputy Public Protector Tinus Schutte said Dr Zuma had disclosed the identity of the donor.

"The public protector will use his own discretion, based on the evidence, about whether to make public the name of the donor," Dr Schutte said. He said the investigation would be wrapped up

ARG 5/9/96 (92)
later today, and added "The public protector's investigation focused on the secrecy behind the donation, and whether taxpayers' money has been misused."

Health department spokesman Vincent Hlongwane confirmed the meeting and said documents had been handed to Mr Baqwa.

"Dr Zuma has given her full co-operation in the investigation and has handed over all the documents requested by the public protector," Mr Hlongwane said.

Auditor-General Henri Kluever has urged Mr Baqwa to speed up his investigation. Mr Kluever said he would consider his own investigation if he was not satisfied with the outcome of Mr Baqwa's

Malcolm Sermon, the Cape Town lawyer who says he represents the secret donor, said his client "still insisted his name not be made public."

Zuma hands over Sarafina 'donor' details

PRETORIA· Health Minister Dr Nkosazana Zuma yesterday gave Public Protector Mr Selby Baqwa documents about the secret donor who offered to pay the bulk of the costs for the controversial Aids play Sarafina 2. (92)

Baqwa said another meeting with the minister was scheduled for this morning, as the investigation was not complete.

"I hope to have the outcome (of the investigation) after (today)," he said. ET 5/9/96

The investigation was started on Monday, after Baqwa received complaints from the Democratic Party, the Sunday Times and 702 Talk Radio.

The DP had asked Baqwa to probe the donor who offered Zuma R10,5 million to cover the bulk of the costs of Sarafina 2.

After the minister had refused to disclose who the donor was, DP spokesman Mr Mike Ellis said the money could be from a pharmaceutical company — Sapa

SARAFINA DONOR

SUSPICIOUS DRUG TENDER

FM 6/9/96

(92)



Is Indian pharmaceutical giant Ranbaxy the mystery donor of R10,5m to bail out *Sarafina 2*? It says emphatically no. But the circumstances surrounding its receipt of a large drug tender curiously deviate from established procedure and are to the company's advantage.

Ranbaxy's multimillion rand awards in Tender No RT 301/96 — government's antibiotics tender — has caused an uproar in the SA pharmaceutical industry.

The total value of the tender is estimated at R121m and Ranbaxy's slice is R12m to date.

While registration of a new supplier's drug normally takes more than a year, in Ranbaxy's case the Medicines Control Council apparently approved the registration of two of its products, amoxicillin and ampicillin (generic antibiotics) in about a third of the time.

Zuma returned from India in November, enthusiastic about its ability to supply medicines to the public sector at prices much lower than producer prices here where higher wages inflate costs. The Health Department, she said, would consider buying these drugs from India.

The fast track registration of Ranbaxy's drugs occurred in February, coincidentally with the breaking of the *Sarafina* financing scandal.

SA's current prescription market at R2,37bn could soar to R4bn next year.

Democratic Party MP Mike Ellis says speculation is rife that the donor "is a company involved in generic medicine and that payment has been delayed because regulations have not yet been finalised in view of the public outcry."

Ranbaxy's presentation of its dossier to register its generics with the Medicines

Control Council coincided with Zuma's Indian visit. Invitations to tender for RT 301/96 were due to close at 11 am on March 14. Ranbaxy's amoxicillin and ampicillin registrations came through just 15 days before the deadline — on the very day (February 28) that the Democratic Party called for Zuma's suspension for failing to account for the costs of the controversial Aids musical. The tender awards were made on June 10, just days after the news that a mystery donor was to provide R10,5m for the *Sarafina* bail-out.

Amoxicillin, a widely used antibiotic, was developed by Beecham — now SmithKline Beecham — and after its patent expired most of the major drugs companies started producing their own generics. There are about 27 varieties on the SA market. An SAD factory in Port Elizabeth, the largest independent penicillin facility in the country, makes amoxicillin under the brand name Moxypem. Its future, says Nel, is threatened, with the likely loss of 150 jobs, because of this tender allocation.

The company's concern was raised with the DTI during a meeting aimed at improving relations between government and the pharmaceutical industry. Also there were representatives of the Department of Health, labour unions and manufacturers.

Dr David Walwyn, who heads the DTI chemicals section, says of the Ranbaxy awards: "This is a very delicate matter. The Department of Health can do what it wants in the case of how it awards its tenders."

"The particular conditions around the award of the Ranbaxy tender were quite contentious, in that there were certain procedures followed which were unusual."

"They were not unethical or unlawful, just unusual."

"The main problem was that the registration was fast-tracked through the Medicines Control Council."

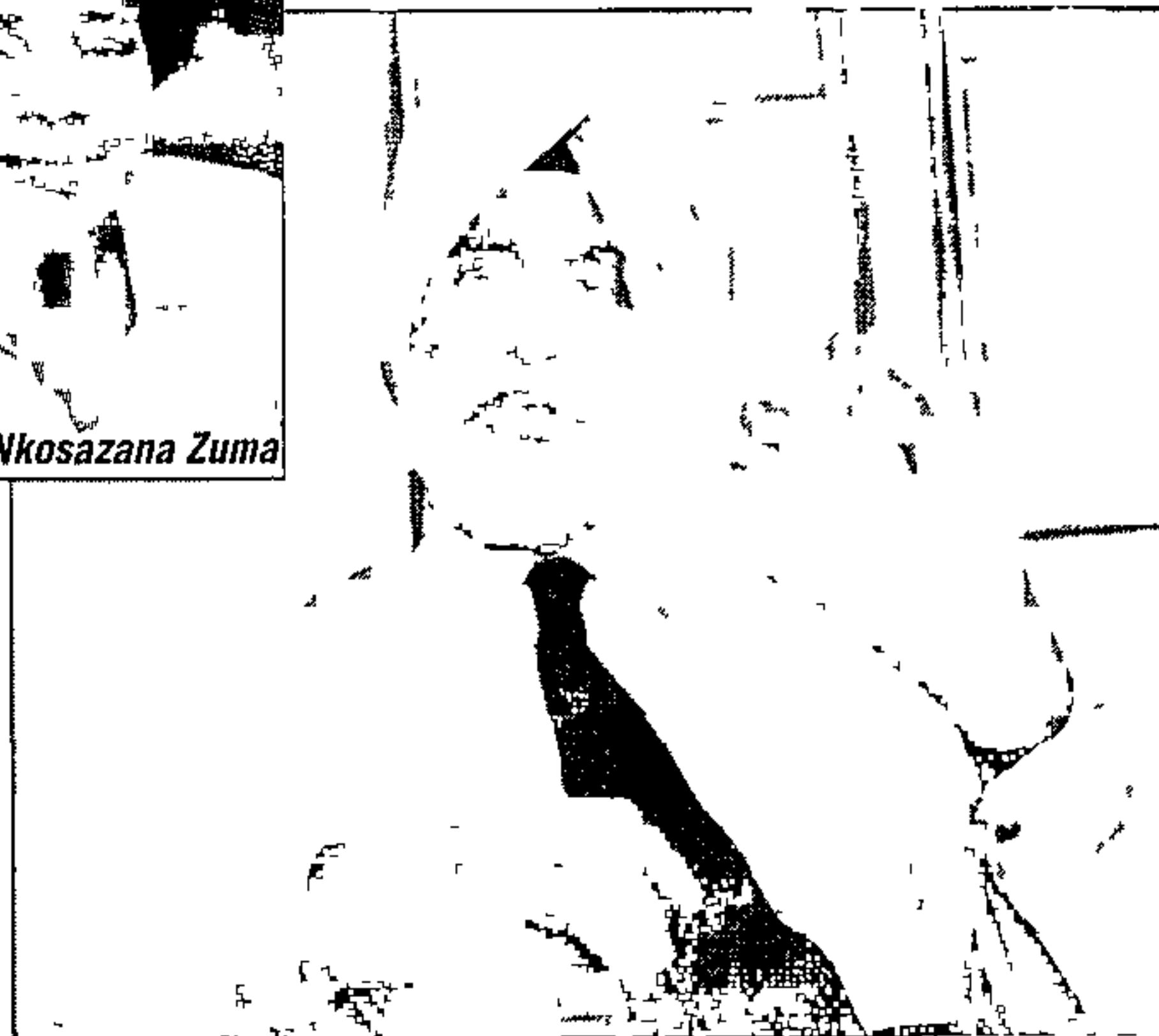
When the Health Department's representatives were called to a meeting on August 21 to justify the award, they did not turn up.

Pharmaceutical Manufacturers' Association's Mirryena Deeb claims "We are unaware of any legal mechanism to fast-track the registration procedure and therefore we would question its legality."

Ranbaxy's chairman and MD is Dr Parvinder Singh. The company's turn-



Nkosazana Zuma



Parvinder Singh generic guru

By arrangement with The Times of India Group

On August 24, Cape Town attorney Malcolm Sermon was identified as the donor's representative. Refusing to reveal his client's name, Sermon said that the terms had not been finalised.

South African Druggists (SAD) says it has asked the Department of Trade & Industry to question the tender price. Korbus Nel, CE of Pharmacia, SAD's pharmaceutical arm, says "We are unhappy about the allocation of this tender and the onslaught from Indian companies. If they import cheap products they could put local companies out of business."

over is US\$245m and according to the memorandum of association of its UK subsidiary a primary objective is to "apply for, purchase or otherwise acquire secret or other information which may seem capable of being used for any of the purposes of the company"

It is rapidly expanding worldwide and has operations in Malaysia, Thailand, Nigeria, Hong Kong, the Netherlands and Ireland

Ranbaxy's president (pharmaceuticals) D S Brar, speaking from New Delhi says "We would not like any publicity of this award because there was an orchestrated campaign launched by one of the leading manufacturers in SA. They had raised some issues that the prices are low"

Asked if Ranbaxy was the mystery *Sarafina* donor, he replied "I don't know what kind of rumours are flying around I'm sorry, but we will not be able to discuss rumours. What's the link of the movie (sic) with the tender?"

The company formed a local subsidiary, Ranbaxy SA, on March 17 1993. Prior to the Zuma award it had been unsuccessful in tender bids here

Last year there were discussions with Thebe Health Care over a joint venture. But a deal was never struck

Rajan Sethi, who describes himself as country manager for Ranbaxy in SA, says "I've never even met Dr Zuma". Asked if his company was the mystery *Sarafina 2* donor, he says "Absolutely not" *Jack Lundin*

SA AIRWAYS



CHOCKS AWAY

FM 6/9/96

At last SA Airways (SAA) is to go ahead with its R3,4bn contract for seven Boeing 777 and two Boeing 747-400 aircraft ordered last year. And the aircraft will be fitted with the Rolls-Royce engines originally specified

The order was put on hold by newly appointed Transnet executive director Zukile Nomwete shortly after his appointment in March. He was reportedly dissatisfied with the choice of engine, and wanted to renegotiate the contract

He also claimed SAA could not afford the aircraft. It lost an estimated R100m in the first quarter of its financial year, April to June. But industry pundits say part of this was probably due to the R60m paid to Boeing as progress payments

Nomwete's actions cost SAA its place in Boeing's manufacturing queue. Industry sources in Seattle say it is now too costly for the airline to cancel the contract. It has already made two progress payments of over R60m which will be lost

A source at Rolls-Royce in Derby, England, confirms Rolls-Royce engines "are the preferred choice," and says the business is back on track. However, SAA CE Mike Myburgh refuses to talk. Nomwete was not available for comment, nor was Boeing's sales director for Africa Tom van der Hoven

Affordability, analysts say, should not be the issue. SAA's combined losses for

its first four financial years in this decade, which ended on March 31 1994 amounted to R254m

In financial 1995 — when it lost R80m in its first quarter — the airline made a profit of R217m. Its profits for financial 1996, which have not yet been announced officially, amount to R340m

But if it is cash strapped, one option will be to lease the aircraft directly from Boeing. That will entitle it to buy spares at user prices

The alternative, which it should certainly not envisage, will be to lease its aircraft from a third party. That will entitle the third party to buy the spares SAA needs from Boeing at user prices, and sell them to SAA at a profit

There is another option. A strategic partner could be found for the airline, and whatever it pays for its shares can be used to buy the new aircraft. There has been much talk of finding a strategic partner for SAA. The unions have objected to the concept, but if SAA's holding company Transnet wants to pursue that path, it will have to commission someone to determine SAA's value

SAA cannot afford to wait for the fleet additions any longer. Without them it will not be able to compete with large international airlines trying to wrest market share from it on several routes

Its Boeing 747-200s are more than 20 years old. They aren't as fuel efficient as the 747-400s its competitors are using, and cost more to maintain. The two 747-SPs it is still operating are even older, cost more to maintain, and accommodate only 300 passengers, as against 400 in the other 747 versions, which means they produce less revenue per flight

The Boeing 777s on order also take about 300 passengers, depending on the configuration chosen, but will be much more profitable. They use modern technology and cost substantially less to operate and maintain ■

MOTOR INDUSTRY



SURVIVAL OF THE FITTEST

FM 6/9/96

One in three new-vehicle dealers in SA must go if the rest are to survive, says McCarthy Motor Holdings director Ray Nethercott

Most of the casualties have to be in metropolitan areas, where there are too many dealers chasing too few sales, says Nethercott, who is also immediate past president of the National Automobile

PETROCHEMICALS

TAIWANESE LARGESSE?

Details of a "plastics park" near East London and of a US\$3,5bn joint venture petro-chemical complex on the coast are contained in a proposal submitted by a Taiwanese delegation led by Vice-Minister Hsu Li-teh

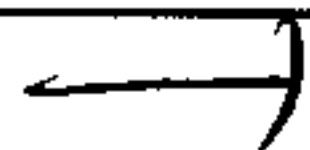
Hsu says his country is expecting a re-orientation "by the end of September" and is encouraged by the SA government's attitude towards the 50-50 partnership plan, "which is calculated to create about 80 000 jobs". He is cautious not to pre-empt any details

John Walwyn, director at the Department of Trade & Industry's chemical and petrochemical industries desk, "The proposed park will involve clusters of plas-

tics manufacturing plant, using polymer feedstock to produce goods for the local construction industry as well as commercial products possibly targeted at Eastern markets"

He says the park is a separate proposal from the petrochemical complex and could use feedstock produced at the complex. He adds there are five Taiwanese players involved, but that SA industry will have to respond, as government will not play a direct role

"The current proposal looks more hopeful than discussions which took place last year. It's also possible there could be local takers for the joint venture proposal," Walwyn adds ■



Sarafina 2 donor known

Sowetan 6/9/96 (92)

By Joe Mdhlela
Political Reporter

THE identity of the mystery philanthropist who is to bail the Department of Health out of a R10,5 million bill for its controversial *Sarafina 2* Aids musical has been established, but it was not in the interest of the person to name him, Public Protector Mr Selby Baqwa said yesterday

Baqwa disclosed that the donor is a white South African businessman who had donated the R10,5 million "in order to give tangible assistance to the fight against the scourge of Aids"

He said the donor preferred to remain anonymous "He has, in fact, made anonymity a condition of the donation."

The donor had known Health Minister Nkosazana Zuma "for some time and has sympathy with some of the health problems she has to solve"

Right to privacy

Baqwa said he had been assured by both Zuma and the donor that his business had nothing to do with health. "or anything that could logically connect it with the Department of Health"

"He (the businessman) bases his request

to remain anonymous on his constitutional right to privacy, the protection of his commercial interests and his family He is aware of the controversy that has surrounded *Sarafina 2* and is keen that this should not disrupt his life and the life of his family," said Baqwa

Zuma has come under attack both from inside and outside Parliament for allegedly mishandling the *Sarafina 2* controversy

The Democratic Party and the Pan Africanist Congress have called for her sacking

Baqwa concluded his investigation into the play yesterday

'Sarafina 2' donor will remain anonymous

Star 6/9/96 (92)

By JOVIAL RANTAO
Political Correspondent

The donor who agreed to fork out over R10-million to rescue the Aids awareness play *Sarafina 2* is a white South African businessman who has reiterated his desire to remain anonymous, Public Protector Selby Baqwa said yesterday.

Baqwa would not reveal the name of the businessman who, he said, has made anonymity a condition of the donation.

"He bases his request to remain anonymous on his constitutional right to privacy, the protection of his commercial interests and the protection of his family

"He is aware of the controversy that has surrounded *Sarafina 2* and is keen that this should not disrupt his life and the life of his

family. The donation is being made for philanthropic reasons, to assist in the fight against AIDS.

"He has known the minister of health for some time and has sympathy with some of the health problems she has to solve," Baqwa said.

He ended weeks of political pressure on Dr Nkosazana Zuma to disclose the identity of the businessman.

Baqwa investigated the matter after receiving complaints from the media and the Democratic Party.

The Star was told that the donor was still willing to honour his undertaking to give Zuma's department R10-million as a refund for the part of the R14-million used on the controversial play.

What he did not want was for

this money to be given to playwright and producer Mbongeni Ngema.

Baqwa said he had been assured by both Zuma and the donor that his business had nothing to do with health, health products or anything logically connecting it to the health department.

"Having been assured by both Minister Zuma and the donor, and having found nothing to indicate any undue benefit to the donor or improper conduct on the part of both parties, I have not been able to find any compelling reasons to disclose or to recommend the disclosure of the name of the donor.

"To do so would be acting unconstitutionally on my part, or a violation of his constitutional rights," Baqwa said.

Teen sex - a matter of life and death

South African youth is 'sitting on an AIDS time bomb'

(9a) ARG 7/9/96

ADELE BAILETA
STAFF REPORTER

A staggering 40 percent of all South Africans who fall pregnant are teenagers under the age of 19. And the virus that causes AIDS is most prevalent among 15 to 29 year olds, with young women at most risk.

According to a recent report South Africa's youth are sitting on an AIDS time bomb, with predictions that by the year 2000 a total of 3,7 million people will carry the human immuno-deficiency virus, and in that year about 200 000 people will die of AIDS-related illness. People between the ages of 16 and 30 will be the worst affected by the epidemic, representing 72 percent of all infections.

Health workers say that with this grim prospect in mind, sexuality education - regarded as essential to help reduce teenage pregnancies, to give the real facts on HIV infection and AIDS and to demystify contraception - is largely dependent on the goodwill of the principal or teacher. Although it is part of the draft education bill it is still not part of the national curriculum and many schools do not have HIV-awareness content in their youth preparedness, life skills or guidance curricula. This is the case even at exclusive private schools.

Health workers fear that with teachers being retrenched, the little sexuality education that is available, most often by guidance teachers, may dry up in favour of maths and science instruction.

A recent report into teenage sexuality highlighted the plight of young people

who are told not to have sex and not to fall pregnant without being given information and skills to equip them for the reality of their lives.

The study, conducted by the National Progressive Primary Health Care Network (NPPHCN) and entitled *Youth Speak Out For A Healthy Future*, found that teenagers were constantly "bombarded" with contradictory messages from their parents, religious leaders, the media and their peers.

Positive self esteem was impeded and "young people often had to make decisions about sex in the absence of accurate information and without being able to discuss their concerns and feelings".

It found that 330 to 400 of every 1 000 births in South Africa were to young women and girls under 19 years. The rate of HIV infection in South Africa was about 7,57 percent - about 1,2 million people - with KwaZulu Natal having the highest rate at 14,35 percent. The estimated doubling period (the time it takes for the prevalence in the population to double) was 12 months. The rate of infection for 15 to 19 year olds was 6,47 percent.

The study investigated the experiences, perceptions and attitudes to sexuality among young South Africans between the ages of 10 and 20, of both genders and all population groups.

The study, the first comprehensive national report on youth sexuality to be

conducted in South Africa, confirmed that many young people across population groups were sexually active from an early age. Study participants felt there was enormous pressure from peers and the media to engage in sexual activity.

It noted that teenage mothers, unemployed and locked into a situation of unwanted motherhood and poverty. The study found the maternal mortality rate was almost double for women under 20 and young pregnant women encountered specific health risks such as hypertension and difficult labours. The children of teenage mothers faced a high risk of death, abandonment, unstable care and failure to thrive.

The report stated that "one in every five adolescent mothers giving birth had not been seen by even one health professional during her pregnancy". About 200 000 illegal abortions were performed annually in unacceptable conditions. In a survey of 55 hospitals in 1994, the Medical Research Council reported that an estimated 44 686 women presented themselves to hospitals with incomplete abortions every year, the vast majority of them caused by illegal abortions.

According to the NPPHCN, a total of 1 479 legal abortions took place in 1993, of which 67 percent were performed on white women. Of the total, 21 percent were performed on young women aged

between 10-19 years.

Researchers found that although knowledge of HIV and AIDS among young people was very high, few regarded themselves at risk and therefore did not feel the need to practice safer sex. This was in spite of a "lethal combination" of factors, including that "many young people engaged in regular sexual activity often with multiple partners, that it usually involved intercourse, that they had limited knowledge about the actual physiology of sexual intercourse and reproduction and although they knew about HIV/AIDS they knew little about sexually transmitted diseases".

Access to condoms was often restricted and myths, misconceptions and unwillingness of male partners to wear them made them unpopular. The report said myths about sex were rife and reinforced negative attitudes towards safer sex and contraception.

A common myth was that HIV infection could be transmitted via mosquitoes. It was also a commonly held view that if a man had sex with a virgin he would be cured of HIV infection.

Myths also surrounded pregnancy. Although participants knew the basic facts there were common misunderstandings, including a belief that falling pregnant was related to the frequency and timing of sexual intercourse. A 10-year old girl believed that "you only fall pregnant if you have sex at night".

In comparison to their lack of knowledge about contraceptives and the reproductive process, their knowledge on abortion was described as "alarming".

They referred to many methods, none of which involved trained professionals.

The overwhelming extent to which girls and women are the victims of violence in the home and the community emerged as one of the most significant themes of the study. Girls spoke of being physically harassed by boys, raped, beaten and oppressed. It occurred at home, in the school grounds, in the street and in their relationships. In nearly all incidents, the perpetrators were males who were known to the victims.

The report said, "It's absolutely essential that the reality of violence in the private lives of girls and women inform the development of all sexuality education programmes if they are to be effective."

"Healthy sexual relationships and life partnerships can only be established and maintained when women have self confidence and are respected by the men with whom they share their lives."

The attitude of health workers at the clinics was one of the main reasons young people avoided clinics for help with contraception. The lack of trust was sharpened because clinic staff were often neighbours or family friends and the young people did not believe the visit would remain confidential.

Poor communication with parents was seen as one of the reasons teenagers fell pregnant. This limited knowledge and many young people equated sex with pregnancy.

There was no expectation that pregnancy could be prevented in practice, even though there was an awareness of the existence of contraceptives.

Sarafina 2's mysterious donor 'fears money may be seized by creditors'

Star 7/19/96 (92)

By GYNNIS UNDERHILL and
WILLIAM-MERVIN GUMEDE

Cape Town - The lawyer representing the mysterious donor who will bail out Health Minister Nkosazana Zuma from the *Sarafina 2* scandal said the R10,5-million had not yet been paid as it was feared it could be attached by creditors.

Malcolm Serman said it appeared there were other creditors with claims against Committed Artists, the company owned by Mbongeni Ngema, who produced *Sarafina 2*.

"The intention before any payments were made to the Department of Health was to settle the legal issues relating to Committed Artists," said Serman.

A lawyer representing Ngema, who asked not to be named, said yesterday that both he and his client were not in a position to give any interviews.

"We are trying to put the pieces together with the Department of Health and the donor. It is at a very delicate stage now."

The playwright and producer, who was widely acclaimed for his protest theatre in the apartheid era, has been evicted from his Durban offices as the wrangling over payment of the money continues.

Public Protector Selby Bagwa this week cleared Zuma



NO BUSINESS LIKE SHOW BUSINESS: Members of the cast of *Sarafina 2* upon hearing in June that the Government has suspended funding of Mbongeni Ngema's controversial Aids play

and the mystery donor, described by him as a "white South African businessman", of any financial irregularities. As debate over the identity of the

donor rages on, Serman said the donor wished to assist Aids education in South Africa. "My client wanted the education benefits for the people of

South Africa to continue. That was the original intention." Part of the problem was that his client, who has been described as a philanthropist, was not sure whether anonymity would be enforced, said Serman. "The anonymity of my client is non-negotiable."

When asked what the donor sought in return, Serman said the donor wanted nothing. "There is certainly nothing in it for the donor," he said.

The auditor-general will be investigating whether treasury regulations on donations and gifts to the Government were complied with in the case.

Bagwa said after having been assured by both Zuma and the donor, he had found nothing to indicate improper conduct.

Deputy Auditor-General Bertie Loots said his office was satisfied with Bagwa's investigation and findings.

"The office of the auditor-general accepts Bagwa's conclusions not to release the name of the donor to the public," Professor Loots said.

His office would investigate whether accounting and auditing rules had been violated and whether treasury regulations which govern all donations to the Government had been complied with.

"The donor is claiming the right to privacy not only for himself but also for members of his family. To disclose his name will be a violation of his constitutional rights," Bagwa said.

He added that the findings of the investigation would be contained in the annual report of the auditor-general, scheduled to be tabled in Parliament in February.

PHOTOGRAPH BY TJ LEMON

Startling number of teenage mums due to ignorance

(92) (201) Star 7/9/96

By ADELE BALETA

A staggering 40% of all South Africans who fall pregnant are teenagers below the age of 19, which is a cause for great concern for young people, parents and health workers

In addition, the most recent rates for HIV prevalence are highest among 15- to 29-year-olds, with young women at most risk. According to a recent report, young South Africans are sitting on an Aids time-bomb, with predictions that by the year 2000, a total of 3,7 million people will be HIV positive and in that year about 200 000 people will die of Aids-related illnesses.

People aged between 16 and 30 will be the worst affected by the epidemic, representing 72% of all infections. Health workers say that with this grim prospect in mind, sexuality education - which is essential to help reduce teenage pregnancies, to give the real facts on HIV infection and Aids, and to demystify contraception - is dependent largely on the goodwill of the principal or teacher

Although it is part of the draft education bill, it is still not yet part of the national curriculum and many schools do not have HIV awareness content in their youth preparedness, life skills or guidance curriculum

This was the case even at exclusive private schools. Health workers fear that with current teacher retrenchments, the little sexuality education that is taught, most often by guidance teachers (in schools that are fortunate enough to have them), may dry up in favour of sought-after maths and science instruction.

A recent report into teenage sexuality highlighted the plight of young people who are told not to have sex and not to fall pregnant without being given information and skills to equip them for the reality of their lives.

The study, conducted by the National Progressive Primary Health Care Network (NPPHCN)

and entitled "Youth Speak out for a Healthy Future", found that teenagers are constantly bombarded with contradictory messages about being sexually active from their parents, religious leaders, the media and their peers

Positive self-esteem was impeded and young people often had to make decisions about sex in the absence of accurate information and without being able to discuss their concerns and feelings. The study found that 330 to 400 of every 1 000 births in South Africa were to young women and girls under 19

The HIV prevalence rate in South Africa was about 7,57% - about 1,2 million people - with KwaZulu Natal having the highest rate at 14,35%. The estimated doubling period (the time it takes for the prevalence in the population to double) was 12 months. The rate of infection for 15- to 19-year-olds was 6,47%.

The study investigated the

Young South Africans are sitting on an Aids time-bomb, with predictions that by the year 2000 there will be 3,7 million HIV-positive people

experiences, perceptions and attitudes to sexuality issues of young South Africans between the ages of 10 and 20 of both genders and all population groups. The first comprehensive national report on youth sexuality to be conducted in South Africa, it confirmed that many young people across population groups are sexually active from an early age

The participants in the study felt there was enormous pressure from peers and the media to engage in sexual activity

It noted that teenage mothers mostly end up unable to finish school, unemployable, and locked into a situation of unwanted motherhood, poverty and the lack of opportunity to achieve their full potential.

The maternal mortality rate is almost double for women under 20, and young pregnant women encounter specific

health risks such as hypertension and difficult labours

The children of teenage mothers face a high risk of death during infancy, abandonment or unstable care, and failure to thrive.

The report stated "that one in every five adolescent mothers giving birth had not been seen even by one health professional during her pregnancy, hence infectious and pregnancy-related problems go untreated."

About 200 000 illegal abortions were performed annually in South Africa in unacceptable conditions

They lead to illness, infertility, depression and even death, the report said. In a survey of 55 hospitals in 1994, the Medical Research Council reported that an estimated 44 686 women presented themselves to hospitals with incomplete abortions every year, the vast majority of them caused by illegal abortions

According to the NPPHCN, in 1993 a total of 1 479 legal abortions took place, of which 67% were performed on white women. Of the total, 21% were performed on girls aged between 10 and 19

Researchers found that although knowledge of HIV/Aids among young people was very high, few regarded themselves at risk of contracting the virus and therefore did not feel the need for safer sex.

This was in spite of a "lethal combination" of factors including that "many young people engaged in regular sexual activity, often with multiple partners, had limited knowledge about the actual physiology of sexual intercourse and reproduction; and although they knew about HIV/Aids, they knew little about sexually transmitted diseases"

Access to condoms was restricted and when they were available, myths and unwillingness of male partners to wear them made them unpopular.

The report said myths about sex were rife and reinforced negative attitudes towards safer sex and contraceptive usage

Sarafina cash hidden from creditors

R10 million not yet paid by mystery 'white South African businessman'

OLYMPIA UNDERHILL AND WILLIAM MERVYN GUMIDE
STAFF REPORTERS

The lawyer representing the mysterious donor who will bail out Health Minister Dr Nkosa-zana Zuma from the Sarafina 2 scandal said the R10,5-million had not yet been paid as it was feared it could be attached by creditors.

Lawyer Malcolm Serman said it appeared there were other creditors with claims against Committed Artists, the company owned by Mbongeni Ngema, who produced the AIDS play Sarafina 2. "The intention before any payments were made to the Department of Health was to settle the legal issues relating to Committed Artists," said Mr Serman.

"We are trying to put the pieces together with the Department of Health and the donor. It is at a very delicate stage now," he said

Public Protector Selby Bagwa this week cleared Dr Zuma and the mystery donor, described by him as a "white South African businessman", of any financial irregularities

"My client wanted the (AIDS) education benefits for the people of South Africa to continue. That was the original intention," he said, adding that anonymity was demanded by the donor

When asked what the donor wanted in return, Mr Serman said the donor wanted nothing. "There is certainly nothing in it for the donor," he said

The auditor-general will be investigating whether treasury regulations on donations and gifts to the Government had been complied with in the Sarafina 2 case

Mr Bagwa said after having been assured by both Dr Zuma and the donor, he had found nothing to indicate improper conduct.

Deputy auditor-general Bertie Loots said his office was satisfied with Mr Bagwa's investigation and findings. "The office of the auditor-general accepts Mr Bagwa's conclusions not to release the name of the donor to the public," Professor Loots said.

Mr Bagwa elaborated by saying the mystery donor was a white South African businessman who had known Dr Zuma for some time. The donor has made anonymity a condition of the donation, he stressed

Professor Loots said his office would investigate whether accounting and auditing rules had been violated and whether treasury regulations which govern all donations to the Government had been complied with. Mr Bagwa's investigation was to establish the name of the donor and whether there was any legal justification for Dr Zuma not to disclose his name.

Sarafina's secret stays

BY JEFFERSON LENGANE

'Right to information can't override right to privacy'

THE RIGHT to individual privacy has superseded the right of the nation to have access to information, putting government's commitment to transparency in doubt — for a price tag of R10,5 million.

This emerged after the findings of Public Protector Selby Baqwa that there were no "compelling reasons to disclose or to recommend the disclosure" of the name of a white man who donated R10,5 million to Minister of Health Nkosazana Zuma.

The "white philanthropist" made the donation to bail Zuma out of the R14 million *Sarafina II* fiasco.

The donor, Baqwa found, made anonymously a condition of the donation

702, the *Sunday Times* and the Democratic Party on the failure of the minister to disclose the name of the donor.

His findings followed interviews with the minister and the donor concerned, as well as discussions with the donor's attorneys.

The purpose of the interviews was to establish the name of the donor and whether there was any legally-acceptable justification for the unwillingness on the part of the minister and the Department of Health to disclose the donor's name.

In a press statement Baqwa said "The donation is being made for philanthropic reasons and in order to give tangible assistance to the fight against AIDS. The donor has known the minister of health for

some time and has sympathy with some of the health problems she has to solve

"There was nothing to cause me to believe the donation was improper in the sense that he secretly had something to gain from the Department

"The issue involved here is one of transparency at governmental level. Whilst the government of SA has irrevocably committed itself to this principle, it has to be accepted that it has to be measured against competing rights such as the right to have access to information (Section 23 of the interim constitution) and the right to privacy (Section 13 of the constitution). The former cannot be exercised to the utter disregard

of the latter "

Another piece of information in Baqwa's statement is reminiscent of President Nelson Mandela's answer to the Sol Kerzner R2 million donation to the ANC — Mandela said no one except himself in the ANC knew of the donation

As reported in Baqwa's statement Zuma points out that "nobody else in the (Health) Department knew about the identity of the donor except herself and that she never mentioned a group of businessmen as reported in the media."

Baqwa's statement raised a number of questions, listed below, which City Press was unable to raise with him as he was unavailable on Friday. However, Assistant to Public

Protector, Dr Schutte, said: "The Public Protector is not prepared to go out of the text of his press statement"

■ Why did the Minister not reject the donation if it was made under the condition of anonymity?

■ Does the donor have a clean criminal record?

■ How long has the donor known the Minister and what is their relationship?

■ How was the money going to be accounted for?

■ Since the money was going to be used to fight AIDS was it going to be available to NGOs involved in the fight against AIDS?

Until the Public Protector agrees to an interview with City Press, these and other questions will remain unanswered for our readers

Auditor General says he will insist on name New set back for

of secret donor

Zuma

ST 8/9/96

AUDITOR General Henri Kluever has entered the *Sarafina 2* row by insisting that Health Minister Nkosazana Zuma must tell him who her mystery benefactor is before the government can accept the money.

Kluever said he did not believe he would be able to keep the donor's identity from the public.

"I can hardly think of circumstances where that might be the case. Why the minister is spinning it out like this, I don't know," he told the Sunday Times.

Kluever's statement is the latest salvo in the growing row over Zuma's dogged determination to keep the donor's identity secret.

This week she refused to tell Public Protector Selby Baqwa the donor's name until he pointed out she was legally obliged to do so.

After Zuma relented and gave him the information a day later, Baqwa ruled the name would not be made public because Zuma had acted within the law.

But he said this weekend "I'm not happy with this situation."

And, Baqwa added, the donation would have to be voted on in Parliament in terms of regulations requiring any gift of more than R100 000 to be approved by the legislature.

This would mean the *Sarafina 2* donor would become the subject of a parliamentary debate despite his identity remaining hidden, making a mockery of the government's efforts to instal financial accountability.

Kluever said he did not see how the donation could be made unless his office, that of the director general of state expenditure, Hannes Smit, and the treasury knew the identity of the donor.

"If there is a donation, details will have to be accessible to the treasury and the auditor general," he said.

Baqwa said the money could be paid into the Health Department's suspense account by the donor's lawyers.

"I don't know whether the auditor general can insist that an attorney must disclose who the client is. If he insists, the reply will be that the donation is off," he said.

Baqwa also disclosed details of the two meetings he held with Zuma this week.

At the first, the minister had refused to disclose the name of the donor.

"Initially we were not at one as to whether she would tell me. She was of the view that if she told me, she would be breaking confidentiality," he said.

Zuma had produced documentation and correspondence to show the donor would not make the payment if his identity became known to anyone other than herself, Baqwa said. She had not told anyone in her department who the donor was because she feared this would scare him off.

Zuma then agreed to consult the donor and agreed to meet Baqwa the following day.

At the second meeting, she said the donor had given her the go-ahead to tell Baqwa his name, but had said that should it be made public, the donation would be withheld.

Baqwa said Zuma had arranged for him to speak to the donor on the phone.

"He was very strong on this anonymity and reiterated that if there was any indication the department couldn't uphold it, he wouldn't make the donation," Baqwa said.

Meanwhile, a wealthy Durban businessman and two associates have emerged as key figures in the mystery surrounding the donor.

The businessman, who heads a multimillion-rand contracting firm in Durban and is chairman of an investment company, would not confirm or deny involvement in the donation.

The Sunday Times has been told the donation was, in fact, made by three businessmen who support Zuma and that the frontman was a white ANC member who had lived in exile for many years.

By RAY HARTLEY
Political Correspondent

L I F E : B O D Y A N D S O U L

Church responsible for thousands of AIDS cases — angry activist

(92) ARG 9/9/96

The body of Christ has AIDS, and it's closing its eyes to the fact.

Strong words, and heartfelt Gary Lamont, who's willing to say them, should know.

He's programme director of Wola Nam/Embrace, an agency that works with people with HIV and AIDS

Part of his work is spiritual counselling, and he's counselled many, many people with HIV and AIDS over the years. The church, he says, is in denial about the epidemic, and through its inability to come to terms with AIDS, is responsible for the infection of thousands of people

Now he's organising a conference, the first of its kind in South Africa, called "Sharing the Responsibility - A Christian Response To AIDS"

The response of the church, both to the conference and to AIDS, has been abysmal, he says. He is clearly angry when he speaks of the role the church has played, or rather has not played in addressing the issue of AIDS

"The church has slammed its doors on people with AIDS," says Gary, and that's a global phenomenon which spreads across all faith communities

Gary says he's told by community leaders, Christian and Muslim, that "there is no-one in my church with HIV and AIDS"

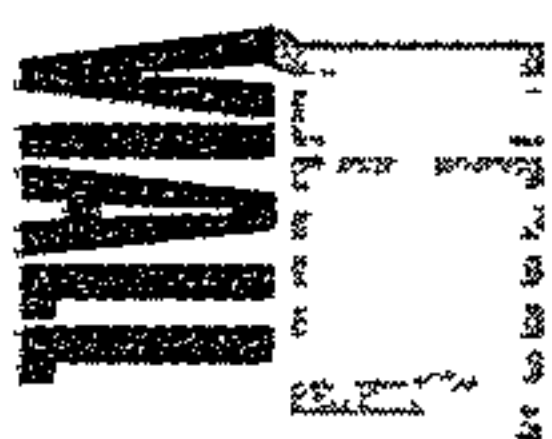
Yet he knows there are. He counsels them. Sitting in his office next to St George's Cathedral, he is outspoken about the church and its role. "There is clear comment from people with AIDS and HIV that they don't experience safety or compassion from their communities. The doors of churches and synagogues are shut in their faces"

Churches also respond by saying it's not their fault, they know of nobody with AIDS, nobody has approached them

"And they won't, not until faith communities make a welcoming and safe space for them," says Gary

The wake-up call for churches has now passed. "We're now at the point where we've jumped the red light and we're in the intersection. How do we deal most effectively with AIDS with the least damage?"

"The question is how compassionate is the church? It's the same situation we had with apartheid, with only a small group of



HEALTH

churches involved"

The church, he says, is responsible for thousands of HIV infections. That's a claim which will get the backs up of many church people, but he's uncompromising

The responsibility of the church goes further than providing a safe space, believes Gary. Its duty is to instruct people. An example of this was voter education

"If churches put half the effort into AIDS that they put into voter education, they'd make a significant difference"

"By failing to teach life skills to help people live in the world, the church is responsible for the infection of thousands of people"

Churches, he says, are out of touch with reality

"It would be difficult to find five-block communities where no-one has HIV," he says

"Yet the majority of churches carry on in their blinkered way"

"They say it doesn't happen in our church"

"They tell teens, who have the highest rate of infection, not to have sex before marriage. They say Islam is the way to deal with AIDS. That's not real"

"Even people working in the AIDS field are treated with suspicion by some churches"

It's time for the church to examine reality, he says. "To deal with AIDS means to deal with sexuality"

The problem is that most churches

don't include anybody of "otherness"

"Clearly AIDS is not a gay issue. The question is, even if it were, what permission do we have from the Creator to discriminate against anybody?"

However, the association of HIV infection and guilt is so deeply etched in religious thought that it's not surprising that people with AIDS and HIV find it difficult to disclose it, says Gary

"Subliminally and upfront they are told that people with HIV and AIDS are tainted by sin"

"The underlying belief is that prostitutes and homosexuals get AIDS, and the response is to despise and hate the lifestyle"

"Can the church take in people they have stereotyped? If we did a survey of churches on whether to allow HIV children in Sunday School, or sharing the communion cup, I think we would find this is a huge issue"

The association with HIV and guilt is strong. It's no wonder then that the Christian community has overwhelmed programmes for babies with AIDS, those seen as "innocent"

One major problem is that churches are misinformed and ill-prepared to deal with AIDS

Yet religious communities are one of three the health department has identified that have a wide network to teach about prevention

The other two are education and trade unions. Trade unions have been most active, education doesn't want to talk

about sex

"Churches must face reality. They must inform themselves about AIDS and HIV, how you do and don't get infected"

"Then there's the counselling aspect priests' training is poor in counselling and support services, says Gary"

Priests are trained in theology, and not human sciences. "Often they have an archaic view of society"

"It's not enough to say no to sex. We need to teach women to own their bodies,

there are choices they have to make. We must help men understand issues of masculinity and prowess"

Gary is not saying that churches should abandon principles of faith. "We're saying we're in the world, how can we prevent people being infected?"

He says there are some "incredible" people in the church, "but they're incredible because of their rarity and the efforts they've made"

The church is supposed to be a compassionate agency, he says. It's easy for the church to take a caring role, creating dependency

"What we need is a caring, partnering role. We must assist with prevention, sexually, spiritually and practical support"

That's where the conference comes in. It's aim is to get significant people to come together to look at ways of opening up and embracing people

"We need to show tangibly how to put in place support groups, not only for people with AIDS and HIV, but for bereaved families. We need a more spiritual response to AIDS, an interfaith understanding"

"We're lacking access points to religious communities. We need to identify places to refer people to. Within every church there are the frustrated few who want to create a space of support. They need to be assisted in mobilising themselves"

The conference "Sharing The Responsibility - A Christian Response To Aids" takes place from September 17 to 20 at the University of Cape Town Medical School

The conference is not only for the Christian church. All faiths are urged to attend

The conference will cover three main areas: HIV prevention, caring and service, and care and compassion. Top speakers from three continents as well as local people will present workshops

On Wednesday, September 18, there will be an open talk by Geoffrey Glasscock, a renowned psychologist and priest, who will discuss HIV and the church with four people living with HIV/AIDS

Entrance is free, and the talk takes place at Groote Schuur Hospital Lecture Theatre at 7.30pm

For more information on the conference contact 237 385

"If we did a survey of churches on whether to allow HIV children in Sunday school, I think we would find this a huge issue"



Outspoken: Gary Lamont believes that the doors of churches are shut to people with HIV and AIDS

JACK LESFORD

Aids conference to enlist the Church? Who's Sarafina's sugardad?

AUDITOR GENERAL WANTS TO KNOW

(92) CT 9/9/96

ANEZ SALE HEALTH WRITER

A MAJOR effort is under way to enlist the services of the church in caring for people living with HIV/Aids

This is in response to the widespread perception that such people were "out there" and not living among religious communities, according to Wola Nani, a non-governmental organisation which provides a caring response to the fatal virus

It is co-hosting a conference in association with the Church of the Province of Southern Africa entitled "Sharing the Responsibility - A Christian response to Aids", to explore the reasons for such a perception

The conference will provide information and workshops in three tracks on the medical, spiritual and pastoral issues involved in the Aids pandemic

The first will explore issues of HIV prevention methods for children, adolescents and adults, to encourage the churches to develop appropriate educational strategies

The second track — calling and service — will look at how the religious communities can become involved in supporting the work of the national Aids programme, and how they can develop their own spiritual and liturgical resources to assist people within their communities

The last track — care and compassion — will present information on HIV counselling, grief work, multiple loss support and human sexuality issues

It will also explore the potential danger of "burn-out" for caregivers and how HIV and Aids sufferers can be empowered to access supportive structures

Besides local experts, the conference organisers have invited prominent speakers from America, Australia and Britain

Together with South African Aids activists, pastoral workers and other conference delegates, they will interact throughout the conference with people living with the virus, to afford an in-depth practical and theological reflection

The gathering is to be held at the UCT Medical School from September 17 to 20, and further information is available from Wola Nani at 23 7385 or fax 23 7387

MORE voices join the growing chorus calling for the name of the mystery Sarafina 2 donor.

THE government came under increasing pressure at the weekend to name a mystery backer bailing out Health Minister Nkosazana Zuma from the Sarafina 2 spending scandal

The government's auditor general, Mr Henri Kluever, joined persistent calls by opposition parties for the backer to be named, saying the donor's identity would have to be made known to him under treasury rules

Kluever told reporters he did not believe the donor's name should be kept secret. "I can hardly think of circumstances where that might be the case. Why the minister is spinning it out, I don't know"

A top Durban businessman has been named as the potential mystery donor of R10,2 million to cover the costs to the state of the controversial Sarafina 2 Aids-awareness play, but yesterday he went to ground

Attempts to reach Mr Vivian Reddy proved fruitless yesterday, but the Democratic Party's health spokesman, Mr Mike Ellis, said he believed there was truth in the



MUMI'S THE WORD:
Nkosazana Zuma

report

Reddy was identified by a Sunday newspaper quoting a top KwaZulu-Natal businessman as source

In a statement National Party chief health spokesman Dr Willem Odendaal said "In the interests of thousands of South Africans who might perhaps die of Aids, President Nelson Mandela is now requested to replace Dr Nkosazana Zuma with a more competent minister of health"

Odendaal said if Mandela continued to help conceal the mismanagement of Zuma in the



UNDER PRESSURE:
President Nelson Mandela

health department, he would eventually have to accept the responsibility for the fact that thousands of South Africans would still die of Aids because the Aids campaign had failed

He added that Mandela would also reinforce accusations in the foreign press that the government was losing its grip on corruption

"It was not in the interests of the campaign against Aids to learn that a prominent communication company in Gauteng designed and proposed a campaign against Aids more than a year ago at the request of the department of health, and

that this campaign would cost less than half of what Sarafina 2 had already cost," Odendaal said

"And yet Minister Zuma is still clinging to the dragging Sarafina corruption scandal in which, according to newspaper reports, nepotism and bribery was the order of the day," he said

He added that Aids workers warned that the current Aids campaign was failing miserably

Last week Zuma told the public protector, Mr Selby Baqwa, the name of a businessman she said had pledged to contribute about R10m to cover the government's contractual obligations — on condition he was not named publicly

Baqwa told reporters that he accepted Zuma's guarantees, and did not see the need to name him

But two Sunday newspapers reported that the businessman named by Zuma was a front man for the real donor

The Sunday Times said the contribution was being channelled through a R500 million investment company, SAM-Sikonke

Reddy, a millionaire friend of Zuma, is chairman of the company

He has declined comment on the report — Own Correspondent, Sapa, Reuter

Aud-Gen set to continue inquiry into Sarafina 2 donor

The row over the mystery donor who bailed out Sarafina 2 to the tune of R10.5-million is far from over, with Auditor-General Henri Kluever moving to take up the matter where Public Protector Selby Baqwa left off.

And in another twist, a Sunday newspaper yesterday reported that Health Minister Nkosazana Zuma's claim of a white businessman being the donor could be a front for the real donors.

The Sunday Times reported that the donation was being channelled through a R500-million investment company, SAM-lion, of which KwaZulu Natal millionaire Vivian Reddy

is the chairman. The report said Reddy was a good friend of Zuma's.

He has declined comment on the report. Kluever is undertaking follow-up investigations to support Zuma's decision to withhold the donor's identity. Baqwa questioned Zuma last week following mounting pressure from the media and the Democratic Party.

Before Baqwa made his announcement, Kluever had already made clear his intentions to further investigate the matter if "I am not satisfied with the Public Protector's findings". Kluever said details of the



Vivian Reddy ... no comment.

donation would have to be accessible to the treasury and the Auditor-General

92

"I will release the finding next February in my main report. If necessary, I will release it earlier in a special report," Kluever said, adding he could see no reason why the donor's name had to be concealed.

He said the decision to withhold the donor's identity was not in the hands of Zuma or Baqwa.

Baqwa revealed last week the donor was a white South African businessman, but declined to name him, saying the man and his family had a right to privacy. Baqwa said he had found nothing to indicate any undue benefit to the donor.

Kluever, however, was

adamant if such a decision had to be taken, it would be by himself and the director-general of state expenditure, Hans Smut. "The donation would have to be voted on in Parliament in terms of regulations requiring gifts of more than R100 000 to be approved by the legislature.

The NP has asked for Zuma to be replaced as health minister. "In the interests of thousands of South Africans who might perhaps die of Aids, President Nelson Mandela is requested to replace Zuma immediately with a more competent minister of health," said spokesman Dr Willem Odendaal - Staff Reporter and Sapa.

9/9/96

Parliament focus on transparency

'Sarafina' sparks new probe

POLITICAL CORRESPONDENT

Amid the continuing furore over secrecy surrounding the private donor of the R10,5-million lifeline to AIDS awareness play *Sarafina 2*, Parliament will hold a special debate on Thursday on transparency in funding of government projects.

The debate was requested by the National Party, which earlier called for the resignation of health minister Nkosazana Zuma

Although the Public Protector, Selby Baqwa, has said he will not disclose the identity of the donor, Auditor-General Henri Kluever announced at the weekend he would make the donor's identity public. Treasury regulations required that gifts of more than R100 000 to the government had to be approved by Parliament.

Mr Kluever said he could see no reason

to conceal the donor's identity and any decision about continued secrecy would have to be taken by him and state expenditure director-general Hannes Smit

Mike Ellis, Democratic Party spokesman on health, said the secrecy surrounding the matter had exposed the Cabinet for what it was - a Cabinet intent on putting its own African National Congress interests before those of the country.

"A member of that elite group has embarrassed them all and they should now stand united behind a call to the President to dismiss Dr Zuma, for she has led them all and the country a merry dance.

"We now await the report of the Auditor-General, so that once and for all this matter will be exposed and finalised and South Africa can begin resolving its health-care problems in the manner they should be, with proper concern and management," Mr Ellis said.

ARG 10/9/96

(92)

Sarafina 2 — answers today?

(92) 20101 10/9/96
THE controversy surrounding Sarafina 2 and the mystery donor of R10,2 million is expected to be cleared up today — at the same time “opening up a can of worms”.

Top Durban businessman Mr Vivian Reddy denied yesterday that he or his electrical company, Edison Power, was the donor, but he said he would be “holding top-level meetings” with government officials and the “mystery donor” today.

The meeting is also expected to shed some light on “the forces bent on destroying national health min-

ister Nkosazana Zuma’s credibility,” he said “There are people whose intentions it is to destroy Dr Zuma. These people will have to be exposed”.

Mr Reddy indicated that he would be meeting the Public Protector, Mr Selby Baqwa, as he believed that his constitutional rights had been violated.

“I believe that the identity of an individual, or an organisation involved in donations should be protected in terms of the Constitution,” he said. — Own Correspondent

Reciprocity deals on crime envisaged

Wyndham Hartley

CAPE TOWN — Justice Minister Dullah Omar has tabled legislation which will allow international co-operation in the "freezing" of assets and the proceeds of crime across international borders, and the imposition of sentences of SA's courts overseas.

The International Co-operation in Criminal Matters Bill will empower the justice department to enter into agreements with foreign states involving the seizure and return, if necessary, of assets associated with offences.

Justice committee chairman Johnny de Lange said the "co-operation" Bill now tabled was the third prong of the justice effort to curb organised crime. The other

two arms were the "money laundering" Bill tabled recently and amendments to the Extradition Act, which is expected to be tabled soon.

He explained that another major benefit of the new legislation was that it would allow a trial court in SA to apply to a court in a foreign country to take evidence on its behalf, including video footage of the witness. This would allow the gathering of evidence from people either unwilling or unable to travel to SA without the cost of assembling a commission to travel abroad to do the job.

The legislation allows for a reciprocal hearing by SA courts to gather evidence for foreign countries. The only exception will be when SA's justice minister denies an application from a foreign country on

the basis that it might endanger or harm "the national interest".

Sentences and or orders of foreign courts can also be enforced in SA upon application from a foreign country.

The legislation also provides for the reverse — for sentences and orders of SA courts to be implemented in a foreign land upon successful application by the SA government.

If the proceeds of a crime in SA are taken to another country, the justice department may apply to the foreign court to have a confiscation order to the value of the proceeds of the offence executed.

Procedures are also provided for foreign governments to request assistance in the confiscation of the proceeds of crime that are brought to SA. Reciprocal

restraint orders will halt the dealing in property associated with a crime and the "freezing" of the assets of an offender or suspected offender.

It is expected that separate agreements with foreign countries will be negotiated in terms of the legislation. Such agreements do not yet exist, but the informal co-operation that has grown between SA and other countries in the fight against crime are not forbidden by the new legislation.

The Council of SA Banks, the Afrikaanse Handelsinstituut, the SA Chamber of Business and the Johannesburg Stock Exchange were consulted during the drafting of the legislation, as were the various branches of the SA Police Service.

Bagwa to issue a final report on mysterious donor

Farouk Chothia

DURBAN — Public protector Selby Bagwa was still conducting investigations into the mysterious R10,2m Sarafina 2 donor after media reports at the weekend claimed Health Minister Nkosazana Zuma had not identified the real donor to him.

Bagwa's spokesman Thinus Schutte said Bagwa had planned to issue a final report yesterday, but held back to have more time for investigations. A report would now be released tomorrow, he said. This followed a Sunday Times report

that the real donor was a R500m investment company, SAM-Sisonke. The chairman of the company was Durban-based Edisons Power MD Vivian Reddy, and others in the company included property developer Sam Prakash and President Nelson Mandela's former bodyguards Jo-mo Mavuso and Lawrence Petersen.

Prakash yesterday dismissed as "hog-wash" claims that he or SAM-Sisonke were involved in funding Sarafina 2. Reddy could not be reached for comment, but he has reportedly denied being the donor. The Sunday Independent claimed that proceeds from the sale of Mandela's mon-

92) BD 10/9/96

ey-spinning biography, Higher Than Hope, had been used to fund Sarafina 2. Presidential spokesman Parks Mankahlana said this was not true. Zuma had raised the funds in the private sector.

Confidentiality was an "accepted practice", Mankahlana said. Auditor-general Henri Kluever said the name of the donor would probably be revealed in his annual report.

Bagwa said last week that the donor had the right to keep his name secret. Meanwhile, Kluever denied yesterday that there had been a "professional disagreement" between him and Bagwa

Sapa reports the ANC has accused opposition parties which are calling for Zuma's dismissal of backing the vested interests of pharmaceutical monopolies threatened by her reforms.

"A question that begs an answer is why monopoly opposition to Zuma's successes dovetails with (that) of the NP and DP," the ANC said.

"The recent introduction of a new company which promises to bring down prices of generic drugs seems to have earned her the ire of many interested monopolies who have for years benefited from the high prices of drugs."

Sarafina' donor may be revealed after all

(92) Star 10/9/96

LUND
Public Protector, Selby, and the Auditor-General, Kluever, met yesterday and on a "few more days of investigation" before a decision to name the anonymous donor of R10,5-million Sarafina 2. Kluever had refused to accept the finding that Health Minister Nkosazana Zuma's secret - identity of the donor - should be safe. The donor could be revealed this

terday. He said he would be making a statement this week and that he remained committed to his initial standpoint that donors have a right to privacy if publicity would harm their business or family.

However, six months after Zuma announced that Sarafina 2 would be saved from its R10,5-million debt, there is still no documentary evidence or guarantee that it exists.

Kluever said no money had been transferred to the health department account and he had seen no evidence indicating that it would. The donor did not have unlimited time to make his transaction, Kluever added.

"If and when this transaction does take place, we will

audit and report on it," said Kluever.

He added that any gift to the Government of over R100 000 would have to be approved by Parliament.

KwaZulu Natal millionaire Vivian Reddy yesterday denied speculations that it is he who intends giving the money to his longstanding friend Zuma.

He said although he had strong links to the ANC, to point him out as the benefactor was "erroneous and speculative".

In a statement, Reddy said he knew of no funds that had been transferred from his company account to the Government.

Reddy said the donor had a democratic right not to be identified and believed that any donor of such a large sum of money would ask to remain anonymous.

“**At last I have an indication of who it is**”

never... meeting... they had... had not... but "certificates" had him made "complexi-

Baqwa has a lot of work to do next few days. We will look at things

I have been in the game of ensuring transparency a long time. I never come across a case like where a donor's identity is kept secret.

At last I have an indication of who it is. If it can be proved that the donor's money is completely there may be a case for confidentiality," said Kluever.

He added that the decision to hold the donor's identity was in the hands of Zuma or

was a decision to be taken by himself and the Director-General of Expenditure, Hans Smit. Baqwa, who revealed last week the donor was a white businessman, refused to comment yes-



THE IDENTITY OF THE MYSTERY DONOR:

WHAT HAS BEEN REVEALED ABOUT HIM:

- South African
- White male
- Businessman
- Rich enough to part easily with R10 million

- Old friend of Dr Nkosazana Zuma
- Married with young family
- Holds theatre close to heart

- Feels passionately about Aids education
- Not involved in the pharmaceutical industry or health department
- Made the donation for philanthropic reasons

Officials keep Sarafina donor secret

WILLIAM-MERVIN GUMEDE
STAFF REPORTER

Three of South Africa's most senior civil servants have decided they will not reveal the identity of the mystery donor said to be financing the *Sarafina 2* AIDS awareness play.

Public Protector Selby Baqwa will release his final report on the *Sarafina 2* secret donor later today, apparently without including the name of the donor.

Mr Baqwa met Auditor-General Henri Kluever and the Director-General for State Expenditure, Hans Smit, yesterday. The three men agreed not to release the name of the donor.

Jennifer Wilson, spokeswoman for Mr Smit, said it had been agreed at the meeting that the donor's name would remain under wraps.

11/9/96 (92)
Assistant public protector Tinus Schutte said Mr Baqwa had a lengthy telephone conversation with health minister Nkosazana Zuma yesterday. It was unlikely Mr Baqwa would change his view.

Although he still believed the donor's name should not be released, the final report did make certain recommendations.

Mr Baqwa questioned Dr Zuma after reports that the mystery donor who promised to pay R10,5 million towards the cost of the controversial AIDS musical might not be the white philanthropist mentioned in his interim report.

Dr Schutte said the final report dealt with "checks and balances to ensure that the funds donated were clean money".

Vincent Hlongwane, spokesman for Dr Zuma, said he could not divulge the contents of the minister's conversation with the public protector.

Donor of Sarafina 2 may be named today

(92) Sowetan 11/9/96

By Joe Mdhlela
and Rafiq Rohan

AUDITOR-GENERAL Henri Kluever maintains he does not know who the mystery benefactor for the Aids play *Sarafina 2* is, but he has intimated that public protector Advocate Selby Baqwa could release the name today

Baqwa is expected to brief the media today on the latest development surrounding the *Sarafina 2* saga

Kluever admitted yesterday "I too am in the dark regarding who the donor is"

He said it was "unusual" that the auditor-general should not know about such important issues as a donation amounting to R10,5 million, "but that is how things are"

Kluever denied "there may have been professional disagreement" between Baqwa and himself on the issue of *Sarafina 2*

He said what should be borne in mind was that "both functionaries" had different mandates, and that should not mean that "we are at loggerheads"

Baqwa disclosed last week that his office had elected to protect the identity of the secret donor, whom he said was a white South African businessman who did not wish to have his name embroiled in the controversy

Kluever was reported as having said that the donation by the white businessman would have to meet strict financial criteria which stipulated that funds in excess of R100 000 would need to be approved

by Parliament

Meanwhile, the Democratic Party and the National Party have called for the dismissal of Health Minister Dr Nkosazana Zuma for allegedly misleading the public on the funding of the play

Earlier this year, a special snap debate was called to debate the extraordinary R14,5 million expenditure on the musical

This week it was agreed that Parliament would hold another debate on the Aids musical, this time to debate the question of the identity of the donor

The special debate, confirmed to *Sowetan* by Speaker Dr Frene Ginwala's office, will take place tomorrow afternoon. Zuma is remaining tight-lipped about the name of the donor

Mystery fate of (92) Sarafina's R10,5-m

WILLIAM-MERVIN GUMEDE
STAFF REPORTER

ARG 12/9/96

Contradictory accounts have emerged of the fate of the R10,5-million which a mystery donor withdrew from the AIDS awareness play *Sarafina 2*.

These came after President Mandela's announcement yesterday that the donor had withdrawn his offer to finance the play

The donor's Cape Town lawyer, Malcolm Sermon, today contradicted a statement from Mr Mandela's office that the donor would give the R10,5-million to other AIDS projects

Earlier Parks Mankahlana, spokesman for Mr Mandela, said "Although the donor will no longer cover the costs of *Sarafina 2*, he has indicated that he is keen on donating the money for other HIV and AIDS awareness programmes and projects."

But Mr Sermon said his client had instructed him to notify the public that his offer of R10,5-million had been withdrawn entirely "The donation will not be given to other AIDS awareness programmes."

His client had withdrawn his offer because there was still public pressure on him to disclose his identity in spite of Public Protector Selby Baqwa's ruling that his right to privacy could be upheld because he was not gaining from the donation

The donor had made the offer because of concern about the effect of the *Sarafina 2* row on South Africa's access to foreign funding and saw his donation as replacing these funds, thereby sending a positive message to foreign donors, Mr Sermon said

His client, a white businessman, held Health Minister Nkosazana Zuma in high regard for the bold way she had tackled the complex transformation of the health system.

"The growing, acrimonious media debate has led him (the donor) to believe that neither of these interests is being served by this funding offer," Mr Sermon added

Taxpayer Will Consign R10,5m for

CT 12/9/96 (9a)

BARRY STREEK
POLITICAL WRITER

THE taxpayer is, after all, going to pay the R10,5-million costs for the Sarafina 2 Aids play after the mystery donor yesterday withdrew his offer to pay for it.

Health Minister Dr Nkosazana Zuma told a press conference yesterday the R10,5m would now be regarded as "unauthorised expenditure" and be dealt with in the normal way. This means the R10,5m spent on the play,

which was scrapped earlier this year after a report by Public Protector Mr Selby Bagwa, will be investigated by the National Assembly's Portfolio Committee on Public Accounts.

Effectively, though, it will result in the government paying for the play, as neither European Union (EU) funds, as originally claimed by the Health Ministry, nor the secret donor's contribution, will now be used to cover its costs.

Zuma also called for an investigation into the use of confidential donations to the government and this was supported by Bagwa last

night in his final report on Sarafina 2.

Bagwa said the state's treasury instructions should immediately be amended to specifically deal with the question of anonymous donations to the government.

His recommendation should be implemented immediately "to ensure that the events that gave rise to this inquiry will never occur again".

The treasury instructions should be strengthened with a provision that donations made by donors who wished their identities to be kept confidential for good reasons should be accept-

Zuma said it was regrettable that the offer had been withdrawn as a result of "a virulent campaign directed at the Ministry of Health and the government as a whole".

Primary among the reasons for the donor's withdrawal had been "the campaign by the media and opposition parties that left him in no doubt about his right to privacy". She had "not done anything wrong".

The decision not to identify the donor was not hers — the benefactor had made anonymity a condition of the donation. The donor had

able, Bagwa said

Presidential spokesperson Mr Parks Mankahiana said last night the donor had offered to donate the money to Aids awareness projects instead. Details would be negotiated with Zuma.

"The President is pleased that the donation won't be entirely lost to the general campaign to promote Aids awareness and an indication has been given the contribution will still be made to the HIV/Aids campaign among communities."

The processing of such a donation would be done through an independent mechanism.

approached her personally and after discussions with the treasury she had accepted the donation

The donor had never had any dealings with her department or the government and she had "no idea" if the donor had a relationship with President Nelson Mandela.

Democratic Party MP Mr Mike Ellis said Zuma had "yet again missed the point". The issue was about government mismanagement and its lack of transparency and accountability. "We need the minister to say once and for all where the money is coming from."

Sarafina 2 after all

Taxpayer to foot bill for failed AIDS play

BD 12/9/96

(9a)

Stephané Bothma and Wyndham Hartley

THE taxpayer is to foot the bill for the failed AIDS awareness musical *Sarafina 2* following a secret donor's withdrawal yesterday of a R10,5m government bail-out.

President Nelson Mandela has blamed the withdrawal on a "media uproar" over the donor's identity.

Sapa reports that public protector Selby Baqwa, in his final report on the *Sarafina 2* issue, has recommended that state treasury instructions be amended immediately to deal specifically with the question of anonymous donations to government.

In the report released soon after Mandela announced the donor's withdrawal, Baqwa said treasury instructions should be strengthened with a provision that it be acceptable for donors to keep their identities secret if there is good reason to do so.

However, this should be acceptable only if the political office bearer and the accounting officer concerned were satisfied that there was no impropriety or conflict of interest, and that the donor's identity was also known to the

offices of the public protector and auditor-general, Baqwa said.

In addition the public protector and auditor-general should provide the treasury with confirmation that the donor's identity had been disclosed to them and that they had no objections.

"It follows from the above that where the donor wishes to remain anonymous — as in the present case — such a donation to the State should not be acceptable," Baqwa said.

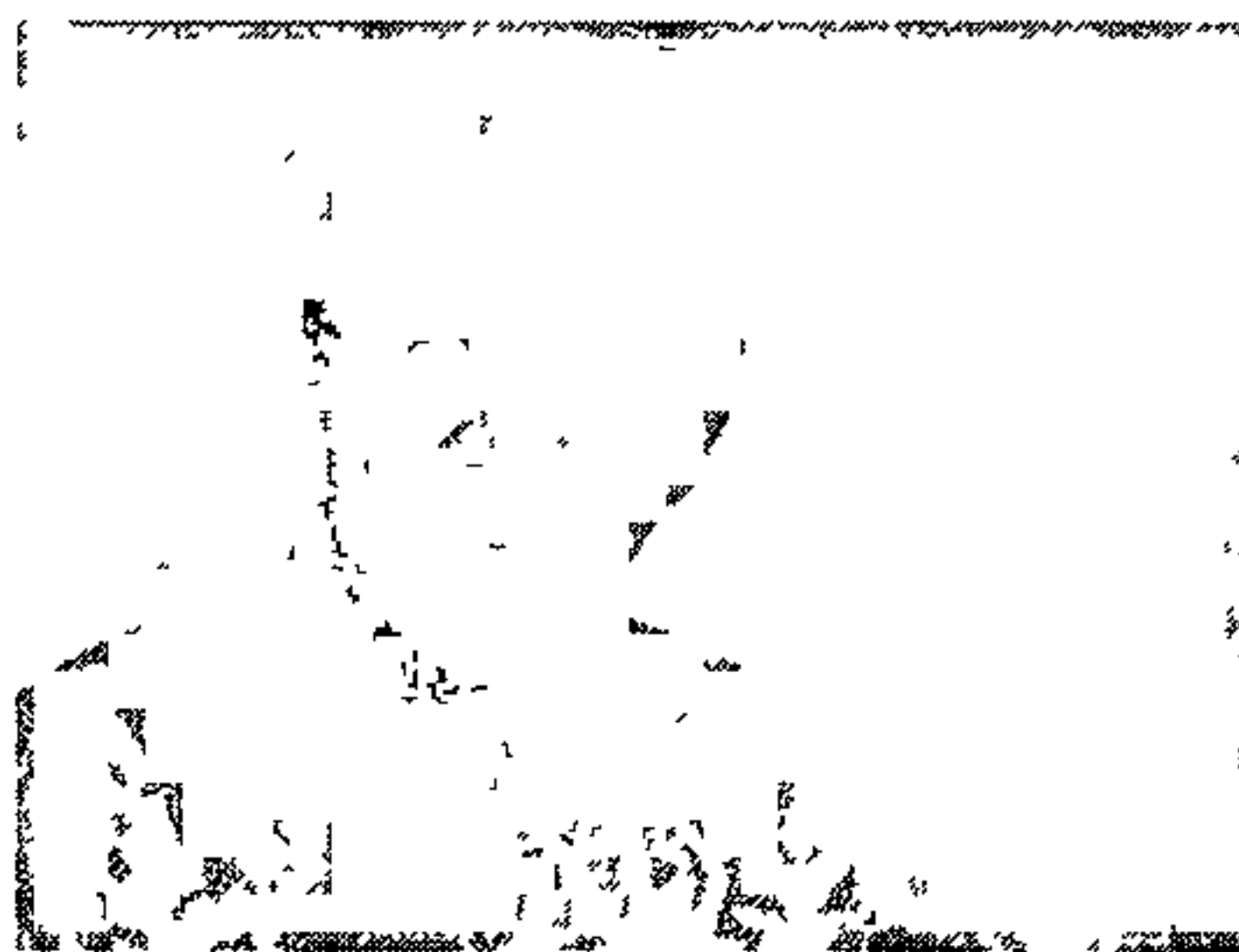
Announcing the withdrawal in Pretoria, Mandela accused traditionally white parties and interests of seeking to discredit Health Minister Nkosazana Zuma because "for the first time we have a minister who is prepared to take on the large multinationals".

Because of certain decisions by Zuma, the medicines market, monopolised by big foreign conglomerates, now faced competition. "That is the battle that is being fought," he said.

Mandela accused the media of creating "wishy washy" charges against Zuma and said there was no scandal in the manner in which she had acted. Shortly after Mandela's announcement, Cape Town lawyers representing the would-be donor confirmed the offer had been withdrawn with immediate effect.

What had been intended as a solution had become an additional problem for Zuma, lawyer Malcolm Serman said.

His client's aim had been to assist Zuma in her efforts to



MANDELA

Continued on Page 2

Sarafina

Continued from Page 1

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counter AIDS and to restore SA's credibility among foreign donors. However, the growing acrimonious media debate had led the donor to believe that neither of those interests were being served by his funding offer.

"There is no longer an anonymous donor and my client's identity is no longer an issue," he said.

An unrepentant Zuma said in Cape Town she hoped the withdrawal of the donor would now open a debate about the principle of private and confidential donations to government.

Asked how the health department would now pay for the aborted play and whether the European Union would have money it donated returned, Zuma said it would be handled in the normal way of "unauthorised expenditure".

This means the last say on the *Sarafina 2* scandal will come from the auditor-general and Parliament's public accounts committee where Zuma and her director-general Olive Shisana could face a further grilling when asked to justify the spending of money outside their budget.

Mandela said the *Sarafina 2* issue was a "smoke screen" and that Zuma was the target of medicine conglomerates which feared her approach to make health services more affordable.

He lashed out at the mass media, saying that despite public protector Selby Baqwa exonerating Zuma and blaming two white health department officials from the previous regime for irregularities regarding the funding of *Sarafina 2*, the media continued focusing on the minister.

The initial investigation by Baqwa was requested by traditionally white political parties, he said.

"The mass media is saying nothing about those two white officials. When you (the media) don't make a noise about corrupt white officials and concentrate on somebody who is innocent, how can we take note of what the media is saying," Mandela said.

A storm of protest from political parties ranging from the NP to the PAC followed yesterday's developments. The DP's Mike Ellis, whose original complaint started Baqwa's investigations, said after Zuma's news briefing that she had again missed the point. The donor issue, indeed the entire *Sarafina 2* affair, was about mismanagement in government and transparency in the use of public funds. Ellis said Zuma was apparently ignorant of how "unauthorised expenditure" worked and said he was very concerned about the funding of the AIDS play being treated as such.

PAC MP Patricia de Lille said Zuma's dithering had resulted in the loss of the donation when she should have done the honourable thing in the first place and apologised. She said Zuma should resign.

NP health spokesman Willem Odendaal said Mandela's defence of Zuma meant that he was now personally responsible for all those who would be infected by AIDS this year because of the failure of *Sarafina 2*.

Sapa reports that presidential spokesman Parks Mankahlana said the donor had offered to donate the money to other AIDS awareness projects instead and that the details would be negotiated with Zuma.

Comment: Page 15

Mystery donor pulls out and...

You will pay for Sarafina

(92) *kwetlan 12/9/96*

**By Joe Mdhlela
and Rafiq Rohan**

THE decision by the secret donor to withdraw funding for the controversial *Sarafina 2* musical play has prompted the Government to treat the R10,5 million as unauthorised expenditure, Health Minister Dr Nkosazana Zuma said yesterday.

Effectively, this means that the Government will have to fork out the money from the state treasury, using taxpayers' money to finance the controversial play.

Addressing the media in Cape Town yesterday, Zuma said it was regrettable that the white donor would now withdraw the funding because of the "virulent campaign directed at the Ministry of Health and the Government".

At another media briefing in Pretoria, President Nelson Mandela emphatically defended

Zuma. Warning the media to be objective in reporting issues, he said journalists had handled the issue in a "wishy washy" manner and with a disregard to facts.

Mandela said as a result of the controversy surrounding *Sarafina 2*, the benefactor had decided to withdraw funding.

Contrary to what the media had reported, the President was confident that "there was no element of scandal in the way Zuma has handled her portfolio".

However, the National Party and Democratic Party remained critical of Zuma and Mandela, demanding to know who would foot the bill.

The DP contended that it was still important for the public to be told who the donor was, while the NP expressed doubt if the donor existed in the first place.

Dr Willem Odendaal, NP spokesman on health, said the ANC had merely used the notion of a donor as a ploy to "white-wash" the issue.

"President Mandela must also know we are holding him responsible for all those people who will be infected with Aids this year because of the failure of *Sarafina 2* to empower people with the knowledge on how to avoid the disease," Odendaal said.

The DP's Mr Mike Ellis said in Parliament that the donor should now come forward with the same generosity and offer funds to organisations involved in the battle against Aids.

He said that it was now necessary to know exactly what "unauthorised expenditure" meant and whether the taxpayer would eventually end up paying.

He promised that the matter would not die.

However, with the support Zuma had received from the President and the ANC, it was clear that she "would survive".

The President and ANC needed to weigh Zuma's capability to manage her department, Ellis said.

Mandela blames media and drug firms

(92) Star 12/9/96

Taxpayer is left to pay R10,5-million bill for Aids play after anonymous donor pulls the plug - Zuma says funding will be treated like any other 'unauthorised expenditure'

By Jovial Rantao, Patrick Bulger and Trove Lund

President Mandela claimed yesterday that the *Sarafina 2* controversy was a smoke-screen for a campaign, waged by multinational companies, opposed to Health Minister Dr Nkosazana Zuma's programme to slash the price of drugs.

His comments came after Zuma announced that the mystery donor who had pledged to fund the Aids-awareness musical had withdrawn, and the taxpayer would have to foot the bill for the R10,5-million spent on *Sarafina 2*.

Zuma had initially said the funding would come from the European Union, but its ambassador to South Africa, Erwin Fouere said yesterday "Fortunately Zuma transferred the full R10,5-million back to us after she was recommended to do so by the Public Protector. We are not out of pocket at all".

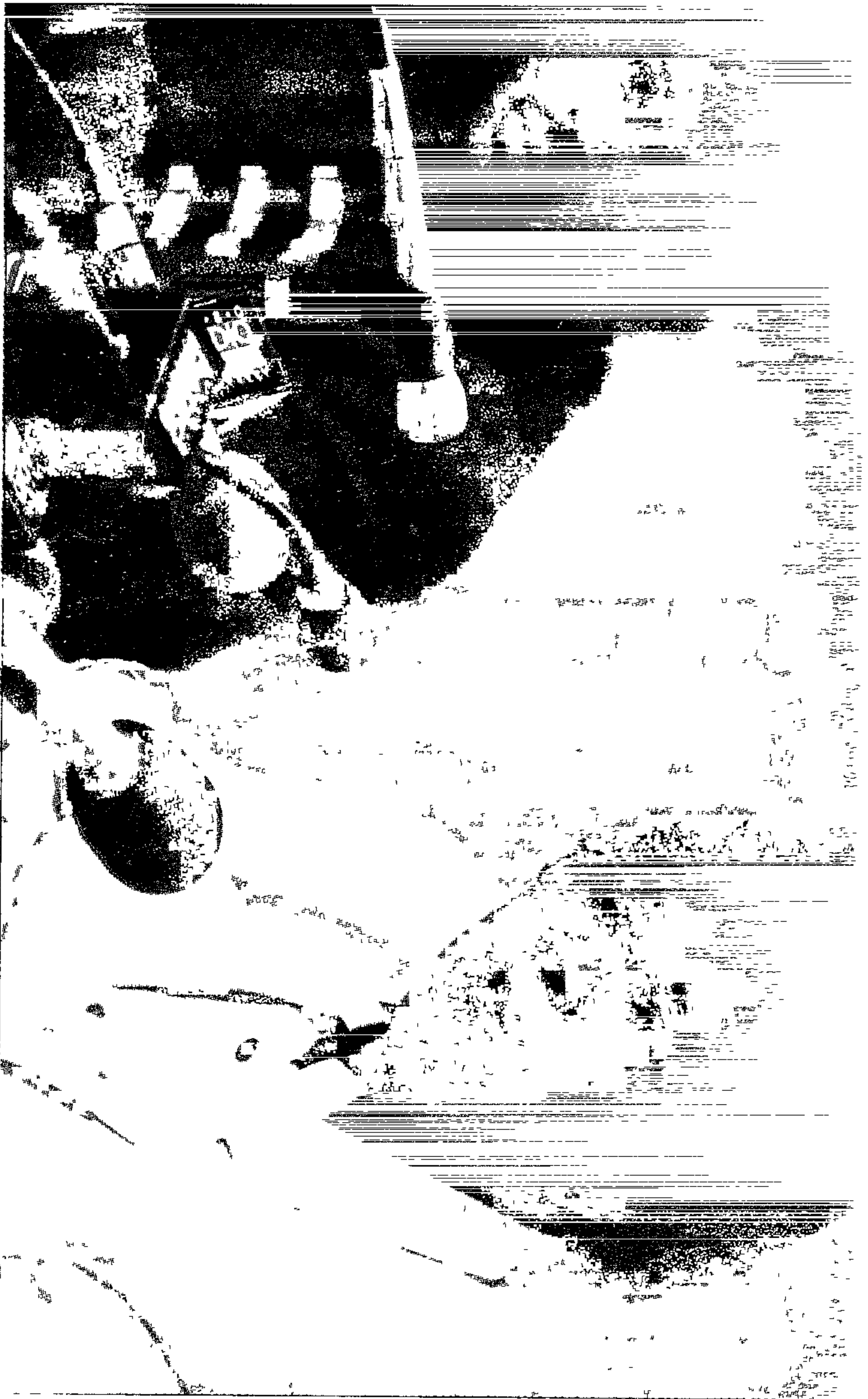
Fouere emphasised that the EU would continue with its Aids programme in the country. Zuma said in Cape Town it was a pity the donor had withdrawn "as a result of a virulent campaign directed at the Ministry of Health and the Government as a whole".

She said the R10,5-million would now become an "unauthorised expenditure" that would be carried by Government. "It will be dealt with like all other unauthorised expenditures are dealt with," she said.

In Pretoria, Mandela told reporters the "campaign" to force Zuma to reveal the identity of the donor had been made by predominantly white parties. "For the first time we have a minister who is ready to take on the multinationals who are monopolising the drugs market. Minister Zuma is trying to ensure that medical services are affordable to the poorest of the poor."

The market monopolised by conglomerates will be open to competition. Mandela said "That's the battle being fought." Mandela blamed "the predominantly white-owned mass media" for the way it reported the controversy and for the donor pulling out. He said the Public Protector, Selby Baqwa, "exonerated Zuma and blamed irregularities on two white officials coming from the previous regime. The mass media did not say anything about the two officials."

The donor's lawyer, Malcolm Serman, said of his client's withdrawal "He said what had been intended as a solution had become an additional problem for a minister whom he held in the highest regard and wanted to help. Serman said his client was prepared to fund the campaign against Aids - but on condition his name was not revealed. Baqwa said the "speculation, rumour-mongering and unsubstantiated rumours in the press" about the *Sarafina* issue reflected the way the "Government conducted its business". He urged a change in the rules on gifts to the state so that no donation could remain anonymous.



Fighting a battle .. Health Minister Nkosazana Zuma faces the press in Cape Town yesterday to explain her latest decisions regarding the *Sarafina 2* expenditure

Baqwa's report to Parliament yesterday declared that further investigations proved Zuma had done nothing illegal or sinister by accepting the offer of the donation. The main opposition parties, the National Party and the Democratic Party, expressed dissatisfaction with the way the issue has been handled, and called for Zuma's sacking. DP health spokeswoman Mike Ellis said it was a pity that Mandela had chosen to blame the media when Zuma had been "selective and evasive" all along. He predicted the matter would not go away as Zuma has repeatedly asked.

The NP's Willie Odendaal said his party was "alarmed" by the donor's withdrawal. He did not believe there had ever been a secret backer. "It was a deliberate attempt by the ANC to try and mislead the public of South Africa," Odendaal said. Pan Africanist Congress MP Patricia de Lille joined parties calling for Zuma's head and said "The simple fact was that about R14-million of taxpayer's money had been wasted on an Aids project that had worthy aims, but which had been abused."

Ellis considers action on manipulation claim

New turn in row over 'Sarafina 2'

ARG 13/9/96 (92)

CLIVE SAWYER
POLITICAL CORRESPONDENT

Mike Ellis, Democratic Party spokesman on health and a leading campaigner for exposure of the full facts of the Sarafina 2 affair, is considering legal action after claims that he is being "manipulated" by pharmaceutical companies.

Essop Pahad, Deputy Minister in the office of Deputy President Thabo Mbeki, said in a National Assembly snap debate that there were "rumours and perceptions" that Mr Ellis was being manipulated by pharmaceutical companies opposed to Health Minister Nkosazana Zuma's reforms. Mr Ellis strongly rejected the claims.

In a weekly newspaper published today, Durban millionaire Vivian Reddy was reported to have said the DP's "vicious" criticism was backed by powerful interests in the pharmaceutical industry.

Mr Reddy, who was the subject of media speculation that he was the mystery donor of R10,4-million to bail out *Sarafina 2*, was reported to have said "We have reviewed Hansard and Ellis has been quick to criticise Zuma at every turn. We believe vested pharmaceutical interests are behind his constant attacks on the minister."

After Dr Pahad cited the allegations during the snap debate, Andre Fourie of the National Party asked for the appointment of a special com-

mittee to investigate the claims. Speaker of the assembly Frene Ginwala said the request would be considered.

Deputy-Minister of Finance Gill Marcus said recommendations by Public Protector Selby Baqwa that treasury rules be changed to allow acceptance of donations, with the identity of donors remaining confidential, would be considered.

Meanwhile at least one public sequel remains in store when the Health Department annual budget is reported on by the auditor-general. It will be referred to the parliamentary Joint Committee on Public Accounts, which will hear evidence and recommend to Parliament how to deal with any unauthorised expenditure.

SARAFINA 2 ROW FLARES ANEW

ANC claims DP's Ellis has 'secret agenda'

(92) CT 13/9/96

THERE WERE "rumours and perceptions" that the DP's Mike Ellis was being manipulated by multinational drug companies opposed to Dr Zuma's health reforms, the ANC's Essop Pahad claimed in Parliament yesterday.

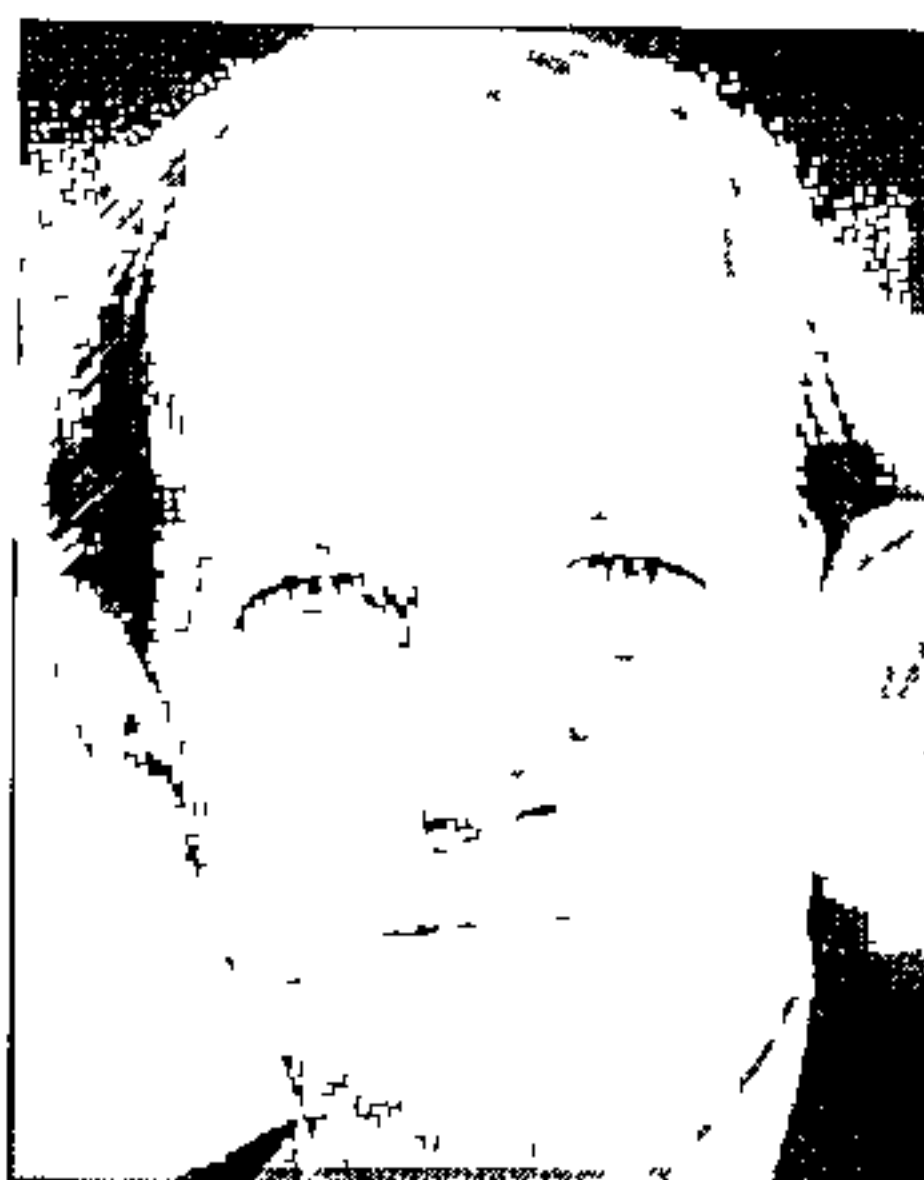
ANOTHER heated Sarafina 2 funding row erupted in Parliament yesterday amid new ANC claims of a racial campaign against Health Minister Dr Nkosazana Zuma and Public Protector Mr Selby Baqwa

Parliament will now consider whether to appoint a select committee to examine claims by the Deputy Minister in the Deputy President's Office, Mr Essop Pahad, of "rumours and perceptions" that the Democratic Party's health spokesman, Mr Mike Ellis, had a "secret agenda" and was being manipulated by multinational drug companies opposed to Zuma's sweeping health reforms

The allegations, vehemently denied by the DP, were first made by President Nelson Mandela when he announced on Wednesday that the secret donor had withdrawn his offer of R10,5 million to bail out Zuma's Aids-awareness play

Pahad said in a snap debate on private funding of government projects that there were "rumours" and a "perception within our constituency" that Ellis was "speaking on behalf of a hidden monopoly"

"The perception is that a master is pulling the strings," Pahad said, adding that there were also



ENRAGED: Mr Mike Ellis, who rejected the ANC's allegations

"rumours" that Ellis had held secret meetings with representatives of pharmaceutical companies

An enraged Ellis challenged Pahad to call for a select committee to look into his allegations. Such a committee was then proposed by the National Party's Mr André Fourie, and National Assembly Speaker Dr Frene Ginwala said the request would be examined

Claims of racism were flung back and forth across the chamber

The ANC also threatened to ask Baqwa to force the DP to reveal

details of Ellis' alleged talks

An ANC source said the organisation would do this because it had information that the DP, which has been very vocal about the Sarafina 2 saga, had waged its campaign on behalf of multinationals who were unhappy with Zuma's policy on drugs and tobacco

It has also been alleged that owners of leading pharmaceutical companies have separately asked Mandela, Deputy President Thabo Mbeki and other ANC leaders to stop Zuma's plans to break-up the monopolies in the pharmaceutical and tobacco industry

Ellis angrily rejected the allegations and said he was considering taking legal action

"The ANC are trying to deflect attention from Sarafina 2 and the serious mistakes committed by Zuma. They are guilty of mismanagement, lack of accountability and transparency," he said

Ellis said he had not had a meeting with any pharmaceutical company to discuss Zuma's drugs policy. He had, with senior ANC members, including the former chairperson of the Parliamentary portfolio committee on health, Dr Manto Tshabalala, gone overseas on a trip paid for by a pharmaceutical company to look at the manufacture of drugs.

"This trip was above board and the ANC was very much part of it"

— Political Staff

● See Page 17

PRESSURE COOKER

PM 13/9/96
The Public Protector's failure to reveal the identity of the mystery *Sarafina 2* donor has placed government under enormous pressure to lay its cards on the table

Far from clearing up the clouds of suspicion hanging over government, which is the job of the Public Protector, the crisis has deepened with even President Nelson Mandela being named as the mastermind behind the R10,5m deal that rescued Health Minister Nkosazana Zuma's political career

But it seems as if *Sarafina 2* will yet be her undoing. Auditor-General Henri Kluever says he and State Expenditure DG Hannes Smit will have to be told the donor's identity and that he will have difficulty finding a reason why it should not be revealed.

As the donation is conditional on anonymity, this means that, unless there are other reticent benefactors lurking in the wings, Zuma will finally be forced to take responsibility for wasting R10,5m of taxpayers' money.

She should do so immediately before the media rounds up another bevy of suspects. The latest, according to weekend newspapers, is Indian businessman Vivian Reddy, chairman of the SAM-

FINANCIAL MAIL SEPTEMBER 13 1996

52 CURRENT AFFAIRS

Sisonke investment company and a personal friend of Zuma's.

Clearly, the matter refuses to be laid to rest just because the Public Protector, Selby Baqwa, has been assured of the secret donor's philanthropic intentions.

After a four-day investigation during which he interviewed Zuma, the donor and his attorneys, Baqwa saw fit to subjugate the public's right to know to the donor's right to privacy. Had he decided otherwise, the donor would have withdrawn the R10,5m needed to cover the State's contractual obligations regarding the Aids play.

Baqwa states that the donor is not the Indian pharmaceutical group Ranbaxy "I have been assured by the Minister and the donor that his business has nothing to do with health, health products or anything that could logically connect it with the Department of Health. There was nothing to cause me to believe that the donation is improper in the sense that he

has something to gain secretly from the department."

It is not clear whether Baqwa managed to ascertain in such a short space of time whether the white businessman is a front for a company with a hidden agenda, as is now being alleged.

In his report, Baqwa says Zuma denied ever having stated that the donor was a group of businessmen as opposed to the lone benefactor who has now emerged. However, Hansard reveals that in July Zuma told parliament that "South Africans from the private sector" had agreed to take care of *Sarafina 2*'s budget because "they recognise the enormity of the HIV-Aids epidemic in SA."

The public rightly has difficulty accepting that a successful white businessman is spending R10,5m to revive an extravagant and discredited Aids production because he wants to do something to combat Aids in SA. The story does not add up, especially as Baqwa himself concluded

that *Sarafina 2* had little educational value and should be shut down.

Says DP MP Mike Ellis "Give it to a nongovernmental organisation that is doing outstanding work in the Aids field rather than bailing out a Minister who has been proved incompetent in handling her department."

The DP refuses to let the matter die and is considering approaching the Constitutional Court "to see whether Baqwa has been accurate in his assessment."

Says Ellis "By acting to protect the constitutional right to privacy of the donor, Selby Baqwa simultaneously acts to violate the constitutional right to information of every South African."

"The donor has done Zuma no favours. Speculation will continue and the debate will focus on *Sarafina 2*, not on Aids. The donor, despite his laudable intention, will have done nothing to further Aids awareness and everything to weaken our young democracy." ■

NKOSAZANA ZUMA

SOWING SEEDS OF HER OWN DESTRUCTION

(92) FM 13/9/96

The correct thing to say about Health Minister Nkosazana Zuma is that though she may have erred over *Sarafina 2* and its financing, she is doing a better job than it seems

Quick to come to her defence, as could be expected, is *The Sunday Independent*. Curiously, however, as it believes she is doing a good job, it ascribes her continued defence by President Nelson Mandela to her loyal work for the ANC prior to liberation and her husband Jacob's being ANC chairman — gunning for the vice-presidency

It says she is criticised for bringing in Cuban doctors, proposing conscription for doctors, limiting doctors' dispensing — and, of course, *Sarafina 2*

We would add her deliberate flaunting of government's policy of transparency and her contempt for the public interest

Her achievements are listed as hard work, visiting the sick, chairing the UN aids control programme, hosting the Commonwealth Health Ministers and imposing a larger health warning on tobacco advertising

What she has not done is provide a widespread and effective primary health-care service, which is the most important task of her ministry. It remains a goal — distant, we would guess

Doctors say her main achievement so far has been widespread confusion and presiding over an administration that provoked a nurses' strike, awarding tenders in curious circumstances and displaying a significant inability to match her proposed health services to the resources available to her department

Of course, the money wasted on *Sarafina 2*, conspicuously large to ordinary folk, is only a modest proportion of the massive annual health spending. Even if a well-wishing donor makes good the *Sarafina 2* losses, they are still losses. And clearly her judgment in authorising a play that has been discredited as effective aids avoidance propaganda can be called into question

It stands to reason that her conduct has undermined the public's confidence in government health services. By how much is impossible to say

Would she have survived in the pri-

vate sector as the head of, say, a large medical aid scheme? Chances are that the answer is no

For example, take the delinquency of parting First National Bank MD Barry Swart. He gave a bank decorating contract to his daughter's company, without any loss to the bank's shareholders

Despite serving his bank well for many years in senior positions and substantially boosting its profits, he has paid a high price — a humiliating public apology was followed by a dignified retirement several years ahead of his time. Zuma would be advised to look, learn and follow suit

It is not right for government to accept money from a donor without the public knowing from whence it came and for what purpose it was given

The secrecy row over the *Sarafina 2* donor comes on the eve of legislation to reduce money laundering that will sweep aside, if enacted, what is now a substantial element of banking privacy

This seeks justification on the grounds that money laundering is a greater evil than banking privacy is an individual right. If that be so, the same principle should apply to the *Sarafina 2* donor. The source of the funds and the donor's motive should be open to public scrutiny

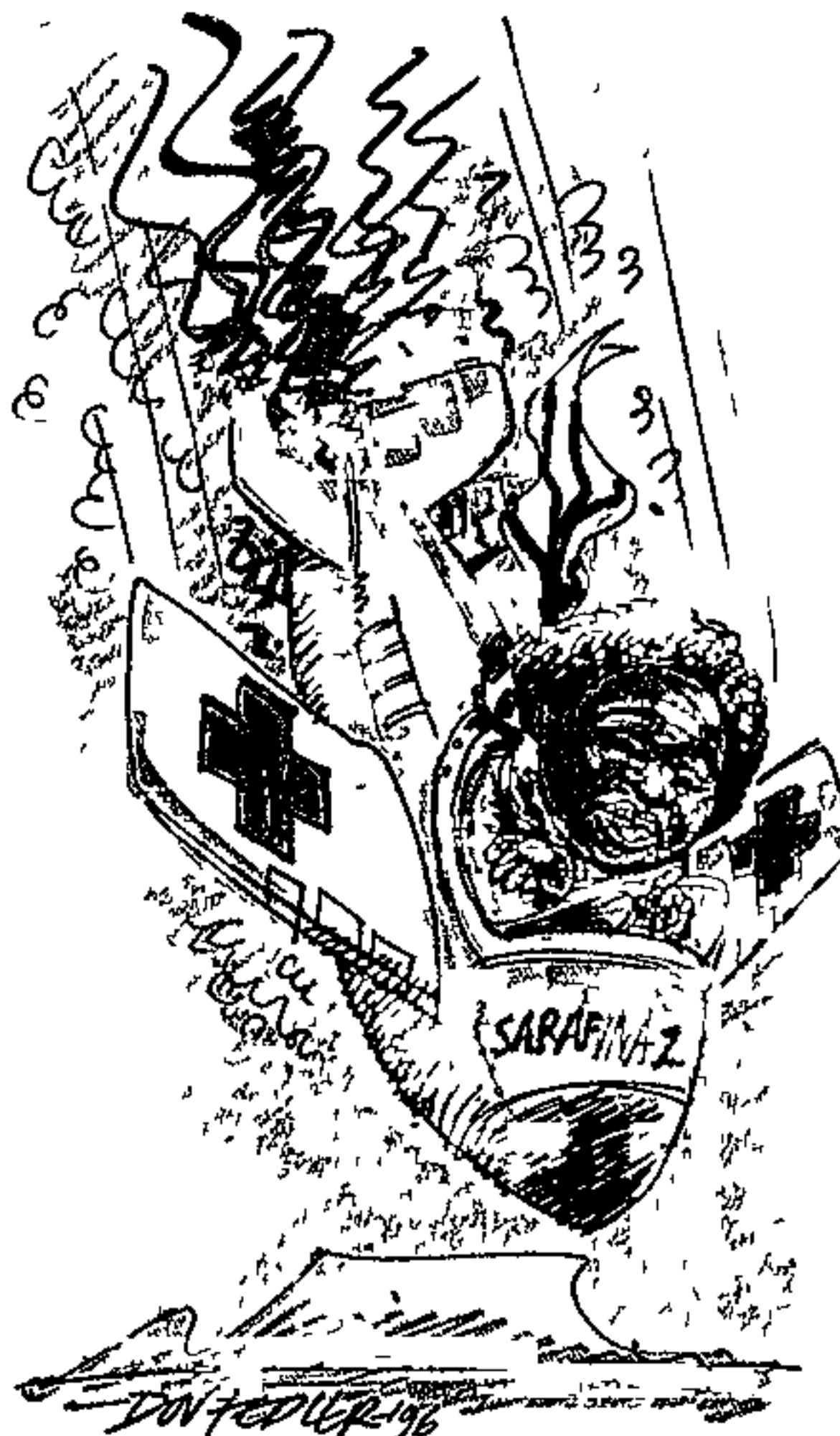
Only in this way can any hint of commercial gain attaching, even obscurely, be avoided

In these circumstances, whether Zuma has been a good or bad Health Minister is beside the point

But as Zuma's competence as a Minister has been brought by her apologists to the public domain, Mandela should review, on the basis of her record, her continued Cabinet membership. If found wanting, she should be shuffled appropriately

This would send a strong signal to the Cabinet, senior bureaucrats, the public in general and investors in particular that while affirmative action is deskilling the public service, at least the President has an eye for integrity and competence above loyalty

A supercilious Minister who does not also deliver usually sows the seeds of his or her own destruction ■



Mixed plaudits for public protector's baptism

(S) (92) MFG 13-19/9/96
Mail & Guardian Reporters

PUBLIC Protector Selby Baqwa's baptism of fire over the *Sarafina II* debacle has drawn a mixed reception from political parties and commentators

The Inkatha Freedom Party slammed his performance, saying Baqwa had been "unfair to the public which demands transparency" The party's health study group deputy chair, Jeanette Wilikazi, said he was "just protecting the donor at the expense of the public".

National Party representative Willem Odendaal said the party did not think Baqwa had dug deep enough. He added that the South African Communications Services had recommended that Health Minister Nkosazana Zuma opt for a cheaper and better awareness programme But Zuma turned down the R5-million project and went for *Sarafina II*.

Steven Friedman of the Centre for Policy Studies at Wits said that if Baqwa's ruling meant that any anonymous donations were acceptable he had failed as public protector It appeared from Baqwa's slightly confusing report that he would sanction anonymous donations as long as the auditor general and the public protector knew the donor's identity

This meant he was not protecting the public, for the only reason anyone would ever give an anonymous donation was to hide they were getting something in return Friedman said by permitting any anonymous donations Baqwa was making "retrogressive changes" to the treasury

Political scientist Robert Schrire was more forgiving, saying Baqwa had steered a pragmatic path

between the need for transparency and accountability and keeping in with political players — "a pass mark"

Auditor General Henri Kluever backed his fellow watchdog saying he supported the recommendations that treasury legislation be amended to make it explicit that names of donors could be kept confidential

Kluever added that the names of donors should only be kept confidential after close scrutiny by the treasury, the public protector, auditor general and director general of the department which would receive the donation.

"I fully support the public protector's recommendations [about amends to treasury instructions], but I cannot comment on the constitutionality of the matter "

Kluever said he was surprised that the *Sarafina II* donor pulled out at this stage

The Democratic Party's Mike Ellis said he believed Baqwa had fulfilled his mandate "I had been concerned that his investigation was not full enough, but after reading his report I believe that he is a man of integrity and worth "

Baqwa said "In this regard, it is recommended that an additional provision be added to the effect that donations made — of which the donor's identity for good reasons is kept confidential — should be acceptable as long as the political office bearer and the accounting officer concerned are satisfied that there is no impropriety or conflict of interest, and the identity of the donor is made known to the public protector and auditor general "

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Electronic
Mail & Guardian

Funders behind the failed rescue bid

(92) M+G 13-19/9/96

ANC members who are under investigation by the party are involved in the company alleged to be behind the bid to pay for the ill-fated Aids play. **Stefaans Brümmer and Ann Eveleth** report

THE investment company named in this week's controversy over the ill-fated R10,5-million *Sarafina II* rescue bid is run by a motley crew of African National Congress-aligned businessmen — three of whom featured in a drugs probe by the party's intelligence wing two years ago.

The R500-million investment firm SAM-Sisonke, which is backed by the Malaysian concern Asia Pacific, was named by the *Sunday Times* as closely connected to the bid to rescue Health Minister Nkosazana Zuma from the Aids-play bungle. The "white donor" referred to by Public Protector Selby Baqwa was a "front", it claimed.

On Wednesday, President Nelson Mandela announced the donor had withdrawn his offer to pick up the *Sarafina II* tab. Malcolm Serman, the white donor's lawyer, said the offer had been withdrawn as "what had been intended as a solution had become an additional problem" for Zuma due to "the growing acrimonious media debate".

Baqwa, in his final report on the aborted donation, on Wednesday said he had not found it necessary to "go on a witch hunt on the basis of unsubstantiated rumours in the press", as Auditor General Henri Kluever, once the donation was made, would establish whether the donor was *bona fide* — and that he stuck to his decision not to expose his identity.

Baqwa said "it would appear from press reports that [SAM-Sisonke chair] Vivian Reddy had already denied any connection with the donor" and that Zuma assured him "there is to the best of her knowledge no connection between [Reddy] and the donor".

But Reddy this week stopped short of flatly denying to the *Mail & Guardian* his involvement. He said "No money has been transferred from my company to the Health Department."

Media speculation has also had it that the true origin of the intended funding went back to a source "close to the president". Mandela's spokesman Parks Mankahlana denied there was any truth to this. "The president told me in no uncertain terms this is not true."

Reddy, asked whether he would have been one of what was alleged to have been a three-stage process intending to hand over the donation, said: "I know all three tiers. I'm involved in SAM-Sisonke, I know all



Dancing in the dark: The dancers are smiling but there has been no joy in the furore over the funding of *Sarafina II*

'Vested interests' backed Zuma criticism

Ann Eveleth

DURBAN millionaire Vivian Reddy this week hit back at the Democratic Party with claims that the party's "vicious" criticism of Health Minister Nkosazana Zuma were backed by powerful interests in the pharmaceutical industry.

Lashing out at DP health spokesman Mike Ellis after he gave credence to reports linking Reddy to *Sarafina II*'s R10,2m mystery bail-out, Reddy said he would ask Public Protector Selby Baqwa to probe alleged links between Ellis and the pharmaceutical industry, which has opposed Zuma's drug policies. "We have reviewed Hansard and Ellis has been quick to criticise Zuma at every turn. We believe vested pharmaceutical interests are behind his constant attacks on the minister," Reddy alleged.

Reddy claimed he had "documentary proof" that pharmaceutical interests had paid for a recent visit by Ellis and his family to the Far East. He hoped the matter would come up in this week's parliamentary debate on the question

of the minister's friends and I'm known in the president's office." In a Durban press report after the announcement of the donor's withdrawal, Reddy offered to stand in and pick up the tab.

Reddy's co-directors in SAM-Sisonke include four former members of the ANC's Department of Intelligence and Security (DIS), which was later integrated into the new National Intelligence Agency (NIA). They are Sam Prakash, Lawrence Petersen, Liza "Gibson" Njenje and Jomo Mavuso.

Petersen and Mavuso were both subjects of an ANC DIS probe into

of anonymous donors.

Ellis denied "vehemently" that any pharmaceutical company had influenced him or any of his political decisions. He also denied any ties with any pharmaceutical company. But he admitted he had been on several trips, with his wife, which had been funded by pharmaceutical companies.

He said he had been to the Far East twice last year with the foreign affairs committee, to London with Smithcon Beecham pharmaceutical company along with former director general in the Health Department Manto Tshabalala and the editor of the South African medical journal. He said four years ago he and his wife went to the Far East to attend the international Pharmaceutical Manufacturers' Association biannual conference, and this trip was paid for by Hoechst, a German company. He said in 1991 he and his wife went on a study tour of Europe which was paid for by various pharmaceutical companies.

Ellis also said Reddy's personal attack may be related to his "guilty conscience because the DP is still wait-

ing for a sum of money he promised us before the 1994 elections".

Mirryena Deeb, on behalf of the Pharmaceutical Association, said she knew of no such sponsorship by the association, but that individual companies may have hosted Ellis or other MPs on visits to industrial sites in other countries. Deeb said a request had been made to members of the industry to host a visit by some members of the parliamentary health committee to the United Kingdom last year, and Ellis may have been part of the delegation, but stressed that this was "definitely not an initiative of the association". Deeb said the industry had made its representations on its concerns about Zuma's drug policy "directly to the minister".

President Nelson Mandela this week, however, backed Reddy's allegations that the industry was behind recent criticism of Zuma. Speaking after the mystery donation was cancelled under pressure for disclosure, Mandela said the *Sarafina* saga was a "smokescreen" for efforts to target Zuma by medicine conglomerates which she had taken on.

drug smuggling allegations in 1994, and both were suspended as bodyguards to Mandela that December. It was reported at the time that the probe was looking at an entertainment venture, the New African Foundation, in which Petersen, Mavuso and Njenje were reportedly directors.

The New African Foundation had been the branchchild of Austrian businessman Rainer Maria Moringner, who earned a reputation as a "sanctions-buster" when he set up an aircraft factory — which made "spotter" aircraft said to be suitable for military applica-

tion — in the Ciskei in the mid-Eighties. Moringner was reportedly involved in plotting an abortive coup against Ciskei leader Lennox Sebe in 1989. That same year a warrant for his arrest on multi-million rand fraud charges was issued in Austria. Two years later he was acquitted of R5,5-million forex fraud charges in Johannesburg. It could not be established this week whether Moringner is still in South Africa.

An intelligence operative this week told the *M&G* that Petersen and Mavuso's suspension followed an incident at Lanseria Airport involving a

large Mandrax haul uncovered by another DIS member, whose name was given to the *M&G*. The operative claimed the incident also put an end to Njenje's ambitions to fill a senior post in the NIA or its external counterpart, the South African Secret Service (SASS).

DIS spokesman Billy Masetla was reported early last year to have said the investigation was "nearly complete". But this week the end result remained unclear. A spokesman for Masetla, who is now director-general of SASS, referred inquiries to his NIA counterpart, Dr Sizakele Sigxashe, who he said had "signed the final report on the matter". An NIA spokesman said Sigxashe would not comment as it was "an ANC matter". Petersen, Mavuso and Njenje could not be reached for comment at the time of going to press.

Reddy, who is also the multi-millionaire managing director of Durban-based Edison Power, made his fortune filing electrical contracts for the old tricameral parliament's House of Delegates, but has built close relationships with several ANC leaders.

Described by his critics as a man who "always backs the winning horse", Reddy first built relations with ANC members aligned to Public Works Minister Jeff Radebe, who then served as chairman of the ANC's southern KwaZulu-Natal region. When Jacob Zuma won the race for the KwaZulu-Natal ANC leadership in the run-up to the 1994 election, Reddy moved quickly to build links with him.

Prakash said this week that "some of the speculation [about the *Sarafina* donor] is becoming embarrassing. Somebody is on a fishing trip and they are trying to point fingers at people who have been involved with the struggle."

Prakash had worked with Petersen, Mavuso and Njenje for some time and said SAM-Sisonke was formed primarily as a construction company seeking involvement in South Africa's housing industry. The company also intended building clinics and schools, he said.

Reddy told the *M&G* after a Tuesday telephone conference with Baqwa that "the *Sarafina* donor will never be known, or else there will be no donation." He said he understood Kluever had also accepted the donor's anonymity after he met Baqwa to discuss the issue on Tuesday.

When the proposed donor withdrew his offer the next day, Zuma blamed the media for not respecting the donor's wish to remain anonymous. The *M&G* established that Reddy flew unexpectedly to Cape Town about the time the announcement was made that the donor had withdrawn his offer.

Reddy earlier said the donor's anonymity condition was rooted in a fear that "his other business will suffer. Anytime he wants to bid for a government contract, everyone will start asking questions."

Gill Marcus proposes strategy to control confidential donations

BD 13/9/96

Wynndham Hartley

CAPE TOWN — Health director-general Olive Shisana might have to foot the R10,5m bill for Sarafina 2 if Parliament refused to recognise the spending as unauthorised, it was argued in Parliament yesterday.

A raucous political debate on private funding of government projects overshadowed concrete suggestions from Deputy Finance Minister Gill Marcus on how anonymous donations should be outlawed and confidential

ones should be strictly controlled.

DP health spokesman Mike Ellis warned that it was dangerous to take for granted that Parliament would sanction the spending on the AIDS play For Health Minister Nkosazana Zuma to believe that the public would be happy to pay for her major blunder could be wrong, he said. She had spoken as if it was easy to have expenditure declared "unauthorised" and warned that if this did not happen the accounting officer for the department, Shisana, would be liable for the money.

Deputy Minister Essop Pahad immediately accused Ellis of being in the service of "pharmaceutical conglomerates" and said this was the reason for his attack on Zuma. There was a perception that Ellis was speaking on behalf of "hidden monopolies", he said.

After Ellis said Pahad was "fabricating" to protect the minister and Speaker Frene Giniewala warned him to be careful, Pahad went on to suggest that drug companies had funded a trip abroad for Ellis. He said the furor was because the companies objected to

Zuma making drugs more affordable and all the "sound and fury over Sarafina 2" to protect vested interests.

NP MP Andre Fourie challenged Pahad to call for a special select committee to investigate Ellis. Ellis supported this, saying he would welcome a probe, which would demonstrate how abominably Pahad had behaved.

NP speakers Willem Odendaal and Fanus Schoeman described Pahad's speech as "character assassination".

During the debate Marcus asked whether parliamentary oversight reg-

ulations were adequate to deal with donations to government and said she hoped the debate would produce recommendations that the finance ministry could take into account in reviewing the situation.

Zuma's silence on the identity of the person who offered to finance the play had conformed with current regulations. However, perhaps it should be determined that if a donor wished to remain "confidential" at very least the

Sarafina

Continued from Page 1

name should be given to the auditor-general and certification given to the treasury to ensure "no strings were attached" to the gesture, she said, suggesting that the public protector should similarly be informed and that the donation should be tracked by

(92)

these two offices. Anonymity was not acceptable, Marcus said.

Under exceptional circumstances the accounting officer and the minister in the department concerned would have to ensure that there was no conflict of interest, and this would be scrutinised by the auditor-general and the public protector.

See Page 9

Continued on Page 2

Govt made right choice, says Ngema

Star 13/9/96 (92)

Playwright Mbongeni Ngema is adamant the Government was right to contract the production of *Sarafina 2* to a black company

In an interview with *Sowetan*, he said he had no regrets about receiving money from the Government. "At first I did, but . . . my attitude changed. I began to look at it with a political eye."

Speaking of Health Minister Nkosazana Zuma, Ngema said for the first time he now felt sorry for her "She told me . . . she was not shaken because she believed that what she did was the right thing."

He blamed "detractors" of the Government, particularly the white-owned media, the NP and the DP, for the political storm around the funding of his Aids-awareness play. "Although South Africa has changed, people have not changed, most of the people in the white press are either DP or NP, they are the same people who, if given the chance, will hit back at any black person who is trying to come out of the waters," he said. - Own Correspondent.

New mystery donor row hits FW

By Rafiq Rohan
Political Correspondent

HOT on the heels of the *Sarafina 2* controversy around mystery donor funding comes yet another donor row - this time involving former state president Mr FW de Klerk

He has been slammed for having a holiday house at his disposal for his personal use for the rest of his life on a nature reserve. The home is funded by an anonymous donor.

Public Works Minister Mr Jeff Radebe has confirmed in Parliament that the anonymously donated holiday house for De Klerk. He has promised to take the matter further.

"I assure members we will investigate this matter further," he said.

The donation involves "several hundred thousands of rands".

De Klerk admitted in 1995 that he had received the home situated at Lekkerwater in the De Hoop Nature Reserve in the Western Cape a number of years ago from a mystery donor.

He said that the administrator and executive committee of the former Cape provincial administration and the depart-

ment of state expenditure had approved the donation from donors unknown to him.

He said the donors laid down conditions that the building erected and furnished "is for the exclusive use of Mr and Mrs de Klerk and their guests, free of charge".

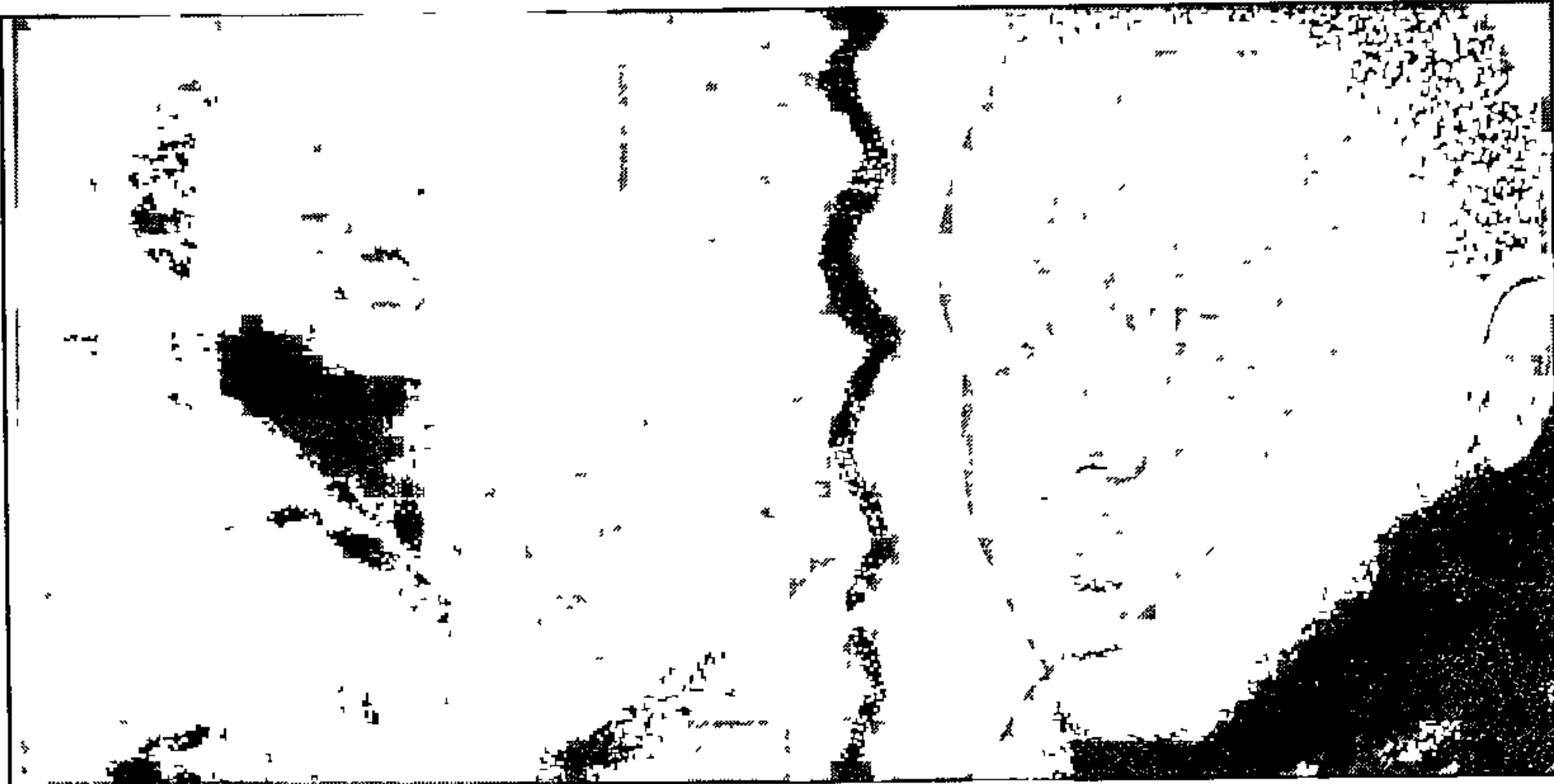
A condition would also be that "it would be at Mr de Klerk's disposal for life" and that when he no longer wanted to use the facility, the government of the Western Cape could use it for environmental education purposes.

A statement from the National Party said "Mr De Klerk agreed to this arrangement on condition that the donor's identity remain unknown to him. He further decided that his right of use be limited to the period he holds public office".

De Klerk said he had since relinquished the exclusive rights to use the house and that he would instead use the house 60 days a year, 30 of those days would be free of charge.

Yesterday the African National Congress' MP Willie Hofmeyer said De Klerk's private use of the home revealed the "dubious morality of the apartheid rulers." He demanded an explanation.

(92) Sowetan 13/9/96



Mbongeni Ngema . . . has no regrets about receiving money from the government.

PIC MBUZENI ZULU

I don't regret the funding - Ngema

By Sonti Maseko

MUSICIAN AND PLAYWRIGHT Mbongeni Ngema, whose production *Sarafina 2* has become a political nightmare for the ANC, is adamant that the Government was right in giving money to a black production company

In an interview with *Sowetan* this week, he lashed out at what he called the detractors of the Government, in particular the white-owned media, the National Party and the Democratic Party, for the political storm that has resulted from the funding of the Aids play

Ngema believes he and Health Minister Dr Nkosazana Zuma are targets of the opponents of the Government

"Some of us were very vocal in the struggle against apartheid. Although South Africa has changed, people have not changed, most of the people in the white Press are either DP or NP, they are the same people who, if given the chance, will hit back at any black person who is trying to come out of the waters," he said on Wednesday

He says he has no regrets about receiving money from the Government

"At first I did, but as this thing went, my attitude changed. I then began to look at it with a political eye"

He is particularly angry at the auditor-general's earlier decision that the identity of the donor be revealed before the Government accepted the money

"In other countries people donate money all the time and do not want to be named for many reasons. I do not understand why it is such a big issue here"

Playwright takes swipe at white-owned media, NP and DP

'The play was slammed by theatre critics and Aids activists in terms of not educating the public'

Speaking of Zuma, who has faced mounting pressure to resign because of her decision to award R14 million for *Sarafina 2*, Ngema said for the first time he felt sorry for her

"In the meetings I have had with her I have expressed the feeling. But she is a very strong woman. She told me the reason she was not shaken was because she believed that what she did was the right thing"

Knew little

Ngema also believes it was right that he was awarded the contract even though he admitted that he was not an Aids activist and knew little about the disease at the time

"It was a fine gesture from a black Cabinet Minister that a company with a record of good work and which had contributed to change through its cultural efforts was awarded the contract"

"Suddenly there was an uproar as if I had bribed the Minister to give me the tender"

He did not think that R14 million was an extraordinarily large sum of money to be awarded to one organisation for a play

"I do not think it was, considering

that the play was going to run for 52 weeks

The Minister wanted a quality production that would attract even people who did not usually go to theatre. Besides I had my name to take care of"

The play was slammed by theatre critics and Aids activists as not being effective in terms of educating the South African public about Aids

Ngema however, defended it as being better than the original *Sarafina* in terms of artistic merit

He said the play had to strike a balance between entertainment and being informative, but added that he had showed a willingness to work with Aids activists once the play's shortcomings were pointed out to him

He said there were four mainly white groups that were funded by the former National Party government to the tune of R120 million in the past

These companies, he said, did not even employ black artists while his company, Committed Artists, has trained more than 300 artists who now back leading musicians

Future uncertain

He admits that the future of *Sarafina 2* is uncertain, following a recommendation by Public Protector Advocate Selby Baqwa that it be discontinued

However, he said he would consider continuing with *Sarafina 2* as a commercial production if the funding for the play did not come from the Government. "It would be stupid to abandon it"

Sarafina debate becomes a brawl

By Rafiq Rohan
Political Correspondent

THE debate around the vexing question of donor funding turned into a free for verbal fight character assassinations and mudslinging in Parliament yesterday

It was clear that opposition parties came prepared to verbally lynch Minister Dr Nkosazana Zuma over the *Sarafina 2* debacle and controversy over a mystery donor. But they were unprepared for the African National Congress which fired back at Zuma's detractors.

Opposition parties appeared united in their efforts to lampoon the minister and most called for her dismissal.

However, the wind was somewhat taken out of the sails of the National Party about revelations that its leader had occupied a holiday house funded by a secret donor.

At one point chaos reigned in the National Assembly when Mr A. Pahad launched into the NP around the sponsored house.

Strong position

Looking at the NP benches he said "You must clean yourself before you want to clean someone else!"

The House became even more animated when Pahad took on Zuma's main attacker Democratic Party's Mike Ellis. He said Ellis had adopted such a strong position to Zuma because there were rumours he (Ellis) was in cahoots with pharmaceutical companies.

"You are speaking not on behalf of yourself or your party but for some monopoly," Pahad said. Speaker D. Frene Ginwala warned him about making the allegations.

In his input, Ellis said that neither the ANC nor Zuma had reacted to the real charges laid against them - "serious financial mismanagement and a total lack of transparency and accountability."

"These are the issues that will continue to haunt this Minister as long as she remains in office," he said.

"It is not the press that must be blamed, or the opposition parties as the President claimed, but the minister in her department."

The Inkatha Freedom Party's M. Henne Bekker said the Government's handling of the issue "can only be experienced in a typical banana republic" adding "the ANC must come clean."

The Pan Africanist Congress' Patricia de Lille said the ANC had attempted to neutralise the situation. "This debate is far from over until Zuma apologised to the public for her errors."

The NP's Dr Willem Odendaal said President Mandela must take steps "to appoint a new minister not as arrogant as the current one."

The Government is attempting to make the media the scapegoat for the Aids musical drama. Colleen Ryan traces the events behind this multimillion rand debacle

Sick saga of 'Sarafina 2' puts spotlight on accountability

(92) Ryan 13/9/96

Just how much criticism will the ANC tolerate? President Nelson Mandela, in blaming the white-owned media for the *Sarafina 2* debacle, has drawn attention to this question.

It is true that the press has doggedly followed the story and has been critical of Health Minister Dr Nkosazana Zuma and it has done so because the Government is accountable for all its decisions. In the case of the Department of Health's *Sarafina 2* musical, tender procedures were not followed, and more than R10-million in European Union donor money was spent on an extravagant project, without authorisation.

Allegations of racism have not only come from the ANC leadership. Mboneni Ngema, the man who received the millions paid out for the staging of the travelling Aids awareness show, was one of the first to suggest that the attack on *Sarafina 2* was racially inspired.

On Wednesday, when Zuma told a press conference that the secret private donor had withdrawn and that the R10,5-million spent on the production would be paid for by taxpayers as unauthorised expenditure, the president blamed the white media.

Public Protector Selby Baqwa's report to Parliament sheds a great deal of light on the history of *Sarafina 2*. In June 1995 Ngema conceived the idea for an Aids awareness play. She approached playwright Mboneni Ngema in the light of a contract the Department of Health had entered with the European Union to provide millions for an HIV-Aids prevention programme. Ngema told the minister a play would cost about R800 000.

The chief director of Department Support Services, A Badenhorst, was invited to implement the project in time for World Aids Day on December 1 1995. The Departmental Tender Committee looked for three tenders, two of which were returned. Even though the tender committee has not finalised its deliberations, Badenhorst signed a contract with Ngema's Committed Artists Theatre company for R14,27-million, R3-million of which was paid over when the con-

tract was signed (There were regular payments to Ngema after this).

In January 1996, it was reported that health workers had criticised the Government for wasting R14-million on a poor play which failed to get across the Aids message.

It was then reported that Ngema had received R9-million of the budget, but that the play had only been performed once, on World Aids Day.

Opposition politicians were highly critical, and in February Zuma failed to attend a National Assembly Standing Committee on Health to which she had been summoned by chairman Dr Manto Tshabalala.

Several conflicting statements were then issued by officials from the Department of Health, some claiming the EU had only partly funded the play, others that it had fully funded the play.

The department insisted taxpayers' money had not been spent. The EU denied its R48,3-million provided to the department for an Aids programme had included R14,2-million for *Sarafina 2*.

Zuma subsequently appeared before a portfolio committee and defended the production, saying song and dance had been effective tools in the fight against apartheid and "we feel they have to be used in the struggle against Aids".

Crucially, Zuma denied that the EU was unaware of funding the musical.

Zuma later announced an internal enquiry into allegations of irregularities in awarding the contract.

The DP, PAC and NP all called for an independent probe, but the ANC leadership supported Zuma. Only the ANC Women's League called for an internal party probe.

Mandela and Deputy President Thabo Mbeki then issued a joint statement rejecting allegations of a cover-up and said they had been briefed about, and supported, the project.

In March, Public Protector Selby Baqwa announced after receiving complaints, that he would investigate the issue.

After a meeting between the EU and

the Department of Health in the same month, the department admitted it had not met EU requirements in allocating R14,2-million for the musical.

Late in March, the ANC outvoted all other parties and rejected a draft resolution from the DP that Zuma be investigated for misleading the parliamentary briefing about the Aids play.

In his report to Parliament in June, Public Protector Baqwa found, among other things:

■ Tender procedures had been flouted when Ngema was awarded the contract

■ The European Union had not been informed that this was how its money was being spent. Reports submitted to the EU in August and October 1995 merely mentioned the existence of *Sarafina 2*.

■ A ceiling of R5-million for the play had been agreed to by the department's director-general Olive Shisana and the director of the HIV/Aids programme, Q Abdool Karrim. Both were shocked to learn that the play's costs had rocketed to R14,2-million. Badenhorst had not involved Shisana and had misrepresented the true facts about tender procedures.

■ Baqwa criticised the department's statements that the play had not been funded by taxpayers' money since international donor funds were in most cases raised from taxpayers.

■ R413 000 had apparently been irregularly spent on Ngema's private studio.

■ Committed Artists failed to comply with the Department's directive to furnish invoices monthly, and did not maintain proper control over the use of funds.

■ The musical was ineffective.

■ He recommended *Sarafina 2* be scrapped, all the assets acquired by Ngema's company, Committed Artists, be repossessed to recoup some losses and save the taxpayer R5-million still owed to Ngema.

The *Sarafina 2* saga entered another phase after the issuing of the Baqwa report.

Shortly after this, Zuma told Parliament the Department of Health would

terminate the contract with Ngema, but that a private donor had been found to pay for the costs of the play.

While Baqwa, in his report, recommended the closure of the play, Zuma insisted that the play was a good idea.

She acknowledged that there had been problems with administrative procedures, but said the play would go on, funded by the private anonymous donor.

Zuma, by refusing to name the donor, in spite of calls to do so, ensured that the controversy would live on.

Spokesmen for the NP, PAC, ACDU and DP called for her resignation, but ANC leaders rejected this.

The next phase in this row was sparked by the court action brought against Ngema by Keiser & Gentry for allegedly failing to pay R197 000 he owed them. It then emerged that Zuma and the anonymous donor had not agreed on the terms for the payment of the R10,5 million.

Once again the focus was on the mystery donor. Allegations in the media that the donor was an Indian drug company were denied. But still Zuma refused to name the donor, except to say he was a white businessman.

This week Zuma announced that the donor had withdrawn and that the R10,5-million bill for *Sarafina 2* would have to be footed by the taxpayer as an "unauthorised expenditure". She claimed the donor had withdrawn because of the "virulent campaign directed at the Ministry of Health and the Government as a whole".

Mandela sounded a similar note when he was questioned on the issue on Wednesday, blaming the debacle on "media uproar".

He accused traditional white parties and interests of seeking to discredit Zuma because "for the first time we have a minister who is prepared to take on the large multinationals" in the medical market.

Making the media the scapegoat may seem convenient, but it is not very convincing.

racism row

Sarafina debate explodes in

(92) Star 13/9/96

DP's Mike Ellis challenges the ANC

to investigate allegations that

he has a secret agenda

ANC sources told The Star they had information that the DP had waged its campaign on the Sarafina 2 issue on behalf of multinationals that were unhappy with Zuma's policy on drugs and tobacco. The Star was also told that owners of leading pharmaceutical companies have separately approached Mandela, Deputy President Thabo Mbeki and other ANC leaders for intervention to put an end to Zuma's plans to break up monopolies in the drugs and tobacco industries.

Ellis denies meeting any pharmaceutical company to discuss Zuma's drugs policy. He said he had only together with senior ANC members, gone on an overseas trip paid for by a pharmaceutical company to look at the manufacture of drugs and to develop a greater understanding of the costs involved.

"This trip was above board and the ANC was very much part of it. I take the strongest exception to the insinuation that I'm under control and am in cahoots with drug multinationals," Ellis said.

He said he would "love" the ANC to take the matter to the public protector "because I have nothing to hide". He also asked why the allegations about the multinationals were being brought up only when the identity of the anonymous donor was being discussed.

The ANC's Dean Farsam also accused opposition parties of racism. He said the public protector's finding that Zuma had not been at fault had been rejected because Bagwa was a black man.

NP health spokesman Willie Odendaal said Mandela had given the green light to other ministers to misuse state funds.

"The ANC majority is there to be manipulated as useful idiots in order to bulldoze through Parliament the unauthorised expenditure wasted by Zuma," he said.

Patricia de Lille of the PAC warned Zuma that the Sarafina 2 debate was "far from over".

She said Parliament and Bagwa had been misled and called on Zuma to "come clean and apologise to the country".

By Patrick Bulger
and Jovial Rantao
Cape Town

Another furious row over the funding of Sarafina 2 erupted in Parliament yesterday, with claims that a racist campaign was directed at Health Minister Nkosazana Zuma and Public Protector Selby Bagwa.

As a result, Parliament is to consider appointing a select committee to investigate the claims by Essop Pahad, Deputy Minister in the Deputy President's office.

Pahad cited "rumours and perceptions" that Democratic Party spokesman Mike Ellis had a "secret agenda" and was being manipulated by drug companies opposed to Zuma's sweeping health reforms.

The allegation that Govt made right choice, says Nigema

DP, were first voiced by President Nelson Mandela when he announced on Wednesday that a secret donor had withdrawn his offer of R10.5-million to bail out Zuma's funding of the Aids awareness stage musical.

Pahad said during a rowdy snap debate on private funding of government projects that there were "rumours" and a "perception within our constituency" that Ellis was "speaking on behalf of a hidden monopoly".

"The perception is that a master is pulling the strings," Pahad said, adding there were also "rumours" that Ellis had held secret meetings with pharmaceutical companies.

An enraged Ellis challenged Pahad to call for a select committee and this was then formally proposed by the National Party's Andre Fourie.

National Assembly Speaker Frene Ginwala said the request would be examined. An angry Ellis rejected the allegations as false and said he was considering taking legal action.

"The ANC is trying to deflect attention from Sarafina 2 and the serious mistakes committed by Zuma. They are guilty of mismanagement, and lack of accountability and transparency," Ellis said.

Allegations of racism were flung back and forth during the debate.

The ANC threatened to ap-

DP's Ellis denies 'pharmaceutical manipulation' claims

OWN CORRESPONDENT

Cape Town - Parliament is to be asked by Democratic Party health spokesman Mike Ellis to investigate claims made by ANC Deputy Minister Essop Pahad that he is being manipulated by certain pharmaceutical companies

During a parliamentary debate this week dominated by scathing exchanges between parties about the *Sarrafina 2* debacle, Pahad said there were rumours about Ellis' relationship with phar-

maceutical companies

Ellis, who strongly rejected the allegations, said Pahad had acted in a cowardly fashion by making the statement while hiding behind parliamentary privilege

DP chief whip Douglas Gibson is investigating whether Pahad's statement went beyond the bounds of parliamentary privilege, which, in spite of popular belief, does have certain limitations

Ellis said he had nothing to hide about any relationship with any pharmaceutical com-

pany. "I challenge Dr Pahad to repeat his defamatory remarks about me outside of Parliament."

He said his approach to the *Sarrafina 2* issue had been related entirely to the lack of government transparency and accountability

"It is all about government mismanagement. I have certainly not acted on behalf of any company or organisation. That is not the way the Democratic Party behaves."

A weekly newspaper re-

ported claims that Ellis had been on trips with his family to the Far East which were paid for by pharmaceutical companies

Ellis said "As far as trips with pharmaceutical companies are concerned, I have done nothing that other parties have not done, including the ANC."

He said that in 1993 Dr Ralph Ngijima, then head of the ANC health desk and now director-general of health in Gauteng, went overseas with the Pharmaceutical Manufac-

tring Association, as did members of the Pan Africanist Congress and the IFP

"There was nothing sinister in it - there is much about the pharmaceutical industry to learn

"Last year (former chairman of the portfolio committee on health) Dr Manto Tshabalala and I both went to London to investigate drug manufacture and it was a most interesting trip.

"Is Pahad suggesting that all parliamentary travel for investigative purposes should

stop?" Ellis asked.

"The statements by the deputy minister were clearly an attempt to deflect attention away from the handling of the *Sarrafina 2* issue

"Since I have nothing to hide, on Tuesday, the next sitting day of Parliament, I will move a motion calling for a select committee to investigate the veracity or otherwise of Pahad's remarks"

Outside the chamber, Pahad was reluctant to comment on his attempt to turn the tables on Ellis

92) Star 14/9/96

Sarafina 2 meeting postponed

By Desmond Blow

THE SARAFINA 2 saga reads more like a novel than a musical play

Almost eight months after the scandal broke out, many questions remain unanswered

After bickering and mud-slinging, the mystery donor pulled out this week, a move which angered many top businessmen who decried the lack of transparency in the matter

Fingers have been pointed at the businessmen because of their links in matters pertaining to health, from tobacco to private clinics to pharmaceuticals

Although there are reported to be divisions within the ANC over the matter, President Nelson Mandela has remained loyal to Health Minister Nkosazana Zuma and has refused to fire her

There has been strong speculation during the past few days that Durban millionaire Vivian Reddy was involved with a company of ANC-aligned businessmen who ran an investment firm, who might have been the donors

Vivian Reddy was quoted in the *Mail and Guardian* as having attacked DP Health spokesman Mike Ellis for allegedly having the backing of powerful interests in the pharmaceutical industry who were against Zuma because of her decision to lower the price of medicines

Ellis has threatened to sue Reddy, and Reddy has in turn threatened to sue the *Mail and Guardian* for allegedly misquoting him

Sarafina 2, which was to make mostly black rural people aware of the threat of Aids, opened on December 1, 1995 in the M.L. Sulfian College, and it was promised that after a couple of weeks the show would be taken on the road around South Africa

Director Mbongeni Ngema stat-



BOTH UNDER FIRE
... Dr Olive Shisana, Director General of Health (left) and Minister for Health, Dr Nkosazana Zuma (right) have both been heavily criticised from all sides for the exorbitant funding given to the Aids musical, *Sarafina 2*, using money which was not expressly specified for such a venture by the EU, and for not revealing the identity of the mystery donor who pulled out of the *Sarafina 2* arena this week.

"We will perform to people of all colours in every nook of the country and the tickets will be affordable so that everyone can see it"

He said *Sarafina* had been seen on Broadway and in London and Europe but that few South Africans had seen it - but it was planned that 10 percent of the local population would see *Sarafina 2*

On February 14, 1996 the Portfolio Committee for Health visited Dr Nkosazana Zuma, Minister of Health, to ask for an explanation of how the gigantic amount of R14,6 million had been allocated by her department to finance *Sarafina 2*

Neither Zuma nor Dr Olive Shisana, Director General of Health, had seen the musical, despite it having opened three months before. It was also disclosed that the Department of Health had granted the money before it was known what the theme of the play would be

There was criticism that the play was not put out properly to tender as was required - but Zuma explained this away by saying that a grant from the European Union



Mrs Quarrasha Abdol-Karrim, director of the Aids programme and Albert Badenhorst, chief director of the support service of the department, answered questions from the committee

Mrs Quarrasha Abdol-Karrim, director of the Aids programme and Albert Badenhorst, chief director of the support service of the department, answered questions from the committee

Dr Zuma admitted that *Sarafina 2* was not specified in the contract with the European Union when it had been signed in February the previous year

She said the department had in July 1995 asked for three tenders for *Sarafina 2* and on August 4 approved the tender from Ngema's Committed Artists

The department sent a work-plan from *Sarafina 2* to the EU after the department had spent R3 million of the EU's money on the play

The EU had not complained about the expenditure said Dr Zuma

She denied that the expenditure of R14 million on a musical to tour the country for a year in the plateau and black townships was a waste of money

In March this year all opposition parties in parliament called for the resignation of Dr Zuma after a denial by the EU that Dr

Zuma had ever informed them of *Sarafina 2*

There was also pressure from the ANC Women's League who after a fiery debate sent a memorandum to President Mandela, who with the parliamentary caucus had come out in strong support of Zuma

The league felt that the staging of the musical should be suspended pending an investigation into alleged irregularities in the spending of money allocated to it

"These allegations must be investigated," a member of the League's executive committee said.

The Women's League, however, decided that the ANC should be given a chance to try to sort out the matter internally. The league's deputy president, Mrs Thandi Modise, said the decision had been unanimous

"We did not want this matter to divide us - especially since our theme this year is Unity, Peace and Delivery," she said

She did not want to comment on exactly what Winnie Madikizela-Mandela's view had been on the matter. According to a report in a weekend paper, Madikizela-Mandela was angered by Dr Zuma's handling of the *Sarafina 2* issue

DP Health spokesman Mike Ellis called on the President to fire Zuma because she had intentionally "doubly" misled the Portfolio Committee when she informed them that the EU was aware their money was being spent on *Sarafina 2*

He also requested the dismissal of Dr Olive Shisana

A DP motion of non-confidence in Zuma was defeated in Parliament by 154 votes to 74

Nick Koorhof of the NP said the president could no longer keep quiet over the debacle while Dr Zuma acted as if nothing was wrong

Mike Ellis said he was going to ask Dr Zuma and Judge Cameron

to have lie detector tests to see who was telling the truth, because Zuma had denied to the Portfolio Committee that she had ever admitted to Cameron that she had made a mistake over *Sarafina 2*

"Who is lying?" Asked Ellis

Despite Ngema's earlier promise that tickets would be "affordable," audiences in KwaZulu-Natal had to pay R20 a ticket which they were unable to afford because "most of the people didn't even have money for food," claimed a person in the rural areas

The Public Protector, Advocate Selby Baqwa, was brought in to investigate how more than R10 million had been spent on the play and how it was being funded

Baqwa's findings led the government to order Zuma's project closed down. On June 5, Zuma assured parliament that all the costs of the play, which had amounted to R10,5 million, would be recovered - following findings by Baqwa that she had not been authorised to spend EU money on a theatrical production

Zuma told parliament that a private donor had been found to pay for the play, but wished to remain anonymous

"This will take care of the musical's final budget," she said

When no payment had been made by the last week in August, creditors obtained a Supreme Court order and evicted Ngema's company from its Durban premises

Ellis asked that Baqwa be brought back to discover the truth

"If there is a mystery donor we need to know what it will cost the taxpayer," he said

This week Zuma announced that the mystery donor had withdrawn his promise because of the uproar over his identity, but many critics believe this proves there was no mystery donor

(42) CP 75/19/96

PLAYWRIGHT AND DIRECTOR:
Health Minister Dr Nkosazana Zuma

THE CAST:

MBONGENI NGEMA, top Broadway playwright, is the riches-to-rags producer of an AIDS play who falls foul of creditors when the dream project ends in tatters

PRESIDENT NELSON MANDELA is the knight in tarnished armour who vehemently protects his health minister in the face of damning odds

OLIVE SHISANA, a shadowy figure, is the health director general responsible for the project

SELBY BAQWA, the Public Protector, is responsible for finding out the identity of the donor who offers to pay for the play

VIVIAN REDDY, a millionaire businessman reputed to have a wry sense of humour and a burning admiration for the health minister, is linked to a mystery donor whom the minister claims will pay for the play

ERWAN FOUERE is the European Union ambassador who won't go along with a story that he provided the money for the play. He demands — and gets — his money back

THE MYSTERY DONOR is a publicly-shy millionaire who changes colour — from black to white to brown to white — as the play progresses. He cancels his cheque when the blaze of publicity comes too close for comfort

MIKE ELLIS is a putting Democratic Party politician who keeps his finger firmly pointed at the health minister but screams for his lawyers when allegations start flying about his links to drug companies

HUGO BADENHORST is the health department's support services chief director who is accused by the public protector of not informing superiors of facts surrounding the tender for the play

JOHNNY ANGELO is head of the department's tender committee and is accused of colluding to mislead the director general over the tender procedures

CHORUS of health workers, AIDS sufferers, journalists and opposition politicians — who refuse to let the controversy over the ill-fated play go away

PRODUCTION COST:

R14,27-million

THE PLOT

Nkosazana Zuma's spectacular blockbusting bungle

(92)
ST 15/9/96

Don't Cry for Me, Sarafina

STARRING . . .



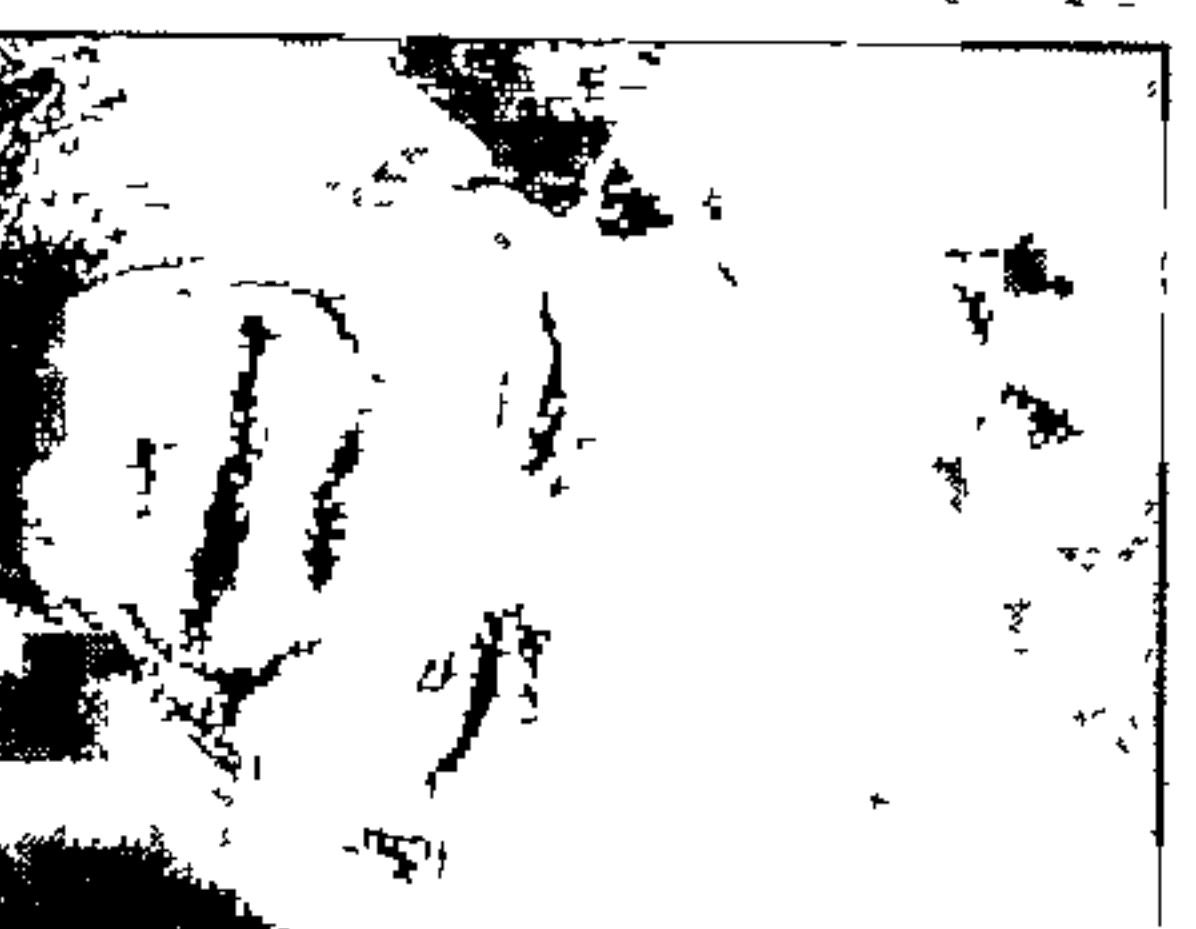
NKOSAZANA ZUMA



MBONGENI NGEMA



OLIVE SHISANA



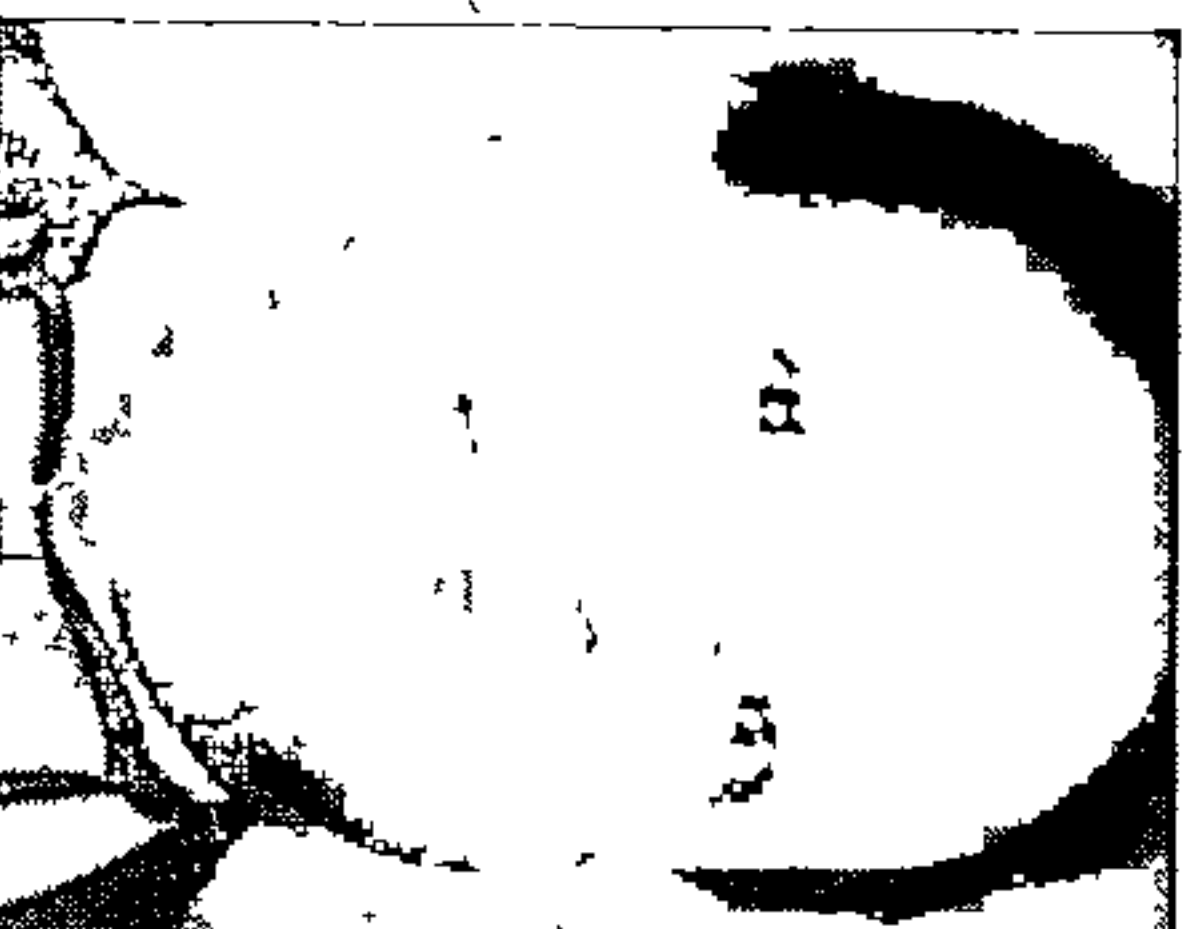
NELSON MANDELA



ERWAN FOUERE



SELBY BAQWA



VIVIAN REDDY



MIKE ELLIS

other assets acquired by Communist Artists be repossessed to recoup some of the R14-million. Baqwa finds that Hugo Badenhorst, chief director of the health department support services, had "misrepresented the true facts" about the tender procedure. Baqwa also says acting chairman of the departmental tender committee, Johnny Angelo, had colluded in misleading Shisana on the tender procedures.

Both men deny any improper actions.

Zuma agrees to cancel the contract and recoup lost funds.

Says Ngema: "Have we spent a lot of unnecessary money? Look at the trucks and bus and make a judgment. I have nothing to say. The negative publicity has just made everyone work harder to make sure the show is sharp."

FINAL ACT

IT IS mid-June. Mystery backers are said to have picked up the tab of R10,5-million. Thebe Investment is rumoured to be the donor — but this is denied by chairman Vusi Khanyile. Journalists scour the Top 100 companies list. Among those who deny having anything to do with the tainted play are the Krok brothers, Old Mutual, Sol Kerzner, film producer Anant Singh, the Nelson Mandela Children's Fund, IBM and a host of pharmaceutical companies.

Zuma says the backers are businessmen who have formed a trust and that they wish to remain anonymous.

By July, the benefactor has become one person, by August, a white businessman.

In the meantime, Ngema is evicted from his Durban offices at the end of August after funding from the mystery man is not paid. He owes R25 782 in rent.

The Sunday Times discovers in September that Kwazulu Natal businessman Vivian Reddy, chairman of SAM-Sisonke, is linked to the funding of *Sarafina 2*.

Auditor General Henri Kleuver insists at the beginning of September that Zuma reveal the identity of the donor before government can accept the money.

On Wednesday this week, Zuma says the donor has withdrawn his offer because of pressure to reveal his identity. The taxpayer is now to foot the bill.

Play ends with the chorus begging for money and singing "And so we pay again."

Zuma lines up the cast for a final bow — but the curtain just won't come down.

It's a sweltering afternoon in Durban early in January. Shipping come ice tea, Zuma ponders the best way to teach South Africans about the deadly disease, AIDS. A lay! It's decided

She contacts playwright Mbonem Ngenma of Committed Artists Theatre Company, producer of the township hit, *Scrifina*.

Tenders are "invited" from Igema, his associate company (pepa Africa and the Windybrown Theatre

Though Ngenma's off-the-cuff estimate is R800 000, the resulting musical, *Scrifina 2*, costs R14.27-million — more than a third of the health department's total AIDS awareness budget

Scrifina 2 is premiered in Durban on World AIDS Day, December 1 1995

Enter a chorus of unhappy health workers Says health worker 1 "It's millions of rands worth of gymslups and pelvic thrusts" Says health worker 2 "It has little more to say about the virus than it's great fun to sleep with lots of partners and then you get AIDS and then you die"

But the department's director general, Olive Shusana, responds "Whether it's worth R14-million or not will be up to the target audiences to decide. An investigation will be conducted into its effectiveness"

A farce in five acts by CAS ST LEEGER and CHARMAIN NAIDOO

15/9/96 *Sunday Times*

ACT TWO

THE first report appears about the *Scrifina 2* funding row on January 28 1996 in the Sunday Times under the headline "State splurges R14-million on pelvic thrusts"

AIDS directorate head Quarasha Abdool Karim tells the Sunday Times the European Union has put up part of this money.

Professional theatre managers, AIDS experts and health workers all slam the musical — its high cost, pricey tickets at R20 for adults and R10 for scholars, and its poor AIDS message During its Durban run, attendance figures average 163 people a show

The production doesn't go down well Says Chris Avant-Smith of Friends for Life "By all accounts, the content and message of *Scrifina 2* is incorrect and contrary to everything we are trying to do and promote"

Comments HIV-positive David Patient "I walked out in disgust at such a blatant downplaying of this serious disease."

But there appears to be no way of stopping the play Ngenma has received R9-million — R500 000 for himself and the remainder

spent on preparing to take the production on the road. A luxury bus is bought Ngenma is unrepentant

"I should be earning at least a million," says Ngenma. "But does any director in this country earn those figures? I don't think you can compare me to anyone in this country"

"I'm not prepared to do a second-class production Why should whites get state-funded first-class productions in the State Theatre, while blacks in the townships get fluffed trucks No Blacks deserve Broadway standards"

ACT THREE

THE outcry reaches Parliament On February 28, Zuma tells the National Assembly health committee there are no irregularities The EU knew how its money was being spent, she says

Next day, all opposition parties in Parliament vote against an ANC motion endorsing Zuma's actions and saying her statement is "a satisfactory and detailed report" The National Assembly backs Zuma by 154 votes to 74 On March 1, Mandela adds his support

Says Ngenma "*Scrifina 2* is a project of the Ministry of Health to

promote AIDS awareness through theatre The decision to allocate the money rested with Nkosazana Zuma and her administration They are best qualified to comment on how decisions were reached to award me the contract"

But the CHÖRUS (led by the DP and NP) disagree "It'll need 4 000 people, enough to fill the Nico Malan opera house three times over, every week of the year and every day of the week to recover the costs"

DP's Mike Ellis refers the issue to the public protector

At the end of February, EU ambassador Erwan Foverre denies the EU has authorised funds to finance the play A preliminary health department audit fails to account for more than R1-million A month later, the EU asks for its money back

Says Foverre "We have no record whatever of Ngenma's play among the projects we (the EU) have agreed to finance We are all accountable to taxpayers, whether they are in South Africa or Europe"

Later that month, opposition parties accuse the ANC of a cover-up after a DP motion calling for a

select National Assembly committee investigation into whether Zuma deliberately misled the House is refused

In March, Thabo Mbeki says there has been no misuse of public funds. Winnie Madikizela-Mandela asks the State President's office for an internal inquiry

Ngenma is given an ultimatum by the health department in May to make substantial changes to the play in response to AIDS experts' criticisms.

In May, taxpayers learn via the media they would have to pay R2-million for a planned *Scrifina 2* video, according to the health department

ACT FOUR

PUBLIC Protector Selby Bagwa begins his investigation in March Says Bagwa "The matter now also has to do with public confidence in the state administration and public morality There can no longer be any dragging of feet and the investigations must proceed with all due haste I work without fear or favour"

Bagwa's report, released in June, recommends the play be scrapped and all equipment and

PATRICIA DE LILLE, PAC "I appeal to the minister to come clean and apologise to the people of South Africa Until such time, I don't think the debate will end"

BENISON MAKELE, City Press, March 17 "I saw a serious matter being turned into a play — and AIDS is no joke The music and the dazzling display of energetic dancing were entertaining — but the play did not really convey the dangers of the killer disease"

"The plot is jumbled with no cohesion or interrelation among its parts It leads to no climax or conclusion"

BARRY RONCE, Sunday Times Inside, March 17 "If this ludicrous soap-opera scandal proves to be true as all the others have, it will at least expose the fact that in South Africa the business of funding arts and culture is working about as well as Charles and Diana's marriage"

GARALT MACLIAM, The Star, March 11 "This is a Broadway-style musical which tops even the original *Scrifina* in musical intrapping and foot-stomping participation and if the roars of appreciation coming from the audience are anything to go by, it's a winner"

Ngema lives the high life, but his creditors cry foul

By ANDRÉ JURGENS

PLAYWRIGHT and musician Mbongeni Ngema may be down — but he is by no means out

While the furore rages around the millions poured into his failed *Sarafina 2* musical, small businessmen in Durban and Johannesburg face bankruptcy because Ngema and his company, Committed Artists, have yet to pay the bills for work done months ago.

While some businesses wait for amounts of as little as R6 000 to be paid for work done at the R500 000 recording studio attached to his palatial home in Kloof, outside Durban, Ngema appears untouched

All these small companies have is a letter from Ngema's attorneys asking them to be patient — and promises that they will get their money when a donor finally pays up

Ngema continues to live his more-than comfortable lifestyle, drives an exotic American sports car and is busy "creating" a new musical which is expected to open in Durban at the end of the year

When a confident Ngema appeared on Dali Tambo's TV talk show this week, one of the men he owes money to said "I could have cried when I saw him. I cannot pay the people I owe money to because he has not paid me — yet he swans around with such ease"

A Durban carpenter, who helped convert Ngema's double garage and adjoining workshop into a state-of-the-art studio, said he had battled to get his R900-a-week salary out of the playwright

"The studio soundproofing was covered with acoustic tiles, and interior decorators were called in to cover this with cloth in shades of green, mustard and purple. It was also equipped with a special R25 000 power supply unit and filled with recording equipment he bought from America

"A number of the people who worked on the studio have not been paid yet," he said

Meanwhile, the Department of Health is doing an audit to try and establish which assets belong to the government and which should be retained by Ngema. Once the audit is completed, a decision will be made as to who pays what

Late last year when the Minister of Health, Dr Nkosazana Zuma, approached Ngema to discuss staging an AIDS-awareness play, he was riding the crest of a wave after the Broadway staging of his successful *Sarafina* musical

Ngema was awarded the contract for R14 247 600 and *Sarafina 2* made its debut on December 1 1995, World AIDS Day

In the first month of its scheduled 52-week run, the play was slated by theatre critics and AIDS activists as not being effective in educating the public about the killer disease

A mystery donor stepped forward to help Zuma but, when he failed to pay up, Committed Artists was evicted from its Durban office on July 19 for not paying R25 782 in rent arrears

Committed Artists' luxury R1,1-million *Sarafina 2* bus was also attached when repair bills were not paid

15/9/96 Sunday Times 93

Still no action on health department's officials

By RAY HARTLEY
Political Correspondent

THE fate of two officials from the health department who were found guilty in June of misconduct in the *Sarafina 2* affair is still in the balance

After finding them guilty, Public Protector Selby Baqwa recommended that the health ministry investigate Chief Director Dr Hugo Badenhorst and Johnny Angelo

This week President Nelson Mandela berated the media for

failing to follow up on Baqwa's finding on the two civil servants and instead blaming the Minister of Health, Dr Nkosazana Zuma, for the ill-conceived AIDS project

But Zuma has disclosed that her department has not yet completed its internal investigation

The Director General of Health, Dr Olive Shusana, had appointed a team to establish whether there was any need for disciplinary action. But, four months down the line, it has not yet reached any conclusions



SEAT OF POWER . . . Vivian Reddy entertains King Goodwill Zwelithini at a company function earlier this year

Pahad relishes his return to the fray

15/9/96 Sunday Times 93

By RAY HARTLEY
Political Correspondent

THE government's newest deputy minister, Essop Pahad, was in his element on Thursday when he fired a wild verbal machine gun of insults during the debate over secret donor funding in Parliament. In a brief speech he managed to accuse the NP of using state assets for personal ends, slam the DP for challenging the public protector because he was black and — easily the most controversial remark of the day — suggest DP health spokesman Mike Ellis was colluding with pharmaceutical firms.

So heavy-handed was Pahad's assault on the opposition that a parliamentary inquiry may be called to determine whether or not his allegations against Ellis hold water.

For Pahad, Thursday's verbal battery represented a return to the role of ANC parliamentary hatchet man — a task he performed with gusto before his appointment as deputy minister in the office of the deputy president last month.

Until Thursday's performance, Pahad seemed to have moderated his appearances in Parliament, answering questions on behalf of his boss in a barely audible monotone on Wednesday afternoons.

Before that, Pahad was renowned — or despised, depending on how you looked at it — for the fusillade of sarcasm and ag-

gression he used to keep opposition MPs pinned behind their benches.

In a crowning performance in March this year, Pahad produced a rare and vigorous defence of Health Minister Nkosazana Zuma's expenditure of R14-million on the *Sarafina 2* play.

On that day, he called the opposition sheep, shouted at the DP's Tony Leon, "Just listen for once", and threw a barrage of obscure quotes culled from minutes, transcripts of meetings and newspapers at Zuma's critics.

He finished with a flourish, threatening the NP with the prospect of the ANC calling for the resignation of then Deputy President F W de Klerk.

As MP, Pahad served as Mbeki's parliamentary councillor, or his "eyes and ears", as he puts it.

Since then, De Klerk has resigned for his own reasons and Pahad has moved from his seat on the back benches to Mbeki's office.

The move appears to be aimed at freeing Mbeki from the day-to-day running of several large projects that fall under his office, so that he can concentrate on his role as de facto prime minister to an increasingly withdrawn President Nelson Mandela.

It also cements Pahad's relationship with Mbeki, someone he has worked with since the two were in exile in Lusaka together in the 80s.

Mbeki does not share Pahad's membership of the SACP, which has vigorously opposed the deputy president's economic policy direction — something which could be a source of tension between the two leaders.

But Pahad is adamant he will follow Mbeki's political lead. "He's my boss. A deputy is a deputy is a deputy," he says.

Among the most significant — and possibly the most controversial — functions that Pahad will undertake is responsibility for running the SA Communications Service and the task group that has been set up to investigate its restructuring, Comtask.

With the Comtask report expected at the end of September, Pahad is reluctant to give his views on the future of SACS, but concedes that "SACS hasn't been as effective and efficient as it should have been".

Another of Pahad's responsibilities is the Central Statistical Service — a department Mbeki took charge of after the disbanding of the RDP department.

The CSS is in charge of the nationwide census planned for October, which is supposed to redress the deficiencies in the country's statistical base.

Says Pahad "South African statistics have been notoriously bad. For the first time in our lives, we will now have a reliable statistical report."



POINTING FINGERS . . . Essop Pahad with Nkosazana Zuma in Parliament this week
Picture: TERRY SHEAN

He points out that recent studies have shown that the statistics for the greater Durban area could have exaggerated the population by half a million people. "This could explain the lower-than-expected turnout of supporters for the ANC at the polls," he says.

Pahad will also take political responsibility for the Youth and

Gender Commissions, both of which have fallen under Mbeki, and will focus on the disabled.

While the transition from back-bench heckler to deputy minister appears to have gone smoothly for Pahad, Thursday proves that he longs for the rough and tumble of parliamentary debate. "I miss shouting at the NP," he says.

A man in the know who can stay mum

15/9/96 Sunday Times
93

By HOUSEN KOLIA

WHEN the Sunday Times named Vivian Reddy as the key man behind the *Sarafina 2* row last week, he took his family that night to see *Independence Day*.

The next day a newspaper had banner headlines saying Reddy had "gone to ground".

This amused Reddy, who approached the editor of the newspaper at a social function on Monday to point out that he was "still here".

This is the sort of thing that appeals to Reddy's wry sense of humour.

He is only 43 but his company, Edison Power, is involved in most major construction projects in Kwazulu Natal.

Reddy employs 300 people but does not appear to be overwhelmed by the number of contracts secured by his company or his influence in the construction business.

More recently his influence in the political sphere has been on the rise. He is a big donor to the ANC's coffers and his counsel is sought at every turn.

Reddy has especially strong links with the Minister of Health, Dr Nkosazana Zuma, and her husband, Jacob, Kwazulu Natal's MEC of Economic Affairs and Tourism.

The businessman is open about his admiration for the embattled minister. He quotes first-hand accounts of her generosity to peo-

ple in need, her dream to bring medicine within reach of the public, her long hours at work.

"People think this (his relationship with the Zumas) must be linked to hospital building contracts... far from it," Reddy says. "Building contracts come from the Public Works Department. The minister has nothing to do with them."

Reddy believes Zuma is a hapless victim of plotting by the drug and tobacco companies. He raised this theme on Tuesday — a day before President Nelson Mandela did.

In one instance cited by a source close to Reddy, a "drug company representative" offered him "millions" to give to Zuma. The offer was declined.

Reddy's influence extends to the Zulu royal house. King Goodwill Zwelthini was the guest of honour at a company function in July. Jacob Zuma was also a guest.

The monarch left the party with a cheque for R25 000 in his pocket for his new "peace trust".

The launch of a R500-million SA-Malay investment company, SAM-Sisonke, was announced at the party. Reddy is chairman of the company and Jomo Mavuso and Lawrence Petersen, former bodyguards to Mandela, are on the board.

According to a Sunday Times report in February, an ANC-appointed commission of inquiry into atrocities committed during the or-

ganisation's years in exile implicated Mavuso in human-rights violations. The commission found that Mavuso had assaulted two ANC detainees in 1984 and 1985.

This week Mavuso was not available for comment. His wife, Thoko, who works in Mandela's office at Shell House, said matters affecting her husband were "his private business".

Petersen is believed to have received his military training in Angola and Cuba before joining the ANC's intelligence wing and the President's guard unit.

According to the report, Mavuso and Petersen were believed to be working as consultants for a company involved in gambling headed by Austrian businessman Rainer Moringier.

However ANC spokesman Ronnie Mamoepa said this week that the two men had been suspended during a year-long investigation by the party, but had been cleared of any wrongdoing and reinstated.

Reddy does not see anything odd about Mavuso and Petersen's role in the new company.

Reddy lives and works from a sprawling white mansion in Greenwood Park, Durban, where he was born. His office and boardroom are open to the community "because I owe them an enormous debt".

Whoever finally emerges as the mystery *Sarafina 2* donor one thing is certain: Reddy knew all along who he was.

Trust-fund bid to save Zuma's job

By HOOSEN KOLIA

DESPERATE plans are being made to save the political life of Health Minister Dr Nkosazana Zuma by setting up a trust fund to handle the secret R10,5-million donation to pay for *Sarafina 2*

The move would be a complete reversal of Zuma's statement this week that the losses would be written off as "unauthorised expenditure"

The trust fund plan was discussed at a series of meetings between government officials and representatives of the donor,

the Sunday Times has been told

It is believed the trust will be chaired by wealthy Durban businessman Vivian Reddy, who was named in the Sunday Times last week as being a key figure behind the mysterious donor. Other members will include the donor's attorneys, a source close to negotiations said

"If I am asked to chair a trust I would consider it," Reddy said yesterday

The trust fund plan is due to be announced on Wednesday

The source said officials hoped that by using a trust fund, the identity of the donor

would not need to be disclosed to the auditor general. At the same time the taxpayer would be saved from paying the R10,5-million

Two weeks ago, Public Protector, Selby Baqwa, was told by Zuma that the donor was a wealthy white business man

The Sunday Times reported on Sunday that the person named could be a front for someone else

Asked if he would name the donor if he discovered the man was a front, Baqwa said "I think then you will not have a minister of health. It's just as simple as that"

The ANC leadership is apparently extremely concerned at the way the *Sarafina 2* controversy has been managed

Asked yesterday if she knew of any change of mind on the part of the donor, Zuma said "I have not seen or spoken to him since he withdrew. The money is there. He wants to give it, but he cannot because of the pressure"

Her response to a question on whether or not she regretted not being more up-front with information on *Sarafina 2* from the outset drew a firm "no"

**DON'T CRY
FOR ME,
SARAFINA:
Page 13**



Zuma denies trust fund plan to bail out *Sarafina 2*

(92) ARG 16/9/96
Johannesburg - Health Minister Nkosazana Zuma has denied plans to set up a trust fund to pay for the controversial AIDS play, *Sarafina 2*.

A statement from the Department of Health has reiterated Dr Zuma's earlier statements that the mystery donor had withdrawn his offer of R10,5 million to bail out the play.

"The funding of the musical will now be dealt with as unauthorised expenditure," the statement said, adding the minister had neither spoken to nor met the donor since his withdrawal of the offer last week.

"No other meetings to discuss further donations or trust funds have taken place," the statement said.

The reaction came after a Sunday newspaper reported that plans were being made to save Dr Zuma's political life by setting up a trust fund to handle the R10,5 million donation to pay for the controversial play.

"The move would be a complete reversal of Dr Zuma's statement this week that the losses would be written off as 'unauthorised expenditure'," the paper reported.

It said the trust fund plan was discussed at meetings between government officials and representatives of the donor.

It was believed the trust would be chaired by Durban businessman Vivian Reddy, who was believed to be a key figure behind the mystery donor.

Other members would include the donor's attorneys, a source said.

The trust fund plan was due to be announced on Wednesday, the paper said.

It said that officials hoped that by using a trust fund, the identity of the donor would not need to be disclosed to the auditor general, and taxpayers would be saved from footing the bill.

Two weeks ago Public Protector Selby Baqwa said the mystery donor was a wealthy white businessman.

Presidential aide Parks Mankahlana said earlier that despite the donor's withdrawal, indications were he would donate R10,5 million to AIDS awareness - Sapa

Dagga-based drug used to treat AIDS, cancer patients

Kathryn Strachan (92)

80/16/19/96

ITS medicinal qualities have been mooted for decades, but it is only this week that dagga will finally be available as a prescription medicine for AIDS and cancer patients.

The schedule seven medicine Elevat, which is made from a synthesised derivative of dagga, promises to enhance the appetite of AIDS patients, and to suppress nausea in cancer patients undergoing chemotherapy.

SA Drugists medical director Dr Jacques Malan said as AIDS patients who lost 25% of their body weight had less chances of surviving, it was vital to find a way of helping them regain their appetites.

In cancer patients normal anti-nausea treatments were ineffectual as the sensation of nausea came from the brain, not from the stomach.

Depression was another problem among AIDS and cancer patients and the mood-enhancing effect of the drug would raise their spirits, giving them a greater sense of well-being and self-esteem.

SA is the only country outside the US to introduce the medicine. In the US it has been used for cancer since 1986 and for AIDS since 1991.

SA Drugists refused to comment on whether they had any problems in getting their product through the SA Medicines Control Council.



SA Drugists medical director Dr Jacques Malan (top left) and Anna-Mariele Roux (top right) explain the medical benefits of Elevat, a medication derived from cannabis for AIDS and cancer patients. SA Drugists product manager Anna-Mariele Roux and medical director Jacques Malan explain its medical benefits. Picture ROBERT BOTHA

Choice of chief justice

Besieged Zuma to ⁽⁹²⁾ face more *Sowetan 16/9/96* problems

By Waghied Misbach
Political Reporter

EMBATTLED Health Minister Dr Nkosazana Zuma faces another barrage of obstacles in the coming weeks in connection with the *Sarafina 2* Aids play – the launch of a forensic audit by auditor-general Mr Henri Kluever and a possible lawsuit by a pharmaceutical company

Kluever announced that his office would conduct the audit on the money given to artist Bongeni Ngema, to produce evidence that would be “able to stand up in court”

The audit has been recommended by the Health Department

Irregularities

A forensic audit is an intense investigation by specialised financial investigators to uncover financial irregularities. Ngema and his company, Committed Artists, will also fall under the spotlight during the investigation

Kluever said he would possibly present a report to Parliament in the next few weeks

Zuma is also under fire from a pharmaceutical company which wants to take her to court over her proposals to prevent unlicensed doctors from dispensing medicines

Zuma did not reveal the name of the company intending to sue but said it was putting “pressure” on her

The debate about the vested interests of pharmaceutical multinationals in the drug industry was brought into the spotlight by President Nelson Mandela last week

Mandela blamed the barrage of criticism of Zuma as being part of a plot to discredit her

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Zuma denies 'Sarafina 2' to get special trust fund

(92) Star 16/9/96

Health Minister Nkosazana Zuma has denied that there are plans to set up a trust fund to pay for the controversial Aids awareness play *Sarafina 2*

A statement from the Department of Health reiterated her earlier statements that the mystery donor had withdrawn his offer of R10,5-million to bail out the play.

"The funding of the musical will now be dealt with as unauthorised expenditure," the statement said, adding the minister had neither spoken to nor met the donor since his withdrawal of the offer last week.

Meanwhile, the Medical Union of SA (Medusa) expressed concern yesterday over Zuma's saying she had refused to respond to the organisation's request for her to submit her curriculum vitae to it.

Medusa spokesman Philip du Toit said the organisation was concerned about her qualifications in the wake of the scandal over *Sarafina 2*. - Sapa.

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Drug helps Aids, cancer patients

(92) Sowetan 16/9/96

By Noxolo Kweza

A NEW DRUG KNOWN AS Elevat - for the treatment of weight loss in Aids patients and as a relief for nausea and vomiting for cancer patients - was launched at a hotel in Sandown, Johannesburg, at the weekend

The drug is expected to help both Aids and cancer sufferers regain their appetite and self-esteem

Dr Jacques Malan of the South African Association of Druggists said "This is not a cure for Aids. It is a form of treatment to help Aids sufferers improve their quality of life"

Malan said the drug could not be used by children with Aids because it had not been tested on child populations

He said those people suffering from cancer could only take the drug under medical supervision

It's not a cure for Aids, but it does improve sufferers' quality of life

The arrival of the medicine on the South African market could give new hope to Aids and cancer patients, for whom nutrition represents a major determinant of survival

Malan said Elevat drew its therapeutic power from a synthesised marijuana product which exhibits appetite-promoting and anti-emetic properties

The dosage is a 2,5mg capsule twice a day - before lunch and supper. However, patients are allowed to increase their daily dosage to a 5mg capsule after experiencing positive results from taking the lighter dose. Data from a six-week multicentre, double-blind, placebo-controlled

study of 139 Aids patients with anorexia and weight loss indicated a statistically significant improvement in appetite by week four in the group using Elevat

Patients completing the six-week study were allowed to continue Elevat treatment in an open-label study and showed a sustained improvement in appetite

In a statement, the SAD said "Overall, clinical trials for Elevat indicate proven efficacy in Aids patients. In some participants appetite increased significantly within as little as two weeks

"Chemotherapy-induced nausea in cancer patients was relieved by the drug"

New squatter camp clinic to boost township health

Wide range of services for KTC residents

PAUL OLIVER AND SABATA NGCA
STAFF REPORTERS

More than 20 000 residents of KTC squatter camp have a new chance at good health with the opening of the new Masmeceane Clinic, part of the overall plan for township health care in the province.

The clinic will provide comprehensive primary health care services, including a child health care clinic, a family planning service, a combined HIV and STD counselling clinic, as well as a nutritional advisory service and tuberculosis treatment facilities. In the longer term, Masmeceane will also provide a full paediatric service and a satellite clinic, with a family planning and advisory service.

The purchase of the land and the building was funded by the Independent Development Trust (IDT).

The Cape Metropolitan Council will provide health care staff and the provincial Department of Health will pay salaries and be financially responsible for the day-to-day running of the new clinic.

In his opening address, Western Cape Minister of Health Ebrahim Rasool said the provision of primary health care for all residents was a key element in the Cape Metropolitan Council's (CMC) master plan for the redevelopment of the greater metropolitan area.

"This is part of our dedication to bring primary health care to the poor," he said.

"We are conscious that the budget for health is diminishing but we must make sure that those who have been historically excluded from health services are now included.

"The new clinic is a good example of the people's spirit and how the community worked together to make it a reality.

"KTC has a long history of suffering in the struggle against apartheid, but the people continued to grow and become stronger. It is one of the best models of partnerships, utilising the limited resources in the Western Cape."

Gweildolyn Vilakazi, sister in charge of the clinic, said it was encouraging to see the realisation of the community's hopes. "Obviously the CMC is taking its mandate

seriously in terms of driving much needed projects through to completion."

Metro mayor William Bantam said that with escalating demands on limited resources in the Western Cape it was necessary to give priority to those that most needed a clinic.

"This clinic will, no doubt, make a substantial impact on the provision of primary health care and the improvement of life in this area," Mr Bantam said.

"The work does not stop here. Similar clinics will be built and staffed to better serve the needs of people in the medium term."

In the past few years the people of KTC have seen several improvements, including a new community hall built in 1990 with Urban Foundation funds, and a post office opened last year.

A housing project in the area is also getting off the ground, with one show house already built and another two expected to be completed soon.

Residents said that although the pace of change was slow, they could at least see "light at the end of the tunnel."



Check-up: Minister Ebrahim Rasool gets a check-up from Metro mayor William Bantam. Looking on is Achmat Dangor of the Independent Development Trust.

SAVILE SCHULMAN

(92) ARG 18/9/96

R14-M Sarafina 2 film plan put to Zuma

ARU 18/9/96 (92)

ARABIS CORRESPONDENT

Durban At the height of the controversy surrounding the embattled *Sarafina 2* play, Health Minister Nkosazana Zuma has considered a proposal to spend another R14 million - this time on an AIDS movie.

The proposal, filed for consideration by the cabinet, is to produce a film which would be shown in schools and community centres. The film would be produced by the National Film Commission and would be directed by a local filmmaker. The film would be produced in a language which would be understood by the majority of the population. The film would be produced in a language which would be understood by the majority of the population. The film would be produced in a language which would be understood by the majority of the population.

Speaker raps Pahad for attack on Ellis

POLITICAL STAFF

(92) CT 18/9/96

NEWLY appointed deputy minister Dr Essop Pahad was rapped over the knuckles yesterday by the Speaker for suggesting that Democratic Party health spokesman Mr Mike Ellis' campaign against Sarafina 2 was fuelled by improper motives.

The Speaker of the National Assembly, Dr Frene Ginwala, said yesterday that the tone of last Thursday's debate — on parliamentary oversight of sources of donor funding for programmes of government departments — was a cause for concern.

She also chastised NP health spokesman Dr Willie Odendaal for "unparliamentary" remarks he made during the debate.

The two men were not, however, asked to apologise for making "unsubstantiated allegations" of corruption and improper motives, but Ginwala said she would not tolerate such remarks in future.

Meanwhile, Ellis slammed

Pahad, deputy minister in the Deputy President's office, for deciding not to appear on TV last night in a discussion on Sarafina 2 and the fiery National Assembly debate.

Ellis said last night that when he was approached by the SABC he had "jumped at the opportunity" because it was the ideal chance to publicly clear his name and prove beyond doubt that Pahad's efforts in the debate "were little more than an attempt to shift attention away from Sarafina 2".

Ginwala said Pahad's remarks "even if (made) indirectly by reference to rumours" had been carefully phrased "and not made on the spur of the moment".

One of Pahad's remarks was that there were "strong rumours" that Ellis was "in cahoots with one or more pharmaceutical monopolies".

One of Odendaal's allegations was that "Mrs Zuma kept on enriching friends of the ANC with Sarafina 2".



Startling findings 'turn Aids research

US study finds genetic 'shield' in Caucasians absent in people of African descent,

(92) Star 18/9/96

reports Laurie Garrett

topsy-turvy

And O'Brien found that even among blacks, many of whom have some Caucasian ancestors or parents, fewer than 2% carry the gene (vs 24% of whites)

So why does this gene exist? It has to be relatively new because of its racial segregation. Scientists speculated the mutant form of CKR-5 protected against some scourge that afflicted Europeans but not Africans

The obvious candidate would be the Black Death of 1346, or plague. If the mutant CKR-5 blocked plague bacteria, the survivors would be more likely to carry the trait. Why are heterozygotes slower to get AIDS? They have HIV "doorways," so their cells clearly can be infected. It turns out that when HIV attaches itself to the CKR-5 "door-

covery of three genetically resistant New Yorkers. The Manhattan-based centre's study, reported last month in *Newsday*, found that the men were missing 32 bits of genetic information involved in the production of a cellular receptor called CKR-5, the most important receptor used by HIV as a doorway to human white blood cells

Ned Landau's laboratory at the Aaron Diamond Centre showed that people who had genetically defective CKR-5 also had non-functional "doorways," so HIV couldn't get inside cells. This genetic protection is absolute if individuals are homozygous, meaning they inherited the trait from both parents. Just one month ago, fewer than five such individuals were known. But O'Brien and several others announced identification of dozens - perhaps hundreds - more

Curiously, no one has found an African individual who is either heterozygous or homozygous for the anti-HIV gene (Heterozygous individuals inherit a normal CKR-5

O'Brien's findings are so strong - the statistical evidence so powerful - that the odds that this genetic protective effect is a matter of coincidence are one in 40 million. In the statistical world of biology, that constitutes virtual certainty

His findings were announced last week at the annual meeting of the Institute of Human Virology in Baltimore. Startling as his findings may seem, they are merely one piece of a constellation of revelations that during the past six months has turned Aids research topsy-turvy

It's been exhilarating, the pace of discovery," Dr Anthony Fauci, director of the NIH's National Institute of Allergy and Infectious Diseases in Bethesda, Maryland, said. "But it also gives me a migraine headache because of the difficulty of keeping up"

O'Brien's findings amplify work in the Aaron Diamond Aids Research Centre's dis-

Genetic resistance to HIV infection is relatively common in people of Caucasian descent and virtually nonexistent in people of African descent, the National Cancer Institute's Dr Steven O'Brien has announced.

Based on a study of more than 1,900 American men and women who have been in Aids-related studies for more than a decade, and who have been exposed to the human immunodeficiency virus repeatedly, without becoming infected, or who are HIV-positive but after years of infection haven't progressed to Aids, O'Brien made another finding: there is a state of partial genetic protection that slows the course of illness

The Caucasian people who have this gene are far less likely to progress rapidly to Aids after infection and they live Aids-free lives an average of two years longer than infected individuals who don't carry the gene

"ways" a series of helpful chemicals is blocked. These chemicals, called chemokines, help the immune system fight off HIV. Several European laboratories, as well as that of Richard Koup of the Aaron Diamond Aids Research Centre, reported at the meeting that people who have the mutant CKR-5 genes make more of those protective chemokines. Knowing some people are capable of battling HIV through these receptors and chemokines has fuelled a long-standing debate as to the amount and type of virus in the body that dictates whether an individual will live years of disease-free life or succumb months after infection? Or is it something in that individual's immune system? If the virus is the key, the new triple-combination drug treatments that knock down HIV levels could eventually be curative. But if the immune system's weaknesses are key, there is little hope these therapies will work - LA Times-Washington Post Service

Pahad censured for allegations

By **PATRICK BULGER**

Cape Town - Deputy Minister Essop Pahad was censured in the National Assembly yesterday for alleging last week that Democratic Party health spokesman Mike Ellis was collaborating with drug companies to oppose Health Minister Dr Nkosazana Zuma's reforms

Ellis has been an outspoken critic of Zuma's handling of the *Sarafina 2* debacle and initiated Public Protector Selby Baqwa's inquiry into the Aids play

Ellis has proposed that a parliamentary committee be set up to investigate Pahad's comments

National Assembly Speaker

Dr Frene Ginwala said accusations of improper activity "would seriously undermine members in the performance of their duties and also undermine the image of Parliament"

If an MP had "reason to believe that another member may be engaged in corrupt practices or influenced in his or her actions for financial gain", it should be brought before the House

Ginwala added "Several remarks amounted to unsubstantiated allegations of corruption or improper motives on the part of other members."

She said she would not tolerate unsubstantiated allegations in the future

(92) *Stow 18/9/96*

Net widens in 'Sarafina' probe

By Jovial Rantao
Political Correspondent

The Department of Health has instituted an independent investigation into the conduct of two senior officials implicated by Public Protector Selby Baqwa in the processing of the tender for the controversial Aids play *Sarafina 2*.

The two - chief director of departmental support services John Badenhorst and his assistant Johnny Angelo - were cited by Baqwa in a report that exonerated health minister Dr Nkosazana Zuma and Director-General Dr Olive Shisana of any malpractice.

In his findings, Baqwa said he had not found the two guilty of

anything. He did, however, find that they were "implicated in the matter being investigated" and subsequently proposed that charges of misconduct should be investigated against them by someone outside the Department of Health.

Health Ministry spokesman Vincent Hlongwane said yesterday the team appointed to conduct the investigation had started work a few weeks ago.

Badenhorst and Angelo have proclaimed themselves innocent and have charged that Baqwa had, during his *Sarafina 2* investigation, violated the principles of natural justice by denying them a chance to be heard.

(92) Star 19/9/96

Boks to get involved in Aids fight

ANEEZ SALIE
HEALTH WRITER

(92) CT 20/9/96

THE RUGBY Springboks and tens of thousands of their fellow players, together with SA Rugby Football Union (Sarf) administrators, will soon be deployed in the fight against Aids

This morning top union representatives meet lobbyists from the National Aids Convention of SA (Nacosa) at Newlands to consider proposals for an awareness campaign, says Aids activist Mr Pooven Moodley

He says the Nacosa proposals include:

- A workshop for rugby players and officials on HIV/Aids issues, including prevention, education and training, human rights, counselling and care. Players will be encouraged to come up with innovative ideas for the awareness campaign

- Players use their high public profile at every opportunity to speak about HIV/Aids. International matches receive extensive coverage. If the HIV/Aids symbol was attached to players' jerseys, this could create a great impact. Players will be asked to use the HIV/Aids symbol at public engagements.

- Sarfu to distribute HIV/Aids information and condoms to all its affiliates, through clubs and the development programmes

Sarf's medical consultant, Dr Ismail Jakoet, welcomed the Nacosa initiative

Jakoet has researched, over several months, a policy statement on HIV and Rugby Participation

Chief among his recommendations are the removal of all bleeding players from the field, adequate dressing for all open and bleeding wounds, bleeding to be controlled by pressure bandages or suturing, bloodstained clothing to be replaced, and medical staff having to wear gloves when attending to bleeding players

Dr Jakoet has found that the risk of infection in rugby is extremely low — no cases of HIV-positive players have been reported so far.

He discovered there had been only one known transmission of the disease in contact sport — in Italian soccer in 1990

"However, although the risk in rugby is low it is higher than in non-contact sports as there is a risk of transmission through contamination of an open wound in a non-infected person by the blood or blood products of an infected individual.

"Sarf must take every step possible to ensure player safety," he said. "To protect our players it is vital that safety conditions are rigidly adhered to. We must do all we can to stop the transmission of the disease."

Moodley says sport has become a leading force in uniting South Africans.

"Within the sporting fraternity Sarfu has been one of the front-runners, especially with the success of the World Cup and the development programme.

It was not surprising therefore, says Moodley, that Sarfu has become a front-runner in developing an HIV/Aids policy

"HIV/Aids is not just a health issue anymore. It's a developmental issue affecting every sector of society. It is encouraging that Sarfu is willing to participate in an Aids awareness campaign."

DEFINING 'UNFAIR'

(92)
FM 20/9/96

Parliament's health portfolio committee last week called on government to ban pre-employment HIV testing. This again raises the issue of providing employee benefits for people with HIV or Aids — and what constitutes "unfair discrimination" if benefits are not offered.

The committee's call does not necessarily imply that HIV carriers should be given full access to employment benefits. This, however, is an important point of contention between sponsors and beneficiaries of schemes.

Sanlam's Chris Bosenberg says the 1996 biennial survey of trends in the retirement industry reveals 7% of funds specifically test new entrants for HIV before they join the company retirement fund. Those affected are totally excluded from group death and disability benefits. This may include retirement benefits if the fund is of a defined benefit type offering early, ill-health retirement.

Old Mutual's Chris Newell says conferring full benefits has serious consequences. The claims rate for Aids will be far higher than for other life-threatening diseases. The rate of claims for other diseases is low, relative to the population covered, since employer-sponsored group arrangements cease to provide cover once a member reaches retirement. Aids claims, however, will relate to people under 60.

The incidence could rise to one in five people covered. And it will be detrimental to all other members of medical aid and retirement funds, who will have to bear the cost.

It will affect the profitability of employers who are obliged to make good any deficits in retirement funds — especially where generous in-service lump sum benefits are paid. And this, in turn, may affect the job security of employees and

bonus payments to retired people.

Transvaal Supreme Court Judge Edwin Cameron, who chairs the Law Commission's project committee on Aids, argues it will not be discriminatory if employees with HIV are given group benefits cover comparable to that received by, for example, a leukaemia sufferer.

Whatever the merits of the arguments, excluding people with HIV from employee benefits may not be possible in practice. To insist on full medical examinations before cover is provided would be extremely expensive. And as a medical aid administrator argues: "If a medical aid refuses to cover such a person, a doctor simply won't divulge an Aids-related condition, so the medical aid will end up paying anyway."

He suggests "It could make more financial sense to manage HIV sufferers' health care than to exclude them."

There are related problems. Mark Heywood of the Centre for Applied Legal Studies' Aids Law Project asks "What happens, for instance, if a miner is excluded from group death and disability benefits because of HIV and he sustains serious injuries during a rockfall?"

He reckons the potential savings from

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"properly debated at Nedlac and solutions found that assist employees and employers."

Another problem arises in relation to people who become infected after employment. It is impossible to exclude, at the claim stage, all those who have died of Aids — because it is not the immediate cause of death. It destroys the immune system of the body and, since it is not certifiable, it does not have to appear on the death certificate.

Metropolitan Life's Peter Doyle says three important factors will determine the financial impact of Aids on any employee benefit arrangement.

- How risk benefits are structured — whether they are paid as a lump sum on death or disability or as an income to a spouse,
- Who pays the bulk of risk benefits — the employer or the employee, and
- Whether the benefit or contribution rate is fixed. If the cover is fixed at, say, three times salary, the cost will depend on the claim rate. If claim rates go up automatically, as expected, the insurer will charge considerably more for the same level of cover. If the contribution rate is fixed, a rise in the claims rate will mean



Peter Doyle identifies three important factors

excluding people with HIV from employee benefits would be more than offset by the "costs of increased industrial unrest and a demoralised work force. It is also likely to lead employers into costly litigation as exclusions are contested on the grounds of being discriminatory."

He suggests these issues need to be

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the amount of cover that can be provided for the same level of contribution will have to be reduced.

Southern Life actuary Janina Slawski points out that if employee benefits are to be open to all, there are only two possible outcomes. Either the current levels of benefits can be maintained and paid for by increasing employer contributions or a minimum benefit structure can be created for all — with a voluntary top-up subject to a medical examination.

This brings the situation full circle.

SCANDALOUS DENIAL

FM 20/9/96 (92)
A government committed to transparency and open governance, with full accountability, should not accept anonymous gifts in cash or kind

This statement made in parliament by Deputy Finance Minister Gill Marcus last week is the bottom line in the *Sarafina 2* donor row. It is regrettable that Health Minister Nkosazana Zuma and President Nelson Mandela have failed to grasp its import. Instead, they retreat behind Public Protector Selby Baqwa's finding that she has not acted illegally.

Baqwa recommends that in future anonymous donations be turned down unless the political office bearer, accounting officer, Public Protector and Auditor-General are apprised of the

Continued on page 50

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50 CURRENT AFFAIRS

Continued from page 47

donor's identity and have no objections

But far from apologise for allowing government to be held to ransom by a wealthy individual or for squandering R10,5m, Zuma says "I have done nothing wrong" Mandela says there is not one element of scandal in the way she has handled her portfolio

To the ANC, she is an innocent victim of a racist media smear campaign and a conspiracy to unseat her by white politicians and unscrupulous pharmaceutical conglomerates (see page 48)

Mandela dismissed the *Sarafina 2* issue as a smokescreen "The investigation into the matter — including by the press — is not about exposing corruption but to get me to dismiss Zuma"

Mandela says Zuma was criticised by the Public Protector only for not applying proper expenditure safeguards but the media focused on her instead of "two white officials from the previous regime" accused of tender irregularities

The condemnation by black newspapers and politicians is ignored. Financial mismanagement by a Minister is the charge that the ANC refuses to answer

While stressing that Zuma's handling of the donation conformed with prevailing procedures and obligations, Marcus said it was clear government could no longer accept anonymous donations except in conditions recommended by Baqwa

But she was not helped by ANC Deputy Minister Essop Pahad, who revealed the ANC's lack of comprehension of the issues by saying "The perception of our people out there is that those members (the DP's Mike Ellis and NP's Willem Odendaal) challenge the credibility of the Public Protector because he is black"

Pahad caused the house to erupt by saying there was a "strong rumour" that Ellis kept hounding Zuma because he was speaking on behalf of "some hidden monopoly" — a pharmaceutical company opposed to Zuma's drug policy

The DP wants a parliamentary select committee to investigate the veracity of Pahad's remarks and believes he may have breached parliamentary privilege. This, along with the Auditor-General wanting the play to be subject to a forensic audit, will keep the issue alive for weeks

Whether the donation is to be rescinded or rerouted to other Aids campaigns is unresolved. Zuma has denied a trust fund is to be established for such campaigns and says the R10,5m must be

classified as unauthorised expenditure. But this must be decided by the public accounts committee and parliament ■

FINANCIAL MAIL • SEPTEMBER 20 • 1996

MIRRYÉNA DEEB



IN MY OPINION

ZUMA'S FLAWED SCRIPT

Pharmaceutical Manufacturers' Association CE Mirryéna Deeb says the pharmaceutical multinationals form no monopoly and have no interest in *Sarafina 2*.

President Nelson Mandela's attack on the multinational pharmaceutical industry is unfair and unfounded. The publicity which Health Minister Nkosazana Zuma brought on herself and government relates to issues of bad governance, not health policy.

When we are unhappy with draft legislation or regulations, we approach the Minister or her department or use the legal system to enforce our civil rights. We have no interest in denigrating the Minister in any clandestine fashion. This does not preclude us from answering queries from the media or voicing our opposition to policies which we believe cannot be implemented. That is our democratic right to freedom of speech. People may need reminding that the *Sarafina 2* investigation started in February, when the ANC-led parliamentary committee on health called for a probe.

We also reject the President's assertion that the medicine market is monopolised by "big foreign conglomerates reluctant to face competition."

About 200 drug companies operate in SA. Of these, only 45 are multinationals — none of which enjoys a market share greater than 6%. Independent market analysis by Data Survey International shows that of the top 16 drug companies, the largest market share is held by SA Druggists (10,3%), a local and largely generic-based company, followed by another local firm, Prempharm (7,8%), and Roche with 5,1%.

The figures show that at manufacturer level, the market is highly competitive. It is ready to take on competition from new players. What we won't tolerate is a system that allows different registration requirements on bureaucratic whim — for example, a three-month registration period for an imported generic where the identical drug made here is registered only after a year. Such a dispensation is now being considered by the Department of Health even though it would amount to a violation of competition law and policy.

The President cannot be aware that the Competition Board in February warned the department that most of its drug policy was in danger of contravening competition law and policy or could negate competition in the pharmaceutical market.

The industry is not fighting competition, especially the version accepted in free-market economies.

The Department of Health is clearly unaware of the contents of government's macro-economic plan, endorsed recently by the President as "non-negotiable." The plan is geared specifically to attract foreign investors. But the department seems determined to destroy an industry worth R7bn/year to the economy (about R500m/year is spent on research and development and RDP projects) and an employer of 17 000 skilled workers by introducing laws that would violate the basic tenets of protec-

tion of intellectual property rights

Imagine asking investors to come to SA but telling them people ordering their wares are prevented by law from using their brand names? Would Shell or Sasol be happy with a label that read simply "petrol?" Such a scenario is envisaged for pharmaceutical companies with the department's draft regulations of July 12 that would prohibit doctors from using brand names on scripts. Since it is internationally accepted that branding fosters commercial competition, can industry's rejection of these proposals be seen as an attempt to hamper competition?

Is it fair to expect industry to pay about R500m/year to try to halt a R100m theft problem from State warehouses and hospitals? This is another proposal contained in the same *Government Gazette* of July 12.

The proposed multidimensional digital marking system is untried and untested for pharmaceutical firms elsewhere in the world and could push up costs. Could industry's opposition to this proposal in its present form reasonably be said to amount to an attempt to frustrate efforts to bring prices down?

The President is right when he says industry is rejecting some of Zuma's initiatives but these are impractical, unreasonable and will lead to price rises and bureaucratic abuse.

Ironically, the Pharmaceutical Manufacturers' Association unreservedly supports government's objectives of ensuring affordable and accessible health care and medicine to all. It has conveyed this message to Zuma and her department in words and actions. In April, the association voluntarily ended off-invoice bonusing to ensure greater transparency and price competition. The industry has tightened its marketing code and self-regulatory mechanisms to try to give effect to the sentiments contained in the National Drug Policy.

The Pharmaceutical Manufacturers' Association has told Zuma it accepts the need to encourage greater use of generics provided this is not mandatory. The doctor's clinical judgment should not be overridden, nor should the paying patient's right to choose be ignored.

The industry accepts that prices paid by consumers are unacceptably high but stresses this is the result of an over-regulated, inefficient retail distribution system that precludes big business, medical insurers and schemes from selling directly to the patient and using bulk buying power to effect savings.

Such a dispensation keeps mark-ups in the US at no more than 25% on manufacturers' exit prices. In SA, the mark-up can reach 100% — a situation that is allowed by the ban on non-pharmacy ownership of retail drug outlets.

This single reform would introduce competition and remove the need for many of the department's proposed regulations. It is the recommendation of four independent commissions of inquiry over the past 20 years, including the one into a national health insurance system for primary health care, convened last year by Zuma. The commission's final report was submitted to Cabinet earlier this year, regrettably after Zuma chose to ignore or alter the recommendation of her own commission. ■

Sarafina 2 producer holds talks with Government over his R1-m debts

ARG 21/9/96

(92)

GLYNNIS UNDERHILL
CHIEF REPORTER

Sarafina 2 producer Mbongeni Ngema is facing outstanding debts of around R1-million as a result of his involvement in the beleaguered Government stage production.

Mr Ngema's lawyer, Mncedisi Ndlovu, said negotiations were taking place with the Department of Health about who would settle the debts after the withdrawal of the mystery donor last week.

"Mr Ngema is sitting with outstanding debts from contracts entered into as a result of the production," he said. The debts amounted to an estimated R1-million.

Mr Ndlovu said he was trying to maintain a cordial relationship with the many creditors who were contacting him as the legal representative of Mr Ngema.

"I am not saying the Government is not going to help. We would not say that unless the Government said formally it was not going to help," he said.

Mr Ngema's company, Committed Artists, had not been liquidated, said Mr Ndlovu.

Health Minister Nkosazana Zuma's mystery benefactor withdrew following intense media and parliamentary speculation as to the identity of the donor who was to have paid R10,5-million towards the cost of the R14-million production.

Funds donated by the European Union for Aids-related awareness programmes were used without authorisation on Sarafina 2, causing a public outcry.

Malcolm Serman, the Cape Town lawyer acting for the mystery donor, said the matter was now "dead, gone and buried."

It had been the intention of the donor to give the money towards Aids education, but anonymity and privacy had been one of the donor's top issues.

"But then there was so much speculation surrounding the donor that the whole thing fell apart," he said.

Mr Serman said there had been no intention on the part of the donor to pay off any of Mr Ngema's debts. The money would have been channelled to Dr Zuma, he said.

The money and the whole donation issue was now "history," said Mr Serman.

AIDS and HIV tolls rise in prisons

(92) ART 26/9/96
Correctional services minister Sipo Mzimela has disclosed in the National Assembly that 517 prisoners were diagnosed last year as having the human immunodeficiency virus (HIV) - up from 483 in 1994

Twenty-one prisoners had contracted AIDS and 28 died after contracting it last year, he said in reply to Gert Oosthuizen (National Party)

In comparison, nine prisoners contracted AIDS and 13 of them died from it in 1994. In 1993, 426 prisoners were recorded as having HIV. Thirty contracted AIDS and 10 died from it.

These figures excluded cases in the former homelands.

The disease was particularly widespread in prisons in the Free State, KwaZulu-Natal and Gauteng. - Sapa

Number of HIV-positive prisoners has climbed

CAPE TOWN — A total of 517 prisoners were diagnosed last year as infected with the HIV virus — up from 483 in 1994, Correctional Services Minister Sipo Mzimela said yesterday.

Twenty-one prisoners

contracted AIDS and 28 died after contracting the disease last year, he said in reply to a question from Gert Oosthuizen (NP). By comparison, nine prisoners contracted AIDS and 13 died of it in 1994.

In 1993, 426 prisoners were recorded as having being infected with HIV.

The disease was particularly widespread in prisons in the Free State, KwaZulu-Natal and Gauteng — Sapa.

(92) BD 26/9/96

Over 500⁽⁹²⁾ ~~250~~ inmates with HIV

Nov 26/9/96

Cape Town - A total of 517 prisoners were diagnosed last year as having been infected with the HIV virus - up from 483 in 1994, Correctional Services Minister Dr Sipo Mzimela said in the National Assembly yesterday.

Twenty-one prisoners contracted Aids and 28 died after contracting the disease last year, he said. By comparison, nine prisoners contracted Aids and 13 of them died from it in 1994. In 1993, more than 400 prisoners were recorded as having being infected with HIV.

Thirty prisoners contracted Aids and 10 prisoners died from it.

The disease was particularly widespread in prisons in the Free State, KwaZulu Natal and Gauteng - Sapa

Hopes for 'amicable' Sarafina 2 settlement

(92) ARG 28/9/96

GLYNNIS UNDERHILL
CHIEF REPORTER

Sarafina 2 producer Mbongeni Ngema, who apparently has debts amounting to R1-million resulting from his involvement in the beleaguered AIDS awareness production, is still contracted to work for the Department of Health, according to his lawyer Mnucedisi Ndlovu.

Mr Ndlovu said it was hoped the issues could be resolved amicably with the department and that legal action would be the "last resort".



Mbongeni Ngema

A meeting scheduled this week with the department had failed to materialise, but it was expected another meeting would be arranged next week to discuss the contract and the debt, said Mr Ndlovu.

In terms of the agreement between Mr Ngema and the department the contract can be terminated by either party with 30 days' notice.

"The aggrieved party has some recourse in terms of the agreement," said Mr Ndlovu.

He declined to discuss details of the terms of the contract further.

Mr Ngema had expected the debts from *Sarafina 2* to be settled after a mystery donor came forward with an offer of R10,5-million towards the costs of the ill-fated production.

However, the donor withdrew last week after pressure mounted for his identity to be revealed.

Health Minister Nkosazana Zuma also came under fire in Parliament after the department used unauthorised European Union money to fund *Sarafina 2*.

AIDS

HARARE - Traditional healers in Zimbabwe are going all out in the fight against the deadly Aids disease

Professor Gordon Chavunduka, president of the Zimbabwe National Traditional Healers' Association (Zinatha) said more than 200 traditional medicines had been collected for testing by the Zimbabwe regional drug control laboratory, and 95 per cent of these were useful medicines, the *Zina* news agency reports

In his annual report, Chavunduka said a total of 80 HIV-positive patients between the age of 18 and 45 years took traditional medicines administered by four Zinatha members over a period of 10 months.

According to Chavunduka, these tests showed that some traditional remedies could, in fact, remove or reverse Aids symptoms

A large number of medicines were collected, extracted and analysed with the assistance of a large research institute in the United States, and 10 per cent of them showed some protection against the effects of the HIV/Aids virus on human blood cells

US scientists recommended that some of these traditional remedies be developed further as potential drugs for the treatment of Aids, he said

Zim healers tackle Aids



(92) Sowetan 30/9/96

Pure compounds from some of the plants which had shown to have active principles against Aids were identified and isolated

This prompted Zinatha to apply for patent protection in Zimbabwe and also in a number of countries because the association now had potential drugs for the treatment of Aids.

Zinatha was carrying out small pilot studies using these compounds, and patients taking them were showing great improvement in the quality of their health, according to Chavunduka

Health and child welfare minister Dr Timothy Stamps has praised Zinatha's efforts in the fight against Aids

Many of the traditional healers were often the first to be consulted when people had health and other social problems, he said

It was therefore important that they receive adequate information about HIV and Aids so that they advise their patients correctly, Stamps said - *Sapa*

programme Justice Process and Administration with the two sub-programmes (a) Court Management in conjunction with other role-players and (b) Witness Management & Information

During a meeting on 20 August 1996 chaired by the Deputy Minister of Justice it was decided to divide Witness Management & Information into two components namely (a) Witness Protection and (b) Witness Management and Information with the latter forming part of the Programme Court Management in conjunction with other role-players. My Department will therefore be the lead Department with regard to the above-mentioned programmes. Business plans, setting out the aims, objectives, projects, funding, etc to manage these programmes are currently being drafted by the Department.

My Department is also identified as a role-player with regard to twenty-two other programmes in terms of the decision taken on 6 August 1996, the most relevant programme being Case Handling and Allocation.

SABC, name/logo removed from forms

*22 Mr J J DOWRY asked the Minister for Posts, Telecommunications and Broadcasting

- (1) Whether the SABC is at present considering removing its name and logo from television licence and application forms, if so why.
- (2) whether he will make a statement on the matter? N1484E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING

The Chairman of the SABC has informed me as follows:
The omission of the SABC's name from TV licences, official stationery and advertising material is a layout issue.

The Television Licences Department is one of the various SABC business units, such as Henley Facilities, Airtime, and various radio stations that do not normally mention or use the

SABC's name in their communication activities or in their stationery

Traffic offences: points system

*23 Mr Z D MNGUNI asked the Minister of Transport

- (1) Whether his Department has investigated the possibility of introducing a points system in respect of traffic offences, if so, why.
- (2) whether it is the intention to introduce such a system, if so, when is it anticipated that this system will become operational.
- (3) whether he will make a statement on the matter? N1485E

The MINISTER OF TRANSPORT

- (1) At the Road Traffic Safety Symposium held in Pretoria on 22 and 23 July 1996, a points demerit system for drivers with regard to traffic offences was identified and adopted as one of the key areas of concern for further action. The unacceptable level of carnage on our roads is the result of various factors, but one of the least acceptable is the widespread attitude among the driving public that road traffic rules do not have to be obeyed and that traffic offences are socially acceptable. The Department is of the opinion that a points demerit system for offenders will contribute to effective change in the attitude of the driving public which will result in the lowering in the death rate on our roads.
- (2) Yes, the Department is intending to introduce such a system before the end of 1997.
- (3) No.

University: degrees sold

*24 Dr A P JANSE VAN RENSBURG asked the Minister of Education +

- (1) Whether any allegations that degrees were sold at a certain university, the name of which has been furnished to his Department for the purpose of his reply, have been brought to his or his Department's attention, if so, how many degrees are allegedly involved.

HANSARD

- (2) whether he will make a statement on the matter? N1486E

The MINISTER OF EDUCATION

- (1) Yes. Officials of the Department visited the University and had discussions with various staff associations and student organisations on the matter. As a result of the deliberations it has now been decided that the Public Protector will handle the matter as an urgent case. A letter in this regard has already been to the Public Protector with the background information attached thereto. The number of degrees involved will therefore also be investigated.
- (2) No.

Aids Strategy/Plan

*25 Dr W A ODENDAAL asked the Minister of Health

- (1) Whether her Department has implemented the National Aids (a) Strategy and/or (b) Plan, as drawn up by the National Aids Convention of Southern Africa (NACOSA), if so, (i) with what results and (ii) what steps have been taken to achieve the broad objectives in this regard.
- (2) whether she will make a statement on the matter? N1487E

The MINISTER OF HEALTH

- (1) (a) and (b)

I adopted the National AIDS Strategy and Plan developed by NACOSA shortly after my appointment as the blue-print for the Government's response to the epidemic. The budget for the NACOSA Plan was however approximately 10 times the current AIDS budget at that time, and despite significant increases in the budget, it was not possible to implement the Plan in its entirety. Five key strategies were prioritised from the Plan and these have formed the basis of the Directorate's Operational Plan for 1995/96 and 1996/97.

- Lifeskills programmes targeted at youth in- and-out of school

- Mass communication strategies to popularise key prevention concepts

- Improved management of clients seeking treatment for STDs
- Improved access to barrier methods (both male and female condoms)
- Access to appropriate care and support for those infected and affected

- (1) Significant progress has been achieved towards implementing the first four strategies. For example

— a lifeskills curriculum has been developed for use in schools and teacher training has begun in most Provinces

— radio and TV advertisements have been developed to promote awareness about the disease and address discrimination and stigmatisation

— all provinces have agreed to introduce the syndromic approach to STD management and extensive training of health care providers is underway

— 97 million male condoms were distributed in 1995/96 and the pilot introduction of the female condom to assess its acceptability has been conducted

(ii) The Strategic Plan (1996/97-2000/1) which was recently created used the NACOSA Plan as the terms of reference. This Plan, unlike the annual Operational Plans which apply only to the National Directorate HIV/AIDS and STDs, will be the guiding document for the entire country, i.e. the National and Provincial HIV/AIDS and STD structures as well as NGOs/CBOs other government departments, the private sector and communities. As such the extensive consultation which informed the NACOSA Strategy and Plan continue to be of immense value, despite the changes which have occurred as a result of the dynamic nature of the epidemic.

Source National Department of Health, Directorate HIV/AIDS and STDs

Political prisoners, release

*26 Dr B L GELDENHUYIS asked the Minister of Foreign Affairs †

Whether he had any discussions with a Nigerian delegation in London in June 1996 with a view to the possible release of certain political prisoners, if so, what was the result of the discussions?

N1488E

THE MINISTER OF FOREIGN AFFAIRS

The hon member is referred to the reply given to Question 43, col 1957

Social workers: disparity in salaries

*27 Mr P C MCKENZIE asked the Minister for Welfare and Population Development

(1) Whether there is currently is disparity between the salaries of social workers in the public and private sectors, if so, what is this disparity.

(2) whether she or her Department is taking any action towards eliminating such disparity if not why not, if so, what action,

(3) whether she will make a statement on the matter?

N1489E

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

(1) Yes, social workers' salaries in the public sector are between 14,8% to 27% higher than salaries for social workers in the private sector.

(2) yes, in response to the increasing crisis faced by welfare organisations in meeting the rising costs of service delivery, the declining financial support to organisations from donors and the public, and the despondency of social workers who are leaving the profession, myself and the members of the Executive Councils of the Provinces, recently agreed to an 8,5% increase in the subsidy for social work posts in the voluntary welfare sector. A once-off grant will also be awarded to institutions to meet some of the rising salary costs of child care workers

THE MINISTER OF FINANCE

(1) The net purchases of shares and bonds by non-residents in South Africa in the fiscal years 1994/95 and 1995/96, were as follows

	1994/95	1995/96
Shares	-886	6 415
Bonds	3 547	3 553
Total	2 661	9 948

Net purchases by non-residents

(2) From this set of figures it is apparent that the net purchases of securities by non-residents increased sharply in the fiscal year 1995/96 probably reflecting the removal of the financial rand system and the inclusion of the Johannesburg Stock Exchange in the International Finance Corporation's Emerging Markets Index. The integration of South Africa in the international financial markets also introduced a more volatile element in the capital flows to the country, particularly in bond transactions. After having been net buyers of bonds for a total value of R4,9 billion from July 1995 up to February 1996, non-residents became net sellers to the amount of R2,5 billion in March and April. They then became net buyers again to the amount of R2,6 billion in May and June 1996, before their interest in this market waned once more and their net purchases declined to only R0,7 billion in July 1996

THE MINISTER OF CORRECTIONAL SERVICES

(1) Yes
(a) The information as requested is not readily available and can only be obtained through a time-consuming and manpower-intensive country-wide survey

(b) R15 336 031 (R10 312 832 for private hospitals, and R5 023 199 for State hospitals) for the period 1 March 1995 to 29 February 1996

(2) No

Unemployment

*30 Mr C M GEORGE asked the Minister of Labour †

(1) (a) What was the percentage of unemployment in the Republic during the period 1 January to 31 May 1996 and (b) what increase or decrease does this figure represent in comparison with the percentage of unemployment in the corresponding period in 1995.

(2) whether he will make a statement on the matter?

N1492E

THE MINISTER OF LABOUR

(1) Unfortunately, the CSS does not now track unemployment on a quarterly or biannual basis. The annual October Household Survey provides the best indication of unemployment, but the 1995 figures have not yet been published. The latest estimates available in the Department from the CSS indicate that formal employment grew by just under 0.5% in 1995

The Department of Labour only compiles figures on registered unemployment. These figures are not helpful in understanding overall unemployment, although they assist in assessing the effectiveness of various Departmental services and in evaluating changes in skills needs. They rely on voluntary registration of unemployment by individuals. As a result, they mostly give changes in employment in the formal sector, which may only reflect normal turnover rather than a change in employment levels. In any case, registered

This initiative was a gesture of support and acknowledgement by government of the positive contribution of organisations in civil society's to welfare services

It should be noted that this is a short-term measure in view of the fact that financing of welfare services according to social work posts will be phased out in the future. As indicated in the Draft White Paper, programme financing will be phased in as from April 1, 1997 and new financing criteria will be developed

The Government currently subsidises 2 400 social work posts in the private welfare sector. The subsidy amounts to 76% of the social workers' salary and a small amount is for administrative costs. There will therefore always be a variance of 25% between public and private welfare sector salaries

Welfare organisations are autonomous, they raise 45% of their budgets from the public and from donors and in this way make up the 25% variance

The delivery of welfare services is a partnership between the Government and private welfare organisations. Addressing the vast backlog is a national, collective responsibility and the Government values the contribution of the private welfare sector. I call on the corporate sector to assist these organisations as far as possible.

(3) no, a media statement in this regard was made on the 23rd of July 1996. In addition, provincial welfare departments have communicated directly with private welfare organisations in the provinces

Stocks/shares purchased by foreigners

*28 Mr A WATSON asked the Minister of Finance †

(1) How many stocks and/or shares were purchased by foreigners in the (a) 1994/95 and (b) 1995/96 financial years,

(2) whether he will make a statement on the matter?

N1409E

Prisoners treated at State/private hospitals

*29 Mr F P SMIT asked the Minister of Correctional Services †

(1) Whether any prisoners were treated at State or private hospitals during the period 1 March 1995 to 29 February 1996, if so, (a) how many and (b) what was the total cost of the medical treatment of such prisoners during this period,

(2) whether he will make a statement on the matter?

N1491E

'Sarafina 2' not on agenda for Zuma's talks with the EU

(92) Star 2/10/96

By JOHN FRASER

Independent Foreign Service

Brussels - Officials have pledged not to mention the dreaded "S" word when Health Minister Dr Nkosoza Clance Dlamini-Zuma arrives at European Union headquarters this week.

The European Union was deeply embarrassed - and even more annoyed - when it learnt that aid money for South Africa was being diverted into the controversial play *Sarafina 2*.

Following protests from Brussels, the Pretoria government was forced to give assurances that no EU aid would be used to help finance the production. Stricter controls are now in force to ensure that future EU help goes only to projects which have received approval from Brussels officials.

The issue is not on the agenda for tomorrow, when Zuma will meet EU Commissioner Joao de Deus Pinheiro.

"As far as we are concerned this is over and in the past," said an EU spokesman.

"We never gave the green light for that funding, and we plan to stick to the rules and expect our partners to stick to the rules as well." Therefore, unless Zuma wishes to apologise to EU chiefs for the *Sarafina 2* debacle, she is likely to be let off the hook.

In all likelihood her visit will also involve discussions with Belgian and Luxembourg politicians. South Africa is seeking continued international support for improving health in the country.

"But Dr Zuma would be well advised to ask only for help for operating theatres and not for any other sort of theatrics," joked a Brussels observer.

'Sarafina 2' audit points to yet more 'serious (92) irregularities'

Star 5/10/96
By GLYNNIS UNDERHILL

Auditor-General Henri Kluever's much-awaited forensic audit on the Department of Health's beleaguered Aids awareness production, *Sarafina 2*, is expected to reveal serious irregularities of expenditure.

Sources close to the investigation said the irregularities in expenditure not only included the unauthorised expenditure of R10,5-million of European Union funds, but pointed to other "more serious irregularities."

Cluever, contacted for comment, said he was unable to discuss the forensic report, which he expects will be completed in a week or two.

"The audit is still on the go but I have to report to Parliament first before I can comment," he said.

Kluever said the purpose of his audit was to find out what happened to the money, whether irregularities in payment had occurred, and to follow the flow of the money to ensure corrective steps were taken.

The controversy over the *Sarafina 2* musical, which was panned by some critics, was fuelled when a mystery donor offered to step in and bail out Health Minister Nkosazana Zuma.

The donor withdrew his promised R10,5-million donation after pressure mounted to reveal his identity to the public.

Kluever, who said he was unable to comment on the claims before the report had been presented to Parliament, said it was expected to be released within two weeks.

ANC boobed badly over

Sarafina, Holomisa - Tutu

'They behaved like the National Party'

92) (10/10/96)

The ANC-led government has "boobed badly" over its reaction to criticism of the controversial Aids play *Sarafina 2*, says Archbishop Desmond Tutu.

In a keynote address to editors attending a Commonwealth Press Union conference in Bellville, the former Anglican archbishop and prominent anti-apartheid campaigner said he had told Deputy President Thabo Mbeki this

The criticism as a result of *Sarafina 2* was justifiable as "we struggled not only for democracy but to see a new and higher public morality established"

"They were, in that episode, merely perpetuating what their predecessors had

done in coming to the defence of colleagues out of blind loyalty," he said

Nkosazana Zuma was a very able health minister and could have got out of the mess by a simple acknowledgement that things had gone wrong instead of trying to bluster her way out.

The ANC was also aware that he thought it had erred badly in its handling of sacked deputy environment minister and ANC MP Bantu Holomisa, Archbishop Tutu said

"They can take that criticism because it comes from someone who tells them when they have done well," he said

However, the Archbishop said that in

spite of its inexperience the ANC government was "not doing a bad job when you think they were not given a chance even by their best friends"

Despite the high level of criminal violence they had reduced political violence to negligible proportions

"Just think of what used to happen in KwaZulu Natal and the Vaal Triangle," he said

Inflation had been reduced to single digit figures and while the economy had not yet taken off as much as was needed, there was a positive growth rate

"Those are accomplishments we should not be coy to trumpet" - Sapa

ANSWERED

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QUESTIONS

Indicates translated version
For written reply

(92)

Aids sufferers, financial help

117 Sen C R REDCLIFFE asked the Minister of Health †

(a) What are the names of the voluntary organisations helping to combat Aids or to give assistance in one form or another to Aids sufferers or persons identified as being HIV positive and (b) what financial support for or contribution to the Aids-related activities of each of these organisations did the Government give in 1994 and 1995, respectively?

S191E

The MINISTER OF HEALTH

(a) The HIV/AIDS and STD Programme has through UNISA, published the South African Aids Network a national AIDS Directory. At least 600 Service Organisations are listed of which 200 may be classified as voluntary organisations or NGOs

Examples of these are Life Line who provides a 24 hour toll-free hot line, Red Cross (Eastern Cape) who has established a care programme and the Township AIDS Project who runs support groups for infected persons

(b) Previously funds were allocated to NGOs on an ad hoc basis. In 1995 an NGO Funding Committee was established through a process of public nominations

A proportion of the National AIDS budget is allocated each year to support NGOs operating as AIDS Service Organisations. In 1994 this amounted to R4 336 640, in 1995 to R20 310 629. Other support in the form of materials such as posters, pamphlets and condoms are also provided by the Department of Health

A detailed list of all the NGOs/CBOs funded in the 1994/95 and 1995/96 financial years are attached as Addendum A and B with the amounts allocated for information

ADDENDUM A

NGOs 1994/1995 — Financial year

Organisation	Amount
AIDS Education & Media Training Unit	R75 000
AIDS Foundation of SA	R71 500
AIDS Haven	R100 000
AIDS & Sexuality Association for Youth	R120 000
AIDS Support & Education Trust	R150 000
AIDS Training & Education Programme	R100 000
Arts for all	R24 500
Churches AIDS Programme	R120 000
Drop In Centre (PAAG)	R195 000
GNP+ th International Conference	R265 000
Leadership South Programme	R55 000
Lifeline	R120 000
Living in Hope	R150 000
Medical Association of SA	R20 000
Medically Acquired HIV Institute	R5 000
Medical Research Council (Hlabisa)	R186 000
NACOSA	R250 000
NATOP	R100 000
NPPHCN	R1 000 000
Pietermaritzburg AIDS Action Group Community Outreach Project Pamphlet	R50 000
	R50 000

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S A Red Cross (Eastern Cape)
S A Red Cross (Western Cape)
Scripture Union
Society for AIDS Families & Orphans
Society for Family Health
Township AIDS Project
University of Witwatersrand
University of Natal (Vitamin A)
Youth for Christ

R250 000
R105 000
R80 000
R100 000
R100 000
R100 000
R139 640
R135 000
R120 000
R4 336 640

ADDENDUM B

NGOs/CBOs FUNDED BY THE HIV/AIDS AND STD PROGRAMME FOR 1995/1996

Those organisations marked with a character indicate NGOs/CBOs referred to the Directorate for evaluation or were funded due to prior commitment

- * Life Skills/Education
- # Care and Support
- ^ Nationally funded
- \$ Media

ORGANISATION	REGION	ALLOCATED	AMOUNT REQUESTED
1 Abigale	W Cape	R35 000	R35 000
2 AGAPE Community Outreach	KZ Natal	R100 000	R249 000
3 AIDS Action Committee	W Cape	R10 000	R10 000
4 AIDS Orphan Education Project (\$)	W Cape	R10 000	R42 000
5 ANCYLA(*)	Gauteng	R50 000	R226 080
6 ASET	W Cape	R190 000	R190 000
7 ATEP(*)	Gauteng	R40 000	R458 620
8 Bartmaeus Foundation	Gauteng	R130 000	R400 860
9 Bellville Community Health Project (\$)	W Cape	R50 000	R123 000
10 Bopelong Mentally Handicapped Centre	F State	R17 000	R21 100
11 CARE (#)	Gauteng	R15 000	47 783
12 Catholic Archdiocese Durban	KZ Natal	R91 440	R91 440
13 Christian Care Centre	KZ Natal	R50 000	R150 000
14 Churches AIDS Programme (#)		R120 000	
15 Community Based PHC Project	E Cape	R50 000	R50 000
16 Diakona Council of Churches	KZ Natal	29 000	85 000
17 Education Resources Network (*)	W Cape	R100 000	R330 000
18 EduTech(*)	W Cape	R25 000	71 060
19 Friends for Life	Gauteng	R65 000	65 000
20 GNP + 7th International Conference (*)		R245 000	

21	Goldfields Hospice Association	F State	R70 000	R146 000
22	Haven House of the Resurrection	E Cape	R250 000	R368 200
23	Helderberg AIDS Centre	W Cape	R42 000	R170 000
24	Hilcrest AIDS Centre	KZ Natal	R100 000	R143 000
25	HIV Women's Support Group - Durban	KZ Natal	R50 000	R83 500
26	Hope World Wide	Gauteng	R100 000	R442 000
27	Hospice Association of SA	National	R776 795	R1 744 000
28	Hospice Bloemfontein	F State	R24 000	R150 000
29	Hospice in Soweto - Witwatersrand	Gauteng	R200 000	R270 000
30	Hospice in the West - Shanti Nilaya	Gauteng	R100 000	R100 000
31	Hospice NW Region	N West	R32 000	R345 000
32	Hospice PMB	KZ Natal	R24 000	R24 000
33	Hospice Pretoria Sun Gardens	Gauteng	R30 000	R30 000
34	The House (*)	Gauteng	R30 000	R786 200
35	Islamic Medical Association of SA (#)	Gauteng	R30 000	R100 000
36	Joint Infrimment (*)	Gauteng	R117 000	R1 986 380
37	KZN Reed Dance Ceremony (\$)	KZ Natal	R180 000	
38	Lawyers for Human Rights	KZ Natal	R76 000	R76 000
39	Lawyers for Human Rights (\$)	KZ Natal	R21 000	R58 000
40	Leadership South	W Cape	R75 000	R147 025
41	Life Line (*)	National	R314 580	
42	Low veld Escarpment HIV/AIDS Project	Mpumalanga	R150 000	R207 600
43	Mamelodi Action Centre (#)	Gauteng	R20 000	R60 000
44	Medically Acquired HIV Institute (*)	National	R300 000	
45	Mission to Live	National	R25 000	R200 000
46	NACOSA (*)	National	R1 000 000	
47	NAPWA (*)	National	R504 570	
48	NATOP	Gauteng	R50 000	R200 000
49	Nazareth House	W Cape	R50 000	R50 000
50	New Generation Production	E Cape	R25 000	R50 000
51	New Africa Theatre Project (\$)	W Cape	R69 000	R69 000
52	Noncedo Sewing Project (#)	E Cape	R15 000	R66 700
53	Northern AIDS Action Group	W Cape	R16 800	R16 800
54	NPPHCN (Inanda Traditional Healers) (*)	KZ Natal	R60 000	R60 000
55	NPPHCN (Local Christian Churches) (*)	KZ Natal	R100 000	R132 000
56	NPPHCN (National AIDS Programme) (*)	N West	R200 000	R849 486
57	NPPHCN (Sexuality Health & AIDS Programme) (*)	F State	R100 000	R600 986
58	NPPHCH (Talking to Each Other) (*)	National	R1 809 500	R1 809 500

59	Nyangazeziwe Traditional Doctors	W Cape	R100 000	R695 620
60	Order of St John	National	R40 600	R40 600
61	Pakama Productions	N Cape	R6 415	R6 415
62	Phakama PHC Institution	Gauteng	R7 000	R13 800
63	Queenstown HIV/AIDS Infection Awareness (*)	E Cape	R20 000	R50 000
64	Relemogile Rural Development Programme	North	R50 000	R98 500
65	Rural Foundation	National	R40 000	R93 080
66	SANCO (*)	Gauteng	R231 000	R231 000
67	S A Red Cross Bloemfontein	F State	R76 000	R125 949
68	S A Red Cross E Cape (#)	E Cape	R250 000	
69	S A Red Cross W Cape (#)	W Cape	R150 000	
70	SASCO (SA Students Congress) (*)	Gauteng	R200 000	R472 200
71	Scripture Union (*)	KZ Natal	R50 000	R827 530
72	SAI WUSA (*)	Gauteng	R20 000	R218 500
73	Sexuality Education Project	Gauteng	R30 000	R194 280
74	Sister of Mercy	N West	R15 700	R15 700
75	Society for AIDS Families and Orphans	Gauteng	R250 000	R286 661
76	Soul City (\$)	Gauteng	R5 000 000	
77	Sparrow Ministries	Gauteng	R50 000	R291 000
78	Standeron HIV/AIDS	Mpumalanga	R25 000	R105 000
79	St Christopher's Home	Gauteng	R89 960	R89 960
80	St Francis House	Gauteng	R100 000	R196 870
81	SWEAT	W Cape	R50 000	R125 000
82	Tivoneleni Vasati AIDS Awareness	North	R102 440	R182 974
83	Township AIDS Project	Gauteng	R200 000	R500 000
84	TPS Drug Information Centre (\$)	Gauteng	R40 000	
85	Transvaal Museum (\$)	Gauteng	R487 000	
86	Tunelong (#)	Gauteng	R50 000	R62 710
87	Turn Table Trust	KZ Natal	R50 000	R64 460
88	Ubutu (#)	Gauteng	R30 000	R500 000
89	Vusi Impilo Thabisa	KZ Natal	R76 500	R112 500
90	Wilgespruit Fellowship Centre	Gauteng	R73 000	R183 000
91	Wola Nani	W Cape	R50 000	R100 000
92	Youth for Christ (*)	National	R150 000	R240 000
TOTAL			R17 196 150	R20 310 629

Registered doctors/pharmacists/dentists
182 Sen C R REDCLIFFE asked the Minister of
Health †

How many registered (a) doctors, (b) pharmacists and (c) dentists were there in each of the provinces as at 31 December 1995?

AIDS - how

Your pocket is affected

(92)

BRUCE CAMERON

AIDS claims against life assurance companies are starting to increase sharply with most life insurers looking to all policy holders to cover the additional costs

According to the latest Mercantile & General Reinsurance report on AIDS-related claims there has been a 24 per cent increase in the first six months of this year compared with the previous six-month period

However, assurance industry AIDS expert Peter Doyle of Metropolitan Life says that the actual number of AIDS-related life assurance claims could be double as AIDS is not a notifiable disease and many deaths are reported as a result of associated diseases

According to Mercantile & General, which collates AIDS figures for the life assurance industry, up to the end of June there had been 2 077 AIDS-related reported claims totalling R83 million with a further R187 000 being paid out monthly in permanent disability insurance

Doyle says the rise in AIDS-related deaths, which is now reaching exponential levels, is having an increasing impact on the structure of life assurance, both for individuals and for group schemes provided by employers

Doyle says there have been step-by-step changes to the structure of individual life assurance in an attempt to limit cross subsidisation of high risk groups by low risk groups and reduce the risk for life assurance companies

Doyle says employees who are members of group life schemes can also expect changes

Last year for example Old Mutual increased premiums for the national Union of Mineworkers group life scheme by 38 percent

Doyle says, however, there is a limit to premium increases and benefits are also likely to be reduced with the multiple of annual salary being reduced (eg from five times annual salary to four times), benefits being paid as a monthly pension rather than as a lump-sum, or reduction of benefit levels

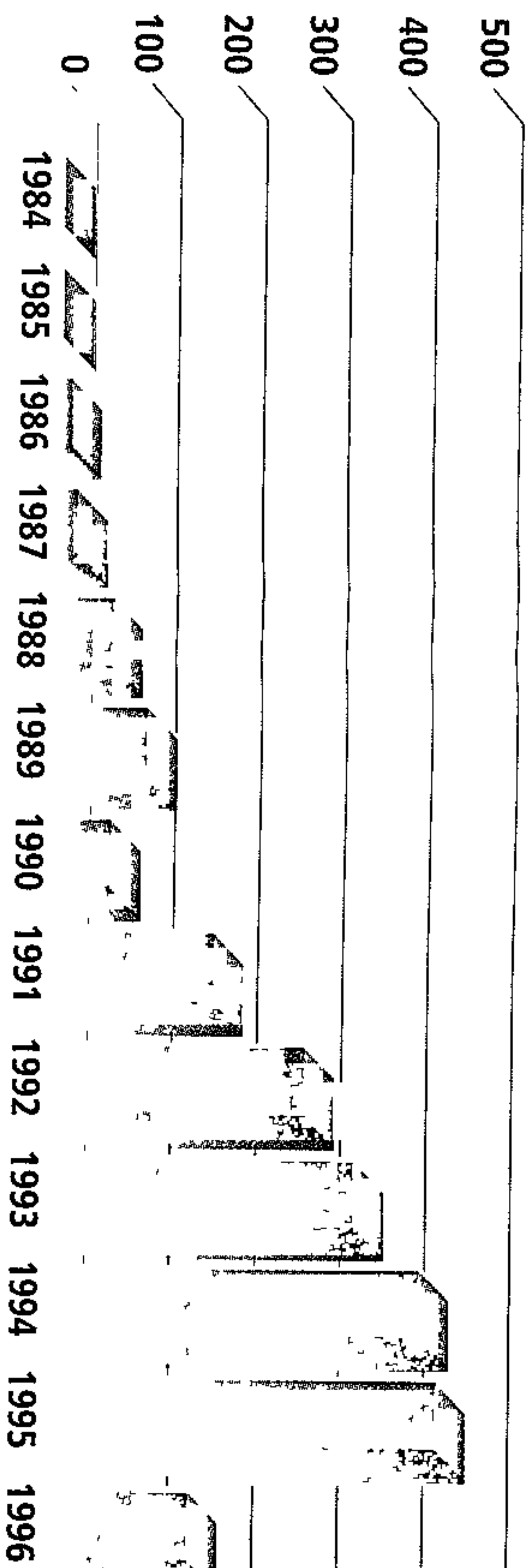
Life insurer Southern Life, which led the market internationally with its Exclusive Life policy, by introducing the concept of regular HIV tests continues to see rapid growth in sales

Graeme Lillie of Southern Life said that the sales over the past year had grown by 35 percent

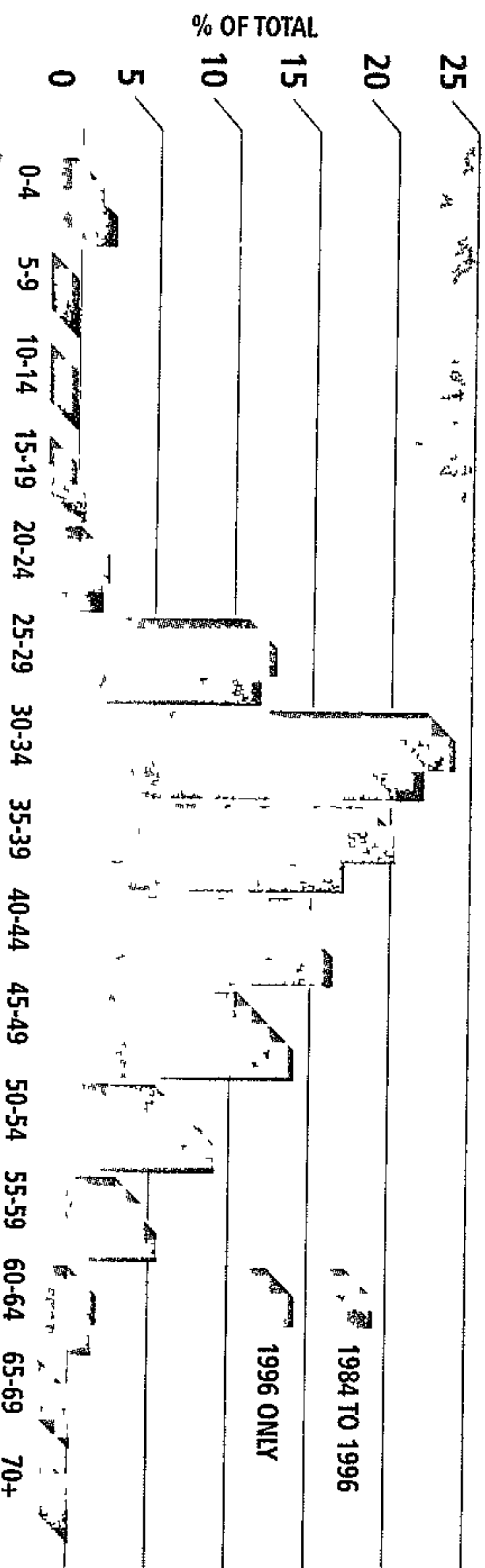
If an Exclusive Life policyholder is

AGG 19/10/96

AIDS: NUMBER OF ASSURANCE CLAIMS



AIDS: AGES OF CLAIMANTS



Source: MERCANTILE & GENERAL REINSURANCE

Graph: BOB GREENSON, Personal Finance

tested HIV positive the level of cover is reduced to 10 percent of the current value of the policy, while the policy continues to operate as an investment policy

Lillie says the policy "prevents cross-subsidisation of HIV-infected clients by non-infected clients"

Where AIDS is contracted from blood transfusions, medical procedures or rape, full cover is maintained without penalty for the policyholder

With the onset of AIDS it has become essential for you to compare life assurance premium guarantee periods between different companies

Also, be aware you can negotiate, in some cases, different levels of premium for varying premium guarantee periods

For example, if you, a male aged 40 and a non-smoker bought R300 000 life

cover for 20 years through an Old Mutual FlexiAssurance policy, you could choose between the following premiums and guarantee options: a monthly premium of R94.58 guaranteed for 12 years, a monthly premium of R106 guaranteed for 15 years, or a monthly premium of R127.50 guaranteed for the full 20 years

HEALTH WARNING

How HIV is changing life assurance

Life assurance companies have introduced a number of changes to prevent life assurance premiums from soaring and are reducing benefits because of increased AIDS-related claims

These changes include:

- An initial "gut reaction" of putting exclusion clauses in policies in other words if you died of AIDS your beneficiaries would not be paid out. However, this measure was dropped by most life companies because AIDS was not a notifiable disease and death was reported as being due to secondary causes.
- The introduction of testing for HIV before agreeing to give life cover. Initially most life insurers had set the benefit level for compulsory testing at about R200 000. This gradually whittled down to compulsory testing at benefit levels of between R50 000 and R100 000.
- A reduction in the selling of what is called "term insurance" where the assurance policy only covered the life of assured. Assurance companies now insist that all policies include an investment portion so that there is a build up in the cash value of the policy, reducing their risk.
- The introduction of regular HIV medical checks with the life cover being reduced in level of life assurance if the tests are positive.
- Reducing guarantee period for premiums. The guarantee periods have been reduced to as little as one year. This means a life assurance company can increase the premium at its discretion after the guarantee period has elapsed if AIDS-related claims are undermining their initial predictions affecting their financial stability, and
- An increase in reserves held by life companies to cover future AIDS-related death pay-outs.

No to HIV test on job candidates

(92) Sowetan 21/10/96

By Rafiq Rohan
Political Correspondent

DEMANDS that potential employees be tested for HIV before getting jobs has been shot down by Minister of Labour Tito Mboweni

He told Parliament that the Department of Labour's policy had to be seen in the light of general employment equity policy "which centres on the ban of unfair discrimination" in hiring, promoting, training, remuneration and retrenchments. This had to be in line with international and constitutional requirements, he said.

His department subscribes to the principle that fitness to work should be the only requirement. This is in line with the guidelines of the World Health Organisation.

"HIV infection in itself does not constitute a lack of fitness to work and in view thereof, the Department of Labour does not consider that HIV screening for employment should be required."

Mboweni was responding to a question from ANC MP Ms Meisi Malumise.

The place where laughter drowns fear of HIV

Star 2/10/96

(92)

RIAN HORN

By Melissa-Anne Fines

When you enter the Etheibemeri Home in Doornfontein, Johannesburg, what strikes you is the serenity of the place.

Such compassion is essential when you consider that the babies in the home, some of whom are HIV positive, have not enjoyed any kindness in their lives.

Some have been rescued from terrible abuse and neglect.

When The Star visited the home, staff had horror stories to tell of babies plucked from plastic bags or rescued from dustbins, bushes, toilets and hotel rooms.

They spoke of how the babies have flourished and grown at Etheibemeri, which means "place of hope", and is one of two Salvation Army homes in Gauteng for abandoned babies.

Since the opening of the home a year ago, 10 have died of AIDS-related illnesses. A brightly decorated quilt hangs in the foyer at Etheibemeri, each square bearing the name of one of the dead.

"Every time one of the babies dies, the staff are ripped apart. We cry and we grieve - it's like losing one of our own children," said Henry Morgan, a volunteer at the home for the past five months.

Many of the babies brought to Etheibemeri will never see their parents again and the home tries to place them in foster homes.

But this is a struggle, according to matron Barbara Malins, who said that because some of the babies were HIV positive, it made finding foster homes difficult.

But Malins said that of the 51 children at the home, less than 50% had tested positive.

But, despite this and financial constraints, the atmosphere at the home seems to be a happy one, with the laughter of children echoing through the halls.

Staff said the home had been accepted by the community, and that they received encouragement and support from their families for their efforts.

They have no qualms about working with babies who are HIV positive.



Place of hope one of the infants at the Etheibemeri home for abandoned babies in Doornfontein takes a slow crawl to a caring future.

Reformed prostitutes move in with children

By Melissa-Anne Fines

The Etheibemeri home for abandoned babies is to open its doors to prostitutes who no longer want to ply their trade.

A wing in the children's home in Doornfontein has already been converted into living quarters for 14 reformed prostitutes who will move in next month.

Captain Len Millar, public relations secretary for the Salvation Army, under whose auspices the home falls, said former prostitutes who have undergone rehabilitation programmes would be placed at the home for between three and 12 months.

He said most of the 14, believed to be in their teens, had undergone treatment at The House - a centre to rehabilitate prostitutes in Berea - and the Government's

'It would be very therapeutic'

drug rehabilitation programme. Millar said the women would receive vocational training, counselling and life skills to prepare them for re-entry into the community. The project would run for two years before it is reviewed.

"Very often they (the women) are abused and feel they have no self-worth, and it would be very therapeutic to be involved with the children. We think the children would respond to them as individuals and will also benefit from the attention they receive," Millar said.

The Salvation Army is also considering establishing a night creche for the children of prostitutes at the home.

But this would happen only if the plans to help in the rehabilitation programme for prostitutes are successful.

SA Aids rate 'one of the worst'

CT 24/10/96

(92)

JOHANNESBURG South Africa has one of the fastest-growing Aids epidemics in the world, with up to 2 000 people being infected daily, it was revealed yesterday

Alexander Forbes Aids consulting and support unit director Dr Clive Evian said the average doubling time of the infection rate in South Africa was between 20 and 24 months, but in the Western Cape it was a mere six months

Evian said two million South Africans were infected by the end of last year, and by the year 2005 the number could be between five and seven million HIV infections and 1,5m Aids cases

2 000 a day infected with HIV in SA

JENNY VIAL
HEALTH REPORTER

Up to 2 000 people a day in South Africa are being infected with HIV, the virus that leads to AIDS.

This figure is doubling every two years in the Western Cape where up to 8 percent of people aged 20 to 40 could be HIV positive.

And although HIV infection figures for

(92) ARG 24/10/96
the Western Cape are low, there is no reason for complacency, says Clive Evian, director of the Alexander Forbes Aids consulting and support unit

The HIV infection rate, measured at ante-natal clinics a year ago, was 1,6 percent in the Western Cape, according to Department of Health figures

But, Dr Evian said, this figure was misleading and the figure was likely to be four to five times as high

He said the South African epidemic was one of the fastest growing in the world

Projections were that by the year 2005 South Africa could expect to have 5 million to 7 million HIV infections and about 1,5 million cases of AIDS

Figures, extrapolated from anonymous testing at ante-natal clinics, are that about 2,4 million people are HIV positive

In 30 months' time this figure is likely to double to 4,8 million

Call for leadership in approach to fighting SA's HIV/Aids epidemic

(9a) NEW 28/10/96

By JANINE SIMON
Medical Correspondent

South Africa's HIV/Aids epidemic is one of the fastest-growing in the world, with up to 2 000 new infections a day – yet there is a pathetic lack of political commitment to the problem, according to Dr Clive Evian, director of the Alexander Forbes Aids Counselling and Support Unit

In addition, influential company directors, managers, workers and union members are not convinced it is worthy of attention and expenditure

Speaking at the annual convention of the Institute of Personnel Management last week, Evian said that nine months ago, Health Department figures showed 1,8 million South Africans were HIV positive and about 100 000 cases of Aids had been reported, although report-

ing Aids was not mandatory and the number was likely to be a gross underestimation

Figures extrapolated from the department's anonymous testing at antenatal clinics showed the current prevalence was likely to 2,4 million people. In 30 months' time the figure will probably have doubled to 4,8 million, he said

In broad terms South Africa could expect to have accumulated between 5 million and 7 million HIV infections and about 1,5 million cases of Aids by 2005, as the rate of new infections was likely to slow as people became more aware and those who could have encountered the virus were already infected

The current doubling time of the infection rate was between 20 and 24 months, and even less in some provinces

The current infection rate of 12% applied only to people aged between 20 and 40, as HIV affected sexually active people.

It was significant, though, that there was a very high national prevalence among the 15 to 29-year age group, where infection rates were 9,5% to 13,1%, and among teenage girls (9,5%).

This data could be extrapolated to men, especially in the 20 to 35-year age group, he said

Evian said that because HIV was an invisible problem, with many misconceptions, the country needed leadership to keep a regular and sustained approach, but instead, people were paralysed

Larger workplaces should analyse the current and future size of the problem in their workplace and convey this information to management and employee leadership.

WEDNESDAY
OCTOBER 30, 1996 ★

Abortion equipment demonstrated

ANEEZ SALIE
HEALTH WRITER

(92)
CT 30/10/96

WHILE debate on the abortion issue rages, a pilot project is sensitising health workers to the issue, and introducing them to the equipment to be used, including a syringe manual vacuum aspirator (MVA)

Contracted by the national health department, a non-governmental organisation, the Planned Parenthood Association, has run six workshops, and two more are planned, said its spokeswoman Ms Kerry le Roux.

Some 150 participants from state health facilities have been informed of the provisions of the Termination of Pregnancy Bill, which is to be voted on in Parliament today, and have seen the MVA at work

"They have talked about their hesitations and fears, and have come to terms with their own values on abortion, and the role they feel they should play, if any," said Le Roux.

They had been impressed with the simplicity of the MVA.

The MVA is used during the first three months of a pregnancy, and consists of a syringe and plastic tubing inserted into the uterus to evacuate its contents by manual vacuum action

● A picture in the Cape Times recently of a vacuum aspirator was the electrical device, not the manual version most likely to be used

● See Pages 7 and 8

BRIEFS

10% of Gauteng young have HIV

JOHANNESBURG An estimated 10% of people in Gauteng aged between 15 and 30 were infected with the HIV virus that causes Aids, the province's health department told a workshop on prostitution here yesterday

It is expected that the percentage in this group will rise to 15%

(92)

ET 30/10/96

Thursday October 31 1996

Aids patients populate hospital space

(92) ~~92~~
Sowetan
31/10/96

By Alexis Phiri

ZAMBIA, Lusaka - Aids patients take up most hospital space in Zambia. The country has about forty three percent of all hospital beds occupied by Acquired Immune Deficiency Syndrome (AIDS) patients.

A Danish aid project, MS - Zambia, document, recently launched, has revealed that Aids is a major deterrent to both economic and social development in Zambia, one of Africa's poorest states.

Commenting on the expenditure of the growing demand for health care and medical services for those suffering from Aids, MS-Zambia estimates the levels of infection to have reached 33 percent of urban dwellers while the figure from the rural areas is set at 15 to 20 percent of the population.

Hospital beds

"About a third of all people calling at health institutions are HIV positive and about 43 percent of all hospital beds in the country are occupied by AIDS patients," the MS-Zambia report reads in part.

Since the advent of HIV/Aids in the mid 1980s, Zambia's economy has not been the same.

Aids is blamed for loss of vast working hours which has reduced the already dwindling country's productivity.

Lost hours

"There is a marked loss of hours as Zambian nationals are away from work looking after the sick, being sick themselves or being absent as they are dead," the report said.

A ministry of health spokesman confirmed the report, saying it is true and that they were aware of the situation.

"Yes, what the report says is nothing but the truth. In fact, these figures were compiled in conjunction with the ministry of health, though the situation on the ground could even be worse," the spokesman said.

Zambian church offers marriage ... with AIDS test and 'prudent counsel'

ARG 31/10/96

(92) (92)

Lusaka - The Seventh Day Adventist (SDA) church in Zambia has slapped a mandatory HIV/AIDS test on couples intending to marry in the church.

The compulsory test has been received with mixed feelings but the majority of members of the church welcomed the regulation as an insulated safety measure against a dreaded and stigmatised disease.

The SDA church has distributed a pastoral letter to all congregations nationwide for perusal.

The imperative need to undertake compulsory tests before couples contract marriage in the church has been instituted within the peremptory canon law.

"Unless AIDS is contained and nipped in the bud, Zambia is faced with an invisible disaster due to the rapid spread of the HIV/AIDS affliction as a result of society's moral decay," says senior pastor Webby Mukoma in the letter.

Infected HIV/AIDS patients often exhibit symptoms such as crippling emaciation compounded by chronic diarrhoea leading to death.

"It is in this context that we want to save lives in the church," Mukoma says.

Mukoma exhorts church members to observe and undergo the pre-marital HIV/AIDS tests but points out "We shall be very candid with the couples. In case

one of the partners tests positive, we shall give affected couples prudent counsel - and shall not stand in their way if they still want to marry."

Inevitably, the church would emphasise the inherent dangers if such couples opted for marriage despite the inherent adverse consequences, Mukoma said.

Since Zambia is identified as one of the countries south of the Sahara plagued with the high incidence of HIV/AIDS affliction, the mandatory HIV tests have become imperative.

Official statistics indicate that one in five Zambians is infected with the HIV virus.

"There is no need to play games with the AIDS pandemic. The danger looms above Zambia's skies of the HIV/AIDS plague wiping out the entire population if precautionary and preventative measures are not instituted," says Mukoma.

The church had an obligation to preach good health to the flock, therefore it had become necessary and imperative to evoke the maxim of prevention is better than cure, a senior church elder Charles Yamba said.

"It is vital for the SDA church to plan and implement the idea with a series of seminars in both rural and urban areas in the offing to create awareness and dangers

of this pandemic", he said.

HIV/AIDS affliction in Zambia is spreading at an alarming rate. According to the official estimate, more than 200 000 are afflicted with an approximate 4 000 full blown AIDS cases.

But Moses Sichone, the World Health Organisation's (WHO) HIV/AIDS control manager in Zambia doubts these official estimated figures.

"Most estimated figures are based on information obtained from hospitals, particularly the antenatal attendance by pregnant mothers at hospitals," Dr Sichone says.

Other estimates slot the HIV/AIDS pandemic at more than 500 000 cases since deaths in rural areas are not adequately ascertained nor reported for accurate diagnosis and statistical documentation.

Commending the church for coming up with a prudent approach, Sichone said "HIV/AIDS is a critical issue that needs combined multi-sectoral approach and efforts for effective control and maximum results."

He said awareness in Zambia had picked up momentum with most socialites avoiding or shunning casual sex, which was rampant in the 1970s and 1980s when signs of the disease were first diagnosed. - Sapa DPA

Government Garage: vehicles hired from private companies

675 Mr M J ELLIS asked the Minister for Welfare and Population Development

Whether any vehicles were hired by the Government Garage in Cape Town from private companies during the period 1 June 1995 to the latest specified date for which information is available in order to provide ministerial staff attached to her Department's offices in Cape Town with vehicles, if so, in respect of each car so hired, (a) by which member of the ministerial staff was the vehicle used, (b) for (i) how many days and (ii) what purpose was it hired and (c) what costs were incurred during that period in respect of (i) daily rental and (ii) mileage?

N1247E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

Yes,

- (a) driver/body guard,
(b) (i) 59 days during the period 1 June 1995 to 31 July 1996 and

(ii) the driver/body guard normally uses a Government Garage vehicle to travel between their homes and the Minister's residence. The GG vehicle was in for repairs during that period and as Government Garage did not have any other small cars available a car had to be hired from a private company, and

- (c) (i) R5 841
(ii) R2 880 (including fuel, mileage and insurance)

Welfare and Population Development: staff employed

739 Mrs E J CHAIT asked the Minister for Welfare and Population Development †

(a) How many staff members were employed by her Ministry as at the latest specified date for which information is available, (b) how many of these staff members are employed in (i) Cape Town and (ii) Pretoria during the parliamentary session and (c) what was the amount spent by

her Department in the latest specified calendar year to move its session activities back and forth between Pretoria and Cape Town?

N1314E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

- (a) 9 as at 1 October 1996
(b) (i) 8
(ii) 1
(c) R95 585 (includes economy class air fares, personal households, office equipment and private motor vehicles)

Corruption: suspension of persons

855 Mr P C MCKENZIE asked the Minister for Welfare and Population Development

- (1) Whether any persons in her Department were suspended because of corruption during the period 1 March 1995 to 30 June 1996, if so, (a) how many in each of the provinces and (b) for what period was each such person suspended,
(2) whether these persons received salaries while they were on suspension, if so, what are the relevant details,
(3) whether any of these persons on suspension have been found guilty of corruption, if so,
(4) whether such persons have been or will be dismissed from the service, if not, why not, if so, what are the relevant details,
(5) whether any persons not yet found guilty of corruption will be suspended from the service if they are found guilty, if not, why not, if so, what are the relevant details?

N1546E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

- (1) No, no persons were suspended from the Department for Welfare during 1 March 1995 to 30 June 1996, as a result of corruption. Information related to (a) and (b) is obtainable from the Members of the Executive Committees in the different provinces,
(2) to (5) fall away

HIV status of prospective immigrants/residents

956 Dr E JASSAT asked the Minister of Home Affairs

- (1) Whether the HIV status of prospective immigrants or prospective residents is taken into account in assessing applications by such persons to enter the Republic, if not, why not, if so, what are the relevant details,
(2) whether he will make a statement on the matter?

N1758E

The MINISTER OF HOME AFFAIRS

- (1) The HIV status of prospective immigrants, residents or foreign visitors is not taken into consideration *per se* when such persons wish to enter the Republic due to the fact that the Departments of Health and Foreign Affairs requested my Department during 1990/91 to remove AIDS and HIV diseases rendering aliens to be prohibited persons from the regulations, as promulgated in terms of the Aliens Control Act, 1991 (Act No 96 of 1991)

The aforementioned policy is in accordance with procedures which are being followed by other countries where discrimination on the grounds of AIDS or HIV is not permissible

Should a prospective immigrant or foreign visitor to the RSA, however, clearly indicate that he or she suffers from HIV or any other serious or terminal disease, this factor is taken into consideration together with all other relevant factors such as the purpose of entry, the person's medical prognosis, the cost of present and possible future medical expenses, family relations in South Africa and the financial position of the applicant, etc

It is nevertheless policy that any person who arrives obviously seriously ill at a South African port of entry and who can therefore become a possible burden on the State, may be refused entry

- (2) No

Contraception: import taxation on barrier methods

960 Mrs S F BALOYI asked the Minister of Trade and Industry

Whether his Department has any plans to remove import taxation on barrier methods of contraception, if not, why not, if so, what are the relevant details?

N1762E

The MINISTER OF TRADE AND INDUSTRY

The following barrier methods of contraceptives are identifiable in terms of the customs tariff of which the details are as follows

- (a) Chemical contraceptive preparations based on hormones or spermicides methods classifiable under tariff subheading 3006.60 can be imported *free of customs duty*
(b) Sheath contraceptives classifiable under tariff subheading 4014.10 can be imported *free of duty*

Most wanted criminals arrested

996 Mr M F CASSIM asked the Minister for Safety and Security

- (1) Whether (a) all or (b) most of the most wanted criminals in the Republic have been arrested, if not, why not, if so, how many such criminals had been arrested as at the latest specified date for which information is available,
(2) whether he will make a statement on the matter?

N1843E

The MINISTER FOR SAFETY AND SECURITY

- (1) No
(a) and (b) Because serious crime is committed daily, the list of wanted criminals accumulates on a daily basis

Note

From 13 June 1996 to 18 October 1996, 21 134 most wanted criminals have been arrested

Ass Foreign Affairs Assistant Officer	4
Foreign Affairs Assistant	3
Senior Foreign Affairs Assistant	6
Chief Foreign Affairs Assistant	5
Assistant Director Info Systems	1
Chief Comp Operator	1
State accountant	1
Assistant State Accountant	2
Senior Accounting Clerk	2

HIV/Aids integrated in education curricula

959 Ms E PHAKATHI asked the Minister of Education

Whether (a) HIV/Aids and/or (b) life-related skills have been integrated into the (i) (aa) primary and (bb) secondary school curricula, (ii) tertiary education curricula and/or (iii) adult basic education and training programmes, if not, why not, if so, what are the relevant details?

N1761E

The MINISTER OF EDUCATION

(i) Yes

HIV/Aids and life-related skills have been integrated into the interim core syllabuses for Guidance, as well as Physical and Health Education, grade 1 to standard 10

HIV/Aids and sexually transmitted diseases (STD's) are addressed as part of family planning within Guidance, and as one of the topics in addressing the prevention of diseases resulting from a destructive life-style within Physical and Health Education

Life skills such as decision making, problem solving, communication, goal setting and planning, assertiveness, crisis management, information and cognitive skills, are specifically addressed by the Guidance syllabus, grade 1 to standard 10

Furthermore, during 1995 the Department of Education and the Department of Health established a collaborative working relationship in order to provide comprehensive HIV/Aids and STD education within a wider life skills curriculum to all learners in school. To this end a National Project Committee (with representation from amongst others both the National and Provincial Departments of Education and

The MINISTER OF EDUCATION

(1) I take it that the question refers to the process of negotiation with respect to the draft South African Schools Bill in terms of section 247 of the interim Constitution. Please see the attached schedule

(2) The public meetings were well attended by representatives of governing bodies of public schools throughout the country. These meetings contributed greatly to a better understanding and acceptance of the new policy for a uniform system of school organisation, governance, and funding to suit the needs of a democratic South

Africa, and an attempt to reach consensus on the alteration of powers of governing bodies

All verbal comments and advice (which were recorded) on the Draft South African Schools Bill of 24 April 1996 and 1 138 written submissions by public school governing bodies and their associations, other stakeholders and members of the public were carefully assessed by the Ministry of Education and the draft South African Schools Bill was revised and subsequently approved by Cabinet for introduction in Parliament

DATES, VENUES AND TEAMS FOR MEETINGS WITH GOVERNING BODIES

WESTERN CAPE

Time and Date of Meeting	Venues	Cost	Attendance	Composition of Teams
Wednesday 5 June 1996				
09 30	Pinelands High School— Forest Drive, Pinelands		108	Adv E Bertelsmann Prof P Hunter Ms P Toybeka (Facilitator) Ms C Mbuyane (Recorder)
09 30	Princeton Secondary School—nr Bergsig & Mitikel Avenue, Woodlands		300	Adv E Boshoff Mr Z Siswana (Char) Ms S Hendriks (Facilitator) Dr S Malabogge (Recorder)
09 30	Hoerskool Groote Schuur, Rondebosch	R750	300	Mr B Barry Prof T Park Mr M Matthews (Char) Mrs D Marsden
09 30	Totius Primary School, Bos- ton Street, Belville		208	Adv S Sithole Dr T A Coombe Dr C C P Madiba (Facilitator) Mrs M Locke (Recorder)
Thursday 6 June 1996				
09 00	Rhenish Primary School— Stellenbosch		208	Adv E Bertelsmann Prof P Hunter Ms P Toybeka (Facilitator) Ms C Mbuyane (Recorder)

N1879E

Draft Schools Act: meetings arranged

1032 Mr R S SCHOEMAN asked the Minister of Education +

(1) In respect of every public meeting organised by his Department in connection with the Draft Schools Act and section 247 of the Constitution of 1993, (a) what was the (i) date and (ii) place of meeting, (b) how many persons is it estimated attended the meeting, (c) what was the cost involved in the securing of a venue for the meeting and (d) which persons represented his Department at such meeting.

(2) whether the extent of success achieved with such meetings has been determined, if not, why not, if so, what are the relevant details?

HANSARD

2995

THURSDAY, 7 NOVEMBER 1996

2996

QUESTIONS

†Indicates translated version

For written reply

Sarafina II

(92)

238 Mr D W MAKHANYA asked the Minister of Health †

- (1) (a) How many performances of the play *Sarafina II* took place up to the latest specified date for which information is available, (b) where were these performances held, (c) how many people is it estimated attended these performances and (d) what is the income derived from admission fees for these performances.
- (2) whether there has been an investigation at any time into the number of persons who

(b) and (c)

Chatsworth	157	(calculated on actual sales)
Umlazi	3 750	(5 shows at about 750 people per show)
Pietermaritzburg	3 600	(6 shows at 600 people/show—full house)
Amanzimtoti	2 400	(3 shows at 800 people/show—full house)
KwaMashu	2 700	(4 shows at about 400 people for the Wednesday and Saturday show, and 900 for the Thursday and Friday show)
Soweto	13 640	(calculated on actual sales)
TOTAL (estimated people attended) = 26 247		

(d) R150 071 92

(2) No investigation was done, estimates were used

(3) (a) (i) (aa)	September 1995	R 96 782
	October 1995	R101 780
	November 1995	R154 200
	December 1995	R195 440
	January 1996	R237 260
	February 1996	R110 365

(aaa)	August 1995	R 36 400
	September 1995	R 74 780
	October 1995	R167 934
	November 1995	R193 454
	December 1995	R 73 614
	January 1996	
	February 1996	

might attend performances of *Sarafina II*, if not, why not, if so, what was the result of such investigation.

- (3) (a) What are the total amounts paid out in each of the months after the tender for *Sarafina II* had been accepted (i) to (aa) players and (bb) other specified groups of employees involved in (aaa) the production and (bbb) performances of *Sarafina II* and (ii) for travel costs and other performances costs and (b) what is the estimated amount to be (i) spent on expenditure in respect of, and (ii) earned in income from, further performances of *Sarafina II*

N432E

THE MINISTER OF HEALTH

- (1) (a) 54 shows

2997

THURSDAY, 7 NOVEMBER 1996

2998

(bbb) See sheet 1

August 1995	R 41 500
September 1995	R 41 500
October 1995	R 57 000
November 1995	R 69 000
December 1995	R 74 800
January 1996	R 85 300
February 1996	R 85 300

(ii) August 1995

September 1995	R1 392 265
October 1995	R 30 631
November 1995	R 217 090
December 1995	R3 568 459
January 1996	R 322 872
February 1996	R 408 382
	R 92 444

(i) The meeting between Committed Artists and the Department of Health was held on 18 March 1996 where the new budget was revised and where negotiations with suppliers was recommended. This budget has not yet been approved

(ii) At most the income would be R 477 400 (R 13 640 for Soweto x 35 weeks). This will apparently be less because the show will also go to rural areas where the attendance will not be as in Soweto

Sheet 1

	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Travel	2 928,4	8 603	7 490,58	23 2525,9	23 789	12 425,6	13 869
Accommodation		16 493	54 475,5	59 956,25	63 092	55 962,5	5 748,7
Hiring expenses							
Venue		5 536	6 100	43 890	1 780	4 726,08	13 752
Musical equipment	200 000		31 763,2	12 342	3 705	10 841,6	4 617
Lighting equipment				945 998			
Chairs				2 850			
Security services					23 093		
Visual equipment					2 052		5 606,4
Sound equipment					3 363		
Toilets					1 715,7		
Two-way radios						820,8	1 240

	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Transport						74 400	
Staging equipment				294 873,5	1 500		273
Props				460			
Costumes				200 000	15 947	2 636	11 415
Advertising & promotion	5 800		52 867,4	228 276	24 120	122 622	
Sound equipment			638,99	646 006,1			3 450
Heavy duty vehicle—truck				917 733,1			
Music equipment				45 521,25	46 033	31 763,2	31 763
Lighting design				20 850			
Laundry machines				40 492			
Costumes & set design					30 425		
V W Micro-bus					82 258		
Musical expenses						3 594,03	710
Musical arrangement						4 000	
Flight cases						37 850,3	
Ammunition						15 185	
Marketing & publicity services						31 552	
Mercedes-Benz—bus	1 183 537			1 183 537			
Total	1 392 265	30 632	153 336	4 875 311	322 872	408 379	92 445

Academic hospitals: posts

359 Mr M J ELLIS asked the Minister of Health

How many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts had been (i)

authorised and (ii) filled at each of the academic hospitals in South Africa as at 31 December 1995?

N612E

HANSARD

The MINISTER OF HEALTH

	(a) (i) (ii)	(b) (i) (ii)	(c) (i) (ii)	(d) (i) (ii)
Academic hospitals	Doctors	Nursing	Support staff	Admn
Baragwanath	563	500	4064	3692
Coronation	81	65	762	174
GaRankuwa	496	428	1614	1542
Groote Schuur	710	586	2562	2168
HF Verwoerd	446	376	1592	1221
Hillbrow	207	176	943	812
JG Strijdom	152	134	887	619
Johannesburg	501	479	1917	1588
Katalfong	257	223	1014	939
King Edward VIII	266	266	2103	2061
Pelonomi	3	1	1462	1334
Red Cross	105	82	736	695
Tygerberg	587	521	2641	2444
Umata	110	110	1332	1260
Universitas/ Nasional	488	488	1666	1666
Wentworth	36	29	494	488

Provinces: "stokvels"

664 Mr J W LE ROUX asked the Minister of Trade and Industry †

(a) How many "stokvels" were there in each province in (i) 1994 and (ii) 1995 and (b) what was the industry's estimated total income in each of these years?

N1175E

The MINISTER OF TRADE AND INDUSTRY

(a) No data is available on the number of stokvels in each province in (i) 1994 and (ii)

1995 and (b) on the industry's estimated total income in each of these years

The only organised body that the Department could consult with is the National Stokvel Association of South Africa (NASASA) NASASA only represents a percentage of the industry and hence information in terms of the number of stokvels and the estimated total annual income is not available. However, the Department could secure information on NASASA membership. Between 1994 and 1996, the following number of stokvels have registered with NASASA by province

Province	Number	Percentage of total
Gauteng	8 032	55,4
Free State	749	5,1
KwaZulu-Natal	729	5,0

formation process which the Department of Public Works has embarked upon. As part of the transformation process, the current operations of each potential business unit are being analysed to determine its role and function, the resources required, the total cost associated with its operations, etc. This "as-is" analysis was scheduled for completion on 31 October 1996. The results of this analysis will now be used to formulate a policy for commercialisation, determine which services lend themselves to being commercialised and the time-frames for such commercialisation.

SANDEF, advice on HIV/Aids prevention

1097 Ms M M MALUMISE asked the Minister of Defence

Whether he or the South African National Defence Force has taken or intends taking any steps to disseminate advice on HIV/Aids prevention and related matters to members of the SANDF, if not, why not, if so, what steps?

N2001E

The MINISTER OF DEFENCE

The response of the SA Medical Service to the HIV epidemic has been built on the foundation of solid policy. This policy was initiated as early as 1988 and has evolved and adapted to the changing challenge of HIV.

During the period 1991-1992 an Aids Advisory Committee (AAC) was formed to co-ordinate the Aids campaign in the former SA Defence Force. The initial function of this committee was to advise the Chiefs of Arms of Service on the acceptability of HIV/Aids training and educational programmes, and to provide the SA Medical Service with the necessary expertise and material to launch preventative action in the Defence Force.

A number of educational programmes were assessed and no single commercial programme could answer to the unique needs of the SA National Defence Force. However, a combination of programmes addressing all target groups in the SA National Defence Force was pursued.

Key personnel were recruited from the different medical commands and trained in the use thereof. These trained members currently form

the Aids nodal points in the various medical commands and serve as a link between the actions performed at grass roots level and the AAC.

Instructors were trained in the use of the programmes. These instructors had the responsibility of incorporating basic HIV education in all military training courses, as well as training HIV educators and counsellors for the SA Medical Service.

From 1993-1994 these instructors extended their training to members of other arms of the service in order to extend the information and education abilities. Aids information courses were presented, and successful trainees liaised with nodal points to maintain high standards and keep abreast of the latest information.

An additional training programme was acquired to cater for the large number of semi-literate members of the Defence Force. This programme utilised interactive communication and pictures rather than writing to inform and educate, and is still being used widely today.

To keep nodal points up to date on current trends and information, annual seminars were introduced. These served as the ideal opportunity to discuss difficulties and exchange solutions to common problems.

During this period strong links of communication were established with the Department of Health in order to ensure a united, national effort in the battle against HIV.

To improve confidentiality of HIV results, the SA Medical Service adapted the computerised patient record system to restrict access. HIV/Aids crisis centres were initiated at the military hospitals to assist health personnel after accidental exposure due to injury on duty.

Due to the increased workload, many of the medical commands formed their own HIV subcommittees in order to handle HIV/Aids related problems in a multi professional setting. These subcommittees link with the AAC through the HIV/Aids nodal points and function within the framework of the HIV policy.

While co-operation with the Department of Health was strengthened, contact was initiated with the private sector, notably the pharmaceutical companies.

The SA Medical Service also established communication with the armed forces of the Southern African region in order to address the combat of the epidemic on a continental scale.

The most important development over this last period had its roots in the HIV/Aids Seminar of 1995. The need for a new approach to the handling of Aids was identified and it presented itself in the results of research in the Mwanza district in rural Tanzania, proving that there existed a very definite link between HIV and sexually transmitted diseases (STDs). A STD seminar was scheduled towards the end of 1995 to explore the possibilities presented by this research. Following this seminar, it was decided HIV and STD services should become integrated. This approach had the added advantage that high risk members were easily identified and that individual counselling for these members could easily be incorporated into the treatment regime for STDs. Due to the fact that these patients were already exposed to a sexually transmitted disease, their willingness to accept the advice of the counsellor is much better.

Targeting of specific individuals were extended to ante-natal and family planning clinics. Primary health care assistants are being trained for use in this labour intensive task of individual counselling.

A comprehensive document on the handling of STDs has also been incorporated in the 1996 policy on HIV to ensure a unified approach.

During 1996 an additional education programme was acquired in the form of HIV playing cards. These cards have proved to be very popular and provide the opportunity to inform and educate in an informal way.

The human resource base is also being broadened by continual training programmes for peer educators and counsellors.

Research is currently being done to explore the possibilities presented in home base care, and will be implemented as soon as effective structures have been developed and training of personnel has been completed.

The policy of the SA Medical Service on HIV and Aids has through the years been the backbone of the response towards the epidemic. This policy is distributed as a SA Medical Service Order, and although its pri-

mary function is to provide rules and regulations regarding actions performed in the field of HIV, it also acts as a comprehensive reference guide, providing information on a wide range of HIV related matters.

Co-operation with the Department of Health does not only take place at the level of the AAC, but also at command level where the different commands co-ordinate with local health authorities in order to utilise every resource available. Continued co-operation and communication also takes place with the Department of Correctional Services and the Police Service in order to ensure the highest standard of service delivery and a unified approach.

Subsistence allowances to sessional officials

1116 Mr D H M GIBSON asked the Minister of Defence

(a) What amount was paid out in (i) 1995 and (ii) the first eight months of 1996 at the (aa) married and (bb) single rate in respect of (aaa) special daily and (bbb) fixed daily subsistence allowances to sessional officials of the South African National Defence Force doing seasonal duty in Cape Town who receive a salary (aaaa) equal to or higher and (bbbb) lower than the minimal notch applicable to the rank of deputy director, personnel management and (b) how many such officials claimed allowances in each of the above categories during each of the above periods?

N2055E

The MINISTER OF DEFENCE

(1) (a) and (b) In terms of Public Service Staff Code Part D III/1 par 5 4(a), session allowance was paid to session officials as follows

(i) 1995

(aa) Married (aaaa)	5	R 78 550
(bbb) (bbbb)	10	R 152 564
Sub-total	15	R 231 114
(bb) Single (aaaa)	1	R 11 630
(bbb) (bbbb)	15	R 117 165
Sub-total	16	R 128 795
Total	31	R 359 909

(ii) First eight months of 1996

(3) whether he will make a statement on the matter?

N1855E

The MINISTER OF JUSTICE

(1) Yes In the drafting of the National Crime Prevention Strategy (NCPS), a process managed by an inter-ministerial committee consisting of, *inter alia* the Ministers for Safety and Security, Justice, Correctional Services and Defence, certain categories of crime have been prioritised to enable the Departments involved in the criminal justice system to focus their efforts and actions on the following actions

- (a) Crime involving firearms
 - (b) Organised crime, including—
 - (i) Illegal Immigrants
 - (ii) Drug Trafficking
 - (iii) Endangered Species
 - (iv) Gang-related crimes
 - (c) White Collar Crime
 - (d) Gender violence and crimes against children
 - (e) Violence associated with inter-group conflict
 - (f) Vehicle theft and hijacking
 - (g) Corruption within the Criminal Justice System
- (2) Yes The general actions of departments involved in the NCPS and specific steps taken by the South African Police Service in respect of priority crimes, are fully canvassed in the NCPS
- In addition, the current actions concerning priority crimes, taken by the Department of Justice include
- (i) Attorneys-General usually appoint their most competent and experienced prosecutors to assist the police in the investigation of priority crimes, and to conduct the prosecution of suspects when arrests are made
 - (ii) White collar crime The South African Law Commission has investi-

gated and produced draft legislation with regard to money laundering

(iii) Sexual offences The creation of additional special courts to adjudicate in sexual offences is under consideration

(iv) Corruption (a) A control system to prevent the disappearance of Police dockets is being attended to Lock-up facilities are being provided for all prosecutors and directives to be followed by prosecutors were submitted to the Attorneys-General for comment and approval Their comment has been received and the new control systems have been implemented at various offices as pilot projects The pilot projects are being monitored to refine the control system before implementation at all offices The Magistrates Amendment Bill, 1996, providing for the suspension of a magistrate against whom disciplinary proceedings are pending has already been approved by Parliament and must be put into operation This aspect is receiving attention

(b) Legislation has been drafted which will provide a mechanism whereby allegations of serious maladministration, misappropriation of state funds and corruption can be summarily investigated and dealt with expeditiously and comprehensively, namely the Special Investigation Units and the Special Tribunals Bill, 1996 The Bill which has been approved by Cabinet for promotion in Parliament in 1996 has been introduced in Parliament and is in the process of finalisation

(c) Legislation is being prepared to give the Office for Serious Economic Offences the power to conduct prosecutions which will eliminate a duplication of work in that the persons who investigated the case will also be able to conduct the prosecutions themselves A draft Bill has been compiled and will be submitted to the Cabinet for approval shortly It is doubted whether it will be possible to promote

this Bill during the 1996 session of Parliament

(3) A statement is not necessary

Housing: advisers employed

1010 Mr J H VAN DER MERWE asked the Minister of Housing

(1) In respect of all advisers employed by her Department since 1994, (a) what are their (i) names, (ii) rates of pay and (iii) job descriptions; and (b) at which offices are they based?

(2) whether she will furnish a schedule in respect of each adviser, (a) indicating for

The MINISTER OF HOUSING

N1857E

(i)	(ii)	(iii)
W J Cobbett (17/5/94-2/8/94)	R15 286 p m	To assist Minister in all Housing matters
Ms M J Woods (w e f 1/8/96)	R19 200 p m	To assist Minister with duties as Public Relations Officer/Communication matters

(b) In the Office of the Minister

(2) Mr Corbett was employed on a full-time basis and was never absent without permission When not at the office, he was on official duty as authorised by the Minister

Human rights of people with HIV/Aids

1027 Mrs F B MARSHOFF asked the Minister of Justice

Whether any (a) changes have been made to the justice system or (b) advice has been issued to state officials within the judicial system with a view to protecting the human rights of people living with HIV/Aids, if not, why not, if so, what are the relevant details,

N1874E

The MINISTER OF JUSTICE

(a) and (b)

No. My Department is in the process of finalising its entire staffing policy to bring into line with the spirit of the Constitution, and more particularly the Bill of Fundamental Rights One of the issues that will be dealt with there is

the question of additional measures to protect the human rights of people living with HIV/Aids I must stress the words "additional measures", since state officials in my Department, as is the case with all state officials, are constitutionally bound to protect the human rights of all persons as section 7(1) of the Constitution provides the Bill of Fundamental Rights "shall bind all legislative and executive organs of state at all levels of government" There are numerous rights contained in the Bill of Fundamental Rights which could have a bearing on the persons in question, for example the right to human dignity, the right to privacy, the right to freedom of association, the right to freedom of residence, the right to access to information in the exercise or protection of the person's fundamental rights, the right to administrative justice, the right to fair labour practices, the right to economic activity and the right to basic education Section 8 of the Constitution is of particular importance in this regard since it gives every person the right to equality before the law and to equal protection of the law It also prohibits, in no uncertain

9

terms, direct or indirect discrimination against any person on any grounds whatsoever and particularly on the grounds of "race, gender, sex, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture or language" (My italics)

From the above it is clear that persons affected with HIV/Aids are to be treated on an equal footing as any other person Section 8(3)(a) of the Constitution, however, does not prevent measures being taken "to achieve the adequate protection and advancement of persons or groups or categories of persons disadvantaged by unfair discrimination, in order to enable their full and equal enjoyment of all rights and freedoms". In line with the sentiments contained in this provision my Department is working on a policy in respect of people living with HIV/Aids which, as indicated above, is to be included in the staffing policy. This will hopefully be available in the near future.

Finally, I would like to make mention of the fact that the South African Law Commission has taken up in its programme an investigation, entitled "Aspects of the law relating to Aids". This is an extensive investigation in which aspects of the law relating to Aids are being investigated in the light of the uncertainty and differences of opinion that currently exist concerning legal and ethical aspects in respect of Aids.

Judicial Service Commission: trips undertaken

1040 Mr D M BAKKER asked the Minister of Justice

- (1) What was (a) the (i) total cost, (ii) number and (iii) class of flights undertaken, and (b) the (i) total cost of hotel accommodation, (ii) number of nights' accommodation and (iii) grading of hotels used, by members of the Judicial Service Commission and paid for by the Commission in respect of the year ended 30 June 1996,
- (2) whether any international trips were undertaken by such commissioners during that year, if so, what was the cost of the (a) flights and (b) hotel bills in respect of these trips,
- (3) what was the purpose of each of the trips undertaken by the said commissioners?

N1887E

The MINISTER OF JUSTICE

- (1) (a) R83 934,50
 - (ii) 50
 - (iii) Business class 21
Economy class 29
 - (b) (i) R53 018,57
 - (ii) 52
 - (iii) R430 per night 3 or 4 Star
- (2) No international trips were undertaken.
- (3) The trips referred to in paragraph 1 *supra* were undertaken to attend sitting of the Commission in Johannesburg and Cape Town

Legal aid: budget

1055 Mr D H M GIBSON asked the Minister of Justice

- (1) (a) What was the budget for legal aid in the 1995/96 financial year and (b) what amount was actually spent on legal aid during this period,
- (2) whether legal aid at a cost exceeding R1 million was rendered in any one case, if so, (a) how many such cases are involved and (b) what are the further relevant details in respect of each such case?

N1959E

The MINISTER OF JUSTICE

- (1) (a) The total budget in respect of legal aid for the 1995/96 financial year amounts to R185,207 million and is made up as follows
- | | |
|--|-------------------|
| Legal aid in terms of the constitution | R 116 000 million |
| Legal aid board | R 66 416 million |
| Legal aid former Transkei | R 210 |
| former Bophuthatswana | R 1 961 million |
| Public defender system. | |
| Ciskei | R 620 |
| former | |
| Total | R 185 207 million |

HANSAAD

- (b) A total amount of R75 725 million of the budget was actually spent on legal aid and is made up as follows

Legal aid in terms of the constitution	R 6 847 million
Legal aid board	R 66 410 million
Legal aid former Transkei	None
Former Bophuthatswana	R 1 916 million
Public Defender System	
former Ciskei	R 507
Total	R 75 725 million

- (2) Yes.

- (a) One

(b) The State *versus* Mr W A Vermaas on several fraud charges. Legal aid instructions were issued as a result of a direction of the Supreme Court on 25 July 1995 for Mr W A Vermaas for the appointment of an attorney and junior advocate to represent him at fees agreed with in concurrence with the Minister of Justice. An amount of R1 159 303 million has been spent in the 1995/96 financial year in respect of legal aid for Mr W A Vermaas.

American companies: investments in SA

1086 Mr D DE V GRAAFF asked the Minister of Trade and Industry

- (a) How many American companies invested in South Africa during the period 1 November 1995 to 30 June 1996 and (b) what is the (i) total amount of capital so invested and (ii) number of employees currently employed by these companies?

N1990E

The MINISTER OF TRADE AND INDUSTRY

- (a) South Africa does not, currently, have an investment tracking system that records information on the basis set out in the question. Information was gathered from the office of the Registrar of Companies, the South African Reserve Bank and the Washington based Investors Responsibility Research Centre (IRRC), an organisation that specialises in the tracking of multi-national investment in South Africa. Based on the information available, the IRRC lists 36 U S companies as having invested in South Africa during the period 1 November 1995 to 30 June 1996. The records of the office of the Registrar of Companies list a further 22 U S concerns that registered external companies in South Africa during the same period. It can further be assumed that there were a substantial number of U S concerns that registered local companies or that took minority shareholding in existing businesses operating in South Africa. The origin of such investment is, however, not readily identifiable from the records of the office of the Registrar of Companies or any other source.

- (b) (i) The amount invested on the transactions recorded by the IRRC alone amounted to R1 411.2 million (the data from the Registrar of Companies does not include the amount invested)

- (ii) None of the sources recorded exact employment figures, but it is estimated that about 2 700 employment opportunities resulted from the investment recorded by the IRRC, for the period 1 November 1995 to 30 June 1996

with more than 200 applications for acquisition of land in terms of this Act

- (d) Forced removals are being addressed in terms of the Restitution of Land Rights Act, 1994. Approximately 11 130 claims have so far been lodged with the Commission on the Restitution of Land Rights. Five of these cases have been referred to the Land Claims Court and the first claim has recently been approved by the Court—the Elandsbloof community in the Western Cape. A large number of claims which had commenced before the implementation of the above-mentioned Act, have already been processed by the Department. Twenty-eight communities have been resettled on their land.

- (e) The Department provides a limited service for legal assistance to communities. The planning grant, made available in terms of the Land Reform Programme provides land reform beneficiaries with resources to obtain legal assistance during land transactions and the formation of legal entities. Both the Restitution of Land Rights Act, 1994, and the Land Reform (Labour Tenants) Act, 1996, have been designed in such a way as to make it possible for all South Africans to submit and support their applications without, or with limited, legal representation. Where appropriate the Department will advise landless communities on how to access legal services, and actively promotes the assistance offered by the Legal Aid Board.

HIV/Aids: abortions free of charge

- *40 Ms S C VOS asked the Minister of Health
- (1) Whether pregnant women who have tested positive for HIV/Aids and request abortions are or are to be allowed to undergo abortions free of charge at all State facilities capable of performing abortions, if not, why not, if so,
- (2) whether she or her Department has instructed any such facilities to provide this service, if not, what is the position in this regard, if so, what are the relevant details,
- (3) whether she will make a statement on the matter?

N2117E

The MINISTER OF HEALTH

- (1) Patients who are HIV positive or who have Aids and are pregnant, are treated as any other patient who is pregnant. If a mother requests a termination it is examined under the provisions of the present Act and if she does not have medical aid she is treated free.
- (2) The institutions manage HIV/Aids patients as they manage other pregnant women. The position is that pregnant women, whatever their health status, are treated free at state facilities. The facilities have thus not been specifically instructed.
- (3) No

Reply in substitution of reply to Question *26 on 30 October 1996

Sale of arms to Rwanda

*26 Mr J A MARAIS asked the Minister of Defence

- (1) Whether the Government is considering the sale of arms to Rwanda, if not, what is the position in this regard, if so, (a) what arms and (b) what will be the total cost involved in this transaction,
- (2) whether any of Rwanda's neighbouring countries have been consulted on this matter, if not, why not, if so, what countries,
- (3) whether he will make a statement on the matter?

N2095E

The MINISTER OF DEFENCE

- Yes. The Government through the National Conventional Arms Control Committee has authorised the sale of certain defensive materials to the Rwandan Government.
- (a) It is not the custom of Government to disclose full details of contracts with foreign countries
- (b) The value of possible contracts is R68 884 287
- (2) Yes. East African countries (Great Lakes Region) were consulted. It is not the custom of Government to disclose the

names of countries with which it has held discussions on sensitive matters

- (3) Yes. I refer the hon member to a press release made by the Office of the Chairperson of the National Conventional Arms Control Committee on 26 September 1996 which reads

"In the light of changed circumstances, the Cabinet Committee on Arms Transfers has decided to authorise the sale of certain defensive materials to the Rwandan Government.

The decision was taken in Pretoria today (26 September 1996) by the National Conventional Arms Control Committee chaired by Cabinet Minister Prof Kader Asmal, MP. It accords with a United Nations Security Council statement lifting the arms embargo against the Rwandan Government—but not against non-government forces—from 1 September.

Neighbouring Central African States were consulted and indicated that they supported the supply of arms to the Government of Rwanda to enable it to address the security threat to the legitimate government of the country."

(aa) discipline him or her and (bb) recover the appropriate amounts from his or her salary?

N1460E

The MINISTER OF HOME AFFAIRS

- (1) (a) Dr M G R Oram-Ambrosini
(ii) R28 800 per month

(iii) Dr Oram-Ambrosini performs a specific advisory service in respect of the following

- (a) To follow legislative, constitutional and institutional activities and processes at national or provincial level and to report and/or advise on any matter which may be related to my functions, tasks and responsibilities
- (b) To participate in conventions, seminars and other forums where policy, legislative or constitutional issues are being discussed and report and/or advise on any matter related to my functions, tasks and responsibilities
- (c) To organise a service of research, documentation and analysis on policy, legislative and constitutional issues in connection with any matters which may be taken into account by myself in the performance of my functions, tasks and responsibilities
- (d) To liaise with domestic and foreign entities and individuals with respect to any matter falling within his responsibilities and tasks and to report and/or advise thereon
- (e) To assist with any other matter or task which I may instruct him to perform from time to time

(b) For accounting purposes, Dr Oram-Ambrosini's headquarters is regarded

For written reply

Home Affairs: advisers employed

823 Mr W A HOFMEYER asked the Minister of Home Affairs

- (1) In respect of all advisers employed by his Department since 1994, (a) what are their (i) names, (ii) rates of pay and (iii) job descriptions and (b) at which offices are they based,
- (2) whether he will furnish a schedule in respect of each adviser, (a) indicating for each business day whether or not such adviser was in his or her office where he or she was based and (b) indicating for each business day on which such adviser was not in his or her office, (i) where he or she was, (ii) the reasons for his or her absence, (iii) whether such adviser was on official business or not, (iv) whether he or she had permission to be absent, (v) the cost of his or her absence and (vi) the steps that were taken in cases of unauthorised absence to

The new discrimination of the new SA ^{ARG 1/11/96 (92)}

2,4 million are HIV-positive and are facing growing ostracism

THE AIDS PANDEMIC IS SPREADING QUICKLY AND SURELY THROUGH THE SOUTH AFRICAN POPULATION. STATISTICS PAINT ONLY A SMALL PART OF THE PICTURE, HOWEVER, AND FOR MANY PEOPLE THE REALITY OF THE VIRUS IS LIVING WITH DISCRIMINATION AND PREJUDICE. HEALTH REPORTER JENNY VIAL LOOKS AT HOW WE ARE RESPONDING TO THE PANDEMIC

Fear, ignorance, denial, prejudice, doom and gloom. That's the way we're reacting, on the whole, to the AIDS pandemic and people with human immuno-deficiency virus (HIV) in South Africa.

Organisations working for the rights of people with HIV and caring for people with AIDS say discrimination is the hallmark of the pandemic, which they say is here to stay.

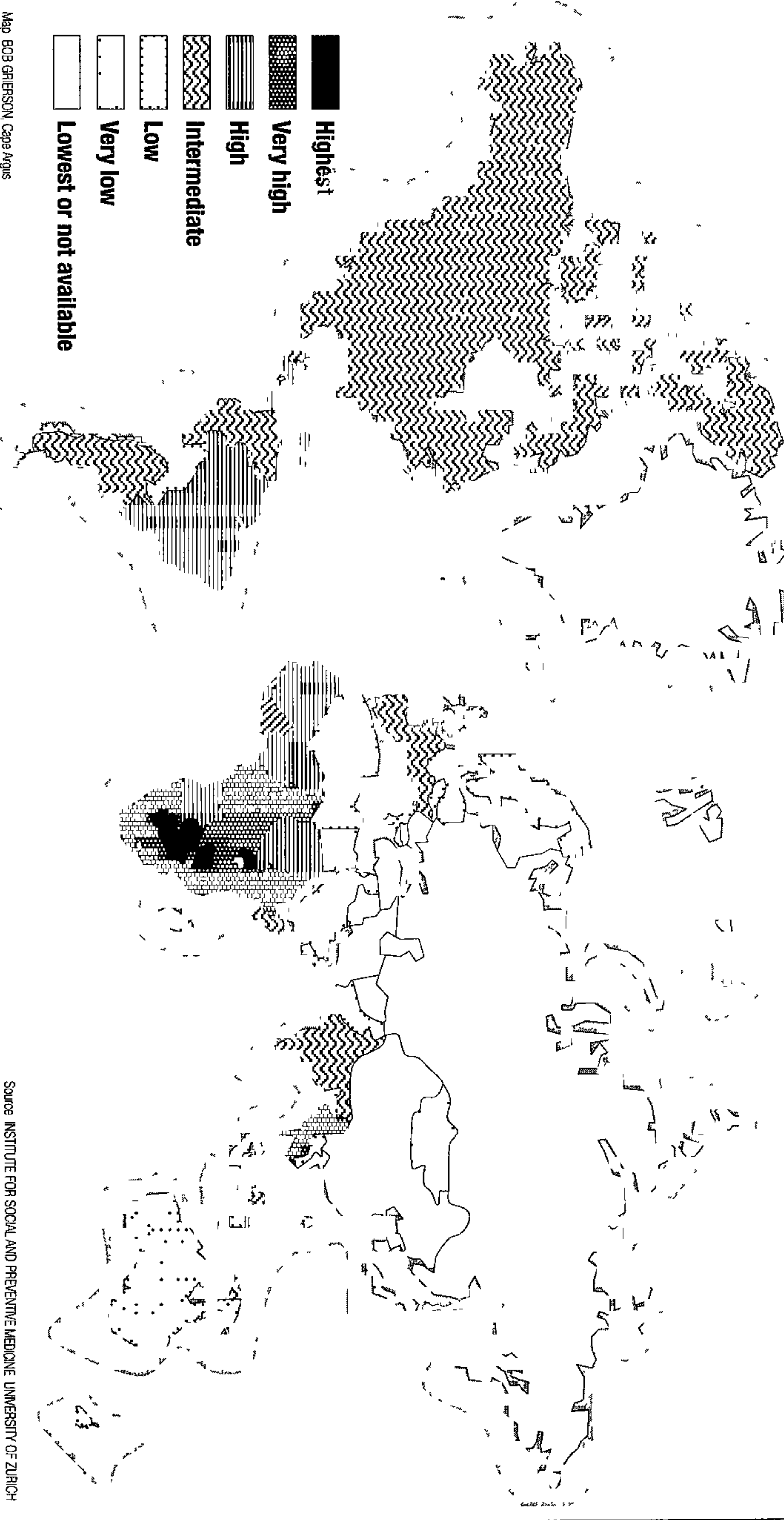
AIDS is being used as a justification to exclude people, just as leprosy and tuberculosis before it. AIDS is being dubbed the new struggle, and people with HIV are the new marginalised people.

AIDS workers tell of babies with gastro-enteritis being sent to the back of clinic queues because they are HIV-positive.

Staff in a state hospital refuse to give emergency treatment to an assault victim because he's HIV-positive. The thinking is, they're going to die anyway.

Women, with their children, are thrown out of their homes by partners when they tell them they have tested positive.

ADULT HIV PREVALENCE



Map: BOB GRIERSON, Cape Argus

Source: INSTITUTE FOR SOCIAL AND PREVENTIVE MEDICINE, UNIVERSITY OF ZURICH

Babies are abandoned because they are thought to be HIV-positive. People lose their jobs, they cannot get insurance, they cannot get medical treatment.

The list of violations of fundamental rights is endless. AIDS touches every aspect of people's lives.

Yet, the Government's response to the pandemic has been to pigeonhole AIDS as a health issue, under the Health Department's AIDS Directorate.

It's not only a health issue, says the National AIDS Co-ordinating Committee of South Africa (Nacosa), an AIDS lobbying organisation, which has asked that an inter-ministerial committee be convened under the chairmanship of Deputy President Thabo Mbeki to look at AIDS as a development issue.

Nacosa says there is not enough commitment by the Government to dealing with the pandemic.

At a parliamentary briefing recently, only 14 of the 490 MPs and members of portfolio committees invited attended.

Yet, AIDS has social, welfare, economic, employment, political and human rights implications. It requires a response from all sectors of the Government.

People with HIV face a lot of unfair and irrational discrimination. A ban on testing people for HIV without consent and a ban on pre-employment testing are areas in which legislation is urgently needed.

Discrimination against people with HIV is most often based on moral judgments and people are quick to link the

spread of AIDS to issues of morality rather than to unsafe sexual behaviour.

This feeds into the myths that someone is to blame for AIDS, that AIDS kills people and that there is no hope. Some deny there is a pandemic.

While AIDS always leads to people dying, people with HIV can, and do, live a healthy life for many years. There are also some people with HIV who never develop AIDS.

All too often people with HIV are treated as though they are dying. "Let us see hope," said a young man who has the virus. "I'm a picture of hope."

Part of the denial of the HIV pandemic is that it's not yet that visible. Because people carry the virus for many years before developing symptoms, people say "We don't see it, so we don't believe it."

The figures tell a different story. 2.4 million people in South Africa have the virus. That means someone you work with, someone you know, is likely to have HIV. It may even be you.

These figures are extrapolated from the Department of Health's annual surveillance of pregnant women attending antenatal clinics around South Africa.

Latest figures indicate that about 2 000 people a day are being infected.

But it's not helpful, say AIDS activists, to identify groups most at risk because it leads to stigmatisation and blame. No one is to blame for being HIV-positive.

ATG

1/11/96

(92)

Everyone who has unsafe sex is at risk and it's noteworthy that people with the highest infection rates now are married women.

What hope is there for people with HIV?

While research is closer to finding drug combinations to keep the disease under check, there is still no cure for AIDS.

Combination drug therapy, if it were available in South Africa, costs about R4 800 a month – clearly out of reach of most people.

Preventing transmission of HIV is another area of hope, and one that's more likely to be of use in South Africa.

A research programme in Tanzania has found that treating sexually transmitted diseases (STDs) can reduce the rate of AIDS transmission by 42 percent. This is without significant changes in sexual behaviour.

This is probably because the presence of STDs such as gonorrhoea, syphilis and urethritis allows these diseases easier access by the HIV virus to the blood.

As a simple intervention in South Africa this could have a significant effect on reducing transmission of HIV. This is where a strong primary health

'We need to look for the answers, and that will mean challenging myths and prejudices we have about people with HIV'

care system is of utmost importance. South Africa's health system is being restructured with an emphasis on primary care. There are fears that drastic cuts to the health budget will have an impact on our capacity to adequately treat STDs and care for people with HIV who have opportunistic infections.

Studies show that AZT, an AIDS drug, given in the last three months of pregnancy, reduces the risk of transmitting HIV to babies by two-thirds. At a cost of R1 000 a person, can our health services afford this?

Most people are quick to say no, citing budget cuts to the health service. But these cuts, the result of the Government's new macro-economic strategy, are not written in stone and can – and should be – challenged, say economists.

Indeed, the economic policy is cause for alarm. Michel Chossudovsky, professor of economics and international development at the University of Ottawa, Canada, said on a recent visit to South Africa that the Government's new economic plan was a mere photocopy of a typical World Bank structural adjustment policy. World Bank/IMF policies were crude

adaptations of the progressive primary health care approach, he said, and promoted it as a cost-effective means of delivering health care. As a result, secondary and tertiary health care have been cut back to such an extent that in many countries the level of primary health care has fallen. He said South Africa was at the beginning of this process, which had incurred terrible human cost elsewhere, and these policies should be challenged.

Patrick Bond, an economist with the National Institute for Economic Policy, said South Africa might be courtng disaster by following IMF guidelines.

Of primary importance and in the true sense of the primary health care approach, prevention starts with building infrastructure – energy, water supply, sanitation, says Dr Bond.

Policies that neglect infrastructure development are counterproductive. In the case of AIDS, people with HIV live longer and better quality lives if they are well nourished and can care for themselves.

But what use is it, points out a person with HIV, telling someone to eat well when they cannot afford to feed themselves and live in poverty?

The pandemic has and will continue to raise questions.

We need to look for the answers, and that will mean challenging myths and prejudices we have about people with HIV.

Drug mix gives Aids hope

(92)

New combination combats virus, US study finds

and doctors claim the treatment can save lives and money

STAN 5/11/96

REUTERS
Birmingham

New "cocktail" therapies that combine drugs to combat the Aids virus are having dramatic effects, emptying hospital beds and giving patients new hope, doctors reported yesterday

They urged governments that have not approved the combination therapy to do so quickly, saying it would save both lives and money

"Since we started these therapies we have seen a complete transformation," Dr Peter Ruane, a doctor specialising in Aids in Los Angeles, US told a news conference

Studies earlier this year showed a triple combination of Glaxo-Wellcome's AZT or a similar drug such as Roche's Hivid (ddC), with another such drug, plus a new class of drug known as protease inhibitor, pushed the virus down to almost undetectable levels

Doctors who switched to the new

regime now say they are seeing results in healthy patients and empty hospital beds

Ruane said a measurable sign was a reduction in cytomegalovirus (CMV), a herpes infection that can blind Aids patients

"We're just not seeing any new CMV disease," Ruane told the news conference, held as part of the Third International Conference on Drug Therapy in HIV Infection. "It's extraordinary"

He said a common cancer that also infects Aids patients was spontaneously disappearing

"Patients with Kaposi's sarcoma who were normally referred for radiation therapy or chemotherapy were watching the lesions actually disappear"

Ruane said the patients were not given specific drugs for CMV or Kaposi's. Rather, their bodies seemed to be fighting off the diseases, known as opportunistic infections because they take advantage of the suppressed im-

mune system that marks Aids

Aids activists urged European governments to follow the lead of the US and make the triple combination therapy available to everyone

"Only a few lucky people can get triple combination therapy," said Filippo von Schloesser of the European Aids Treatment Group in Rome

He said he hoped governments that had not approved the use of the cocktail approach, such as Italy, Spain, Portugal and Belgium, would do so by the end of the year

The first Aids drug, AZT, proved a huge disappointment when studies showed it did not help patients live any longer. But combinations hit the virus at various stages of its cycle and work much better to kill the virus

Dr Charles Farthing, medical director of the Aids Healthcare Foundation in Los Angeles said the combination worked through simple mathematics.

The virus multiplies so quickly that it also mutates quickly

Aids almost endemic in KZN, says MEC (92)

Sowetan Correspondent

KWAZULU-Natal MEC for health Dr Zweli Mkhize has warned that the Aids epidemic in the province has become almost endemic

Mkhize made this shocking revelation yesterday to the Diakonia Council, an ecumenical agency He was addressing the council on the role of the church in stemming the spread of the killer disease

He warned that by the year 2005, 20 percent of the economically and sexually active people would be HIV-positive.

"Aids is no longer just a health problem It also affects the welfare of our people as well as the economy of the country It manifests itself in every aspect of our lives,"

Mkhize said.

He said KwaZulu-Natal was the worst hit region in South Africa, quoting a recent survey which showed that one in every five people in the province could be HIV-positive

He said in areas like the Hlabisa district and Inkandla on the KwaZulu-Natal North Coast, 50 percent of tuberculosis patients were infected with the virus that causes Aids

More than 60 percent of patients at hospitals in Durban, such as King Edward and King George, were also HIV-positive

Mkhize pointed out that the HIV virus is prevalent mainly among Africans, with 43 000 people having been diagnosed as having been

infected last year

"Aids is more or less endemic in this province We need to teach our people to accept it as part of our lives and that it is like any other contagious diseases," he said.

Mkhize said the church had a big role to play in educating and counselling people already affected by the disease.

The provincial government had devised a method of intervention through life skills training for the youth, he said

"We need to create a new generation of children who are going to abstain from sexual activities until later stages," he recommended.

Mkhize said people who were already sexually active were being encouraged to use condoms.

Sowetan 6/11/96 (92)

Aids groups call on Government to subsidise new therapy

By TROYE LUND

Aids lobby groups and doctors have called for the Government to subsidise newly available Aids "cocktail" therapies - a combination of drugs that are said to knock out the virus and are having dramatic effects overseas.

The drawback for South Africans is that the "cocktails" cost R4 000 each and have to be taken once a month for life.

Already 40 people are paying this amount for the treatment. They are not subsidised.

Permission to import one of the three drugs needed for the "cocktail" is still needed from the

Medical Control Council (MCC) as it is a registered medicine.

But Aids experts yesterday said getting permission takes a "few minutes" and all ingredients would be available, to those who could afford it, early next year.

In view of statistics, which show that 700 people in South Africa are being infected with the virus every day, Aids organisations claim that the Government has a responsibility to make the treatment more accessible.

Dr Dave Johnson, one of 15 doctors in the country who are considered experts in management of the virus, said the triple combination of Glaxo-Wellcome's

AZI or a similar drug such as Roche's Hivid (ddC), with another such drug, plus a new class of drug known as Protease Inhibitor, pushed the virus down to almost undetectable levels.

It is the last-mentioned drug that still has to be registered in South Africa.

"The results are dramatic. It definitely increases the length and quality of life by several years and, in some cases, for life. The Government should definitely subsidise the drug," said Johnson, adding that pregnant women with Aids should get the drug as a priority. It is said to reduce the chances of them passing the virus

to their babies from 30 to 8%.

Johnson warned, however, that the "cocktail" only worked on 70% of the patients who took it. In cases where it had been improperly administered, it had had the effect of accelerating the disease.

He said many people who took the drug suffered side effects ranging from nausea to hepatitis.

Victoria Makoe, a counsellor at Hillbrow's Community Aids Clinic said "The majority of people with the virus in this country are poor and do not work."

"Subsidising the drug would not only make it available to more people but it would be recognising the crisis that is developing,

which is currently being ignored."

Other lobby groups, including the National Association of People with Aids and HIV, also supported calls for subsidies.

Dr Peter Ruane, a doctor specialising in Aids in Los Angeles, said last week that the "cocktail" was "emptying hospital beds and giving people new hope."

"If you put it hard with multiple drugs, you can drive it down until it is not reproducing and then it cannot become resistant," he said.

Ruane warned doctors that if they did not prescribe the full dose of the drug or allowed patients to discontinue use, the disease would accelerate.

(92)

Star 7/11/96

PHOTO COURTESY

'State will not subsidise Aids cocktails'

JOHANNESBURG: Health Minister Dr Nkosazana Zuma says the government will not subsidise the new R4 000-a-month "cocktail" therapies that are knocking the Aids virus overseas

Zuma's comment yesterday followed news that the "cocktails" were now available in South Africa

Although permission still needs to be obtained to import one of the three ingredients needed for the "cocktail", the Medical Control Council said the drug should be available by early next year

This has given Aids sufferers new hope and has increased pressure on the government to subsidise the three drugs, which will have to be taken for life

HIV expert Dr Dave Johnson said the combination of Glaxo-Wellcome's AZT or a similar drug such as Roche's Hivid (ddc) with another such drug, plus a new class of drug known as Protease Inhibitor pushed the virus down to almost undetectable levels

He said the government should "most definitely" make the therapy more accessible as it cut hospital costs dramatically and "definitely" increased the quality and length of life — Own Correspondent

Aids virus 'passport to sexual licence', (92)

278/11/96

POLITICAL REPORTER

YOUNG people who know they have the Aids virus not only accept it as a death sentence but also as a passport to sexual licence, a study of 100 KwaZulu-Natal students has found

Altogether 100 Zulu-speaking people from urban townships, all between 18 and 25, were canvassed for the study, done by the University of South Africa (Unisa). All had passed matric

According to Unisa, this sector of the population was chosen because they represented the generation which came of age sexually, politically and legally in the Aids era

The survey found most of those canvassed did not want to know they had contracted Aids. "Most agreed that they would not want to be told of their HIV status, and that medical staff should stop giving out that information as it was 'doing more harm than good' "

However, the most dramatic finding was that most of the respondents felt that spreading the disease was a strategy for finding emotional comfort

A 21-year-old female said "At least I'll know my boyfriends won't be enjoying themselves when I'm gone. I can feel good about that

"Spreading this should be a crime it's true, but what else can we do? We weren't born with this thing, it came from someone somewhere so we must send it back. At least we won't die alone," said a 23-year-old male.

Another 18-year-old woman said "The boys are spreading this everywhere so we must spread it back. You see them at parties picking up as many girls as they can. Why? They don't want to die alone. Neither do we."

Several of the women canvassed also feared that by telling men that they had the HI virus, the men would deal with it by raping women

The survey concluded that there was more behind the desire to deliberately spread the HI virus than a "devil may care" attitude. It said forceful political pressures, as experienced in the politicised townships, contributed to the "do unto others" syndrome

"This strong sense of peer group affiliation may help to explain the youth's eagerness to spread the virus. In this way one is sharing the burden, the anger, the hopelessness and ultimately, the death," the survey stated

As a 19-year-old said "By giving it to others, I won't be going down alone. That's my hope. That's my comfort."

Department of Health will not fund anti-Aids 'cocktails'

By **TROYE LUMB**

Minister of Health Nkosazana Zuma says the Government will not consider subsidising the new R4 000-a-month "cocktail" therapy at this stage, even though the treatment is being lauded for curbing the Aids virus.

Zuma's comment yesterday followed mounting pressure from Aids lobby groups for the Government to pay for the treatment, which is now available in SA.

Although permission is still needed to import protease inhibitors, one of the three ingredients needed, the Medical Control Council said the drug should be registered and freely available early next year. But only to those who can afford it.

The drugs, which have to be taken every day for life, have given Aids sufferers new hope. They claim Zuma has a responsibility to subsidise the cocktails. A statement from Zuma's office said: "This therapy is for people who are already infected. It is not a vaccine and, if available, would not influence the number of new infections occurring daily. In the light of other health issues which need to be addressed, the department is not likely to prioritise this treatment."

About 700 South Africans are infected with the HIV virus daily and local and foreign studies have shown that the virus is accelerating if drugs are administered in-

Star 12/11/96

(9a)

correctly or stopped. Financial experts agree with Zuma. They said the annual cost of cocktails for one patient a year would be around R50 000 and, considering the number of infected people, the costs could exceed two-thirds of the national budget. They also warned medical aid schemes that this was something that could cripple them.

The Representative Association of Medical Schemes, an umbrella body representing medical aid schemes, said each scheme would have to make the decision individually as it was "a matter of finance, not morality".

A woman from Pretoria, who asked not to be named, said "If they (the Health Department) can spend R14-million on a play (*Simon 2*), surely they can find money to subsidise the drug. My brother was diagnosed three months ago. I would be prepared to move to a shack in a township to pay for him to go on this (cocktail)".

Zambia's bosses count costs of Aids pandemic

Star 13/11/96

(92)

ANTHONY MUKWITA
Lusaka

Publisher of an independent weekly newspaper John Lubinda stops suddenly on his way out of the newsroom. He turns around and screams for the office messenger "Where is the box of condoms that is supposed to be hanging on this door?"

The frightened messenger says the condoms ran out three days ago. Lubinda angrily tells him to "quickly get some petty cash and replenish the supply." "I am getting sick and tired of buying coffins for you fellows after you die from unexplained long illnesses. Replacing you and hiring stringers in your absence is proving just as costly."

Like other Zambian employers, Lubinda has seen productivity drop

dramatically because of the Aids pandemic. He encourages his workers to practise safe sex and use condoms.

Employers also find themselves saddled with staff who cannot go abroad for training, because countries like the United States insist on HIV tests before sponsoring someone for studies.

Several Zambian journalists have turned down internship opportunities in the US this year because they were afraid compulsory testing would prove positive.

A subeditor with a local newspaper said: "I would rather remain in Zambia and keep working with a free mind than subject myself to the knowledge of being positive. That would affect both my social and work life. I am married with children - who needs the States?"

But now some local employers re-

quire prospective employees to take HIV tests.

Local businessman Emmet Mushangwa says "I demand the tests because I do not want to start paying out funeral grants and to pick up hefty medical tabs for employees. A year after signing them on, Aids is real in this country and it's having a telling effect on our yearly turnover, which unfortunately is on a downward trend."

Danish group MS-Zambia recently conducted a survey and released the findings in their latest policy paper for 1996.

According to their statistics "43% of all the [hospital] beds in the country are occupied by Aids patients and heterogeneous sexual activities account for most of the infections. Rough esti-

mates indicate that more than 33% of urban and about 15-20% of rural populations are HIV positive."

Efforts to control the spread of HIV has mainly concentrated on Aids awareness education and the distribution of free condoms. It is estimated that 60 to 80% of Zambians are aware of the disease.

The MS-Zambia report also states "On a national level, there is marked loss of work hours as nationals are away from work because they are looking after the sick, are sick themselves or are absent because they are dead."

Labour leader Japhet Moonde says "Because of the low productivity as a result of the epidemic, the union has established a productivity department to specifically address the issue."

He says the labour movement has

focused on Aids awareness, but it's often too late.

"The fact that most union members are under-remunerated has also contributed to the loss of work hours, because people are unable to afford food that could at least prolong their working lives while they are sick."

In 1990, the life expectancy for Zambians was 51 years, but it has dropped to 46. It is predicted to fall to 42.6 by the turn of the century, according to a United Nations Development Programme Report on the socio-economic impact of Aids in Zambia.

More and more families have lost one or both parents and more are being burdened to look after orphaned children. The capacity of the families to provide for themselves is dropping because of illness and the death of breadwinners. - Star Foreign Service / AIA

Aids trail leads to dam project

(92) MHC 22-28/11/96

Sharon Hammond

A SHARP increase in the level of Aids accompanying a multi-million rand dam project in Mpumalanga has sparked a heated debate on the extent to which the private sector should take responsibility for safe sex education

Three of the Mpumalanga Department of Health's major clinics in the area between Komatipoort, Barberton and the northern border of Swaziland, have shown increases of up to 100% in HIV and sexually transmitted diseases (STDs) since construction of the R488-million Driekoppies Dam began along the Komati River in 1993

The reason single men working on construction sites for months on end seduced rural women and even young school girls with promises of money, clothing or even food

According to Mpumalanga Aids and STD Programme head Dr Calvin Billinghamurst, 19% of women living in the rural triangle say they are aware that their construction worker husbands and lovers regularly practice unsafe sex with other women

Social workers say that the rapid shift of employment from low paying agricultural jobs to a weekly cash wage system in the construction trade has disrupted the traditional social fabric

Teenage delinquency, teenage pregnancy, increased drinking problems and an alleged decline in respect for traditional authority, have all accompanied the develop-

ment projects

Construction on the dam is expected to continue until at least the beginning of 1998

This throws into question, says Billinghamurst, just how much responsibility the construction industry management should shoulder in the sexual health education of their workers, and how much must be left to the government.

The Komati Basin Water Authority, which is constructing the dam, vehemently disagrees that it is in any way responsible. The company described an editorial in the *Mpumalanga Times* suggesting that it take more responsibility for the conduct of its employees as a "typical South African approach — pass the buck anywhere you can"

"The education of the population at large on Aids and STDs is the responsibility of the Department of Health and Population Development, and the Department of Education," the statement declared

"Why do you see the construction worker as the disease-ridden alien with insatiable sexual drives? At Driekoppies Dam, we have had to physically chase soliciting women out of the construction works so that the earth-moving plant drivers are not enticed into the bushes for a little bit of private business. The drivers don't have to go to town to look for their pleasures"

Underscoring what health workers say is a counter-productive and highly irresponsible attitude on the part of the company, the statement goes on to say "Don't think condoms

will help much — at the temperatures at the dam site, most condoms are not chemically stable anyway"

In sharp contrast to the none-of-our-business attitude taken by the Komati Basin Water Authority, another large company operating in the area, Transvaal Sugar Limited (TSB) has been praised by health workers for its commitment to primary health care.

The company spent two years on the construction of its second regional sugar mill, costing R418-million, north of a village called Naas

"TSB's very good. They have their own clinics and regularly make use of organisations like the Aids Training Information and Counselling Centre (Aticc) which has a large budget for the free distribution of condoms," says Billinghamurst

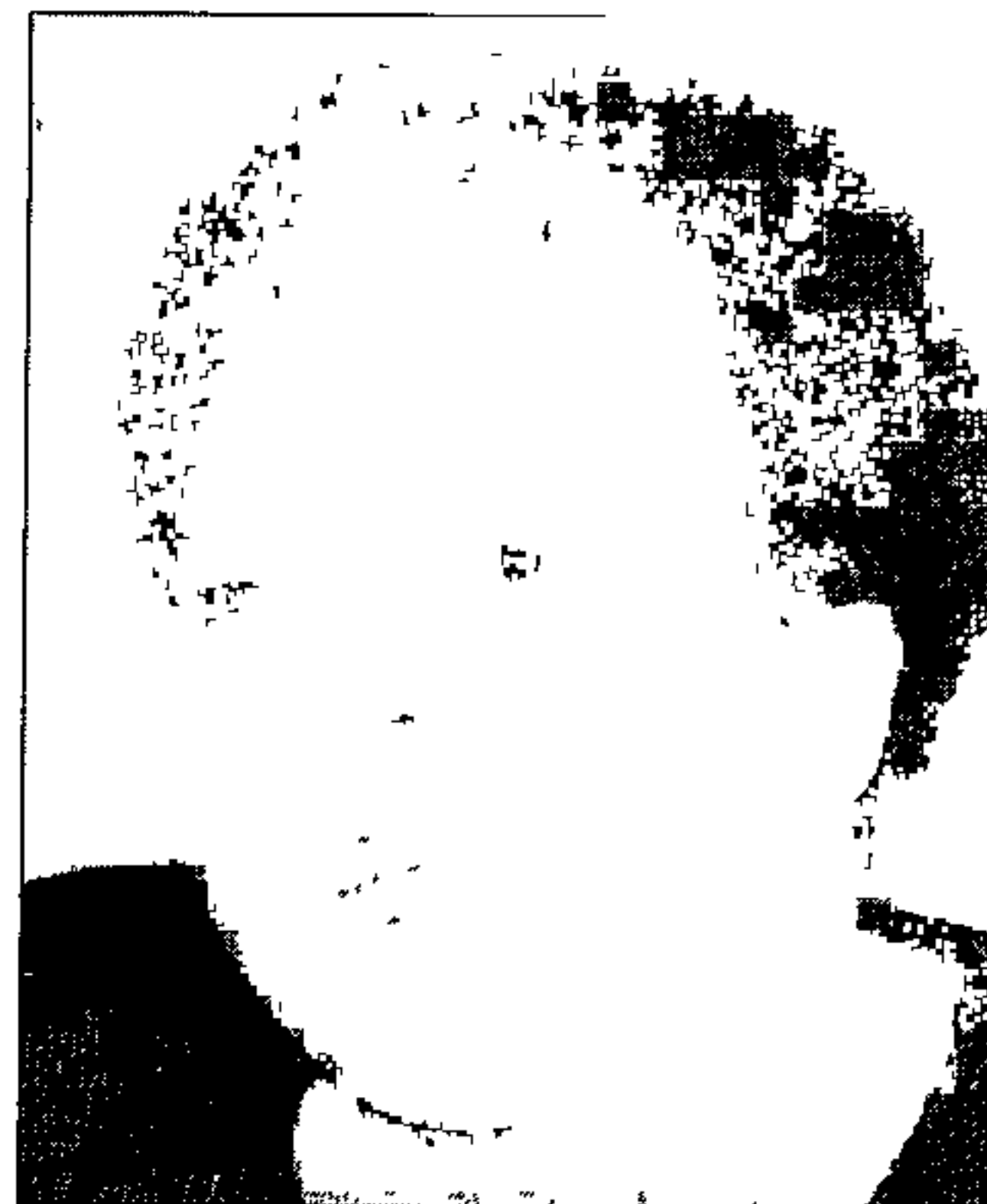
TSB nursing sister Zelda Van Jaarsveld explains that the company has 10 clinics and annually organises a large theatre production on the dangers of unsafe sex.

"We also conduct formal training sessions, as well as informal training sessions where we go into the workplace and discuss the use of condoms with workers," she said

Mpumalanga has the second-highest HIV/Aids rate in the country. It is estimated that 16% of the province's population carry the HIV infection

"A sample survey of 1 000 women indicated that 5% of babies are being born HIV positive, which means the province could face a negative growth rate within two to three years," says Billinghamurst

It is the sad truth, he says, that "only when people feel the enormous impact of full-blown Aids, which should start affecting the population in two to three years' time, will it be taken more seriously"



Auditor-General: Henri Kluever

Health Minister: Nkosazana Zuma

Department of Health asked to react to Sarafina 2 audit report

GLYNHIS UNDERHILL
CHIEF REPORTER

ARG 23/11/92

The Department of Health has been asked by Auditor-General Henri Kluever to react to an interim forensic audit by his office on the scandal-plagued AIDS awareness production *Sarafina 2*.

The much-anticipated forensic audit is expected to reveal serious irregularities of expenditure, according to sources close to the investigation.

Mr Kluever told Saturday Argus the Department of Health would now have to react to the interim report.

But Mr Kluever declined to comment on the contents of the report.

While there are believed to be some "grey areas" in the interim forensic audit, a number of matters are understood to require further investigation by the Auditor-General's office.

The final report should be ready for presentation to Parliament early next year.

According to sources, the irregularities of expenditure on *Sarafina 2* did not only include the unauthorised expenditure of R10,5 million of European Union funds, but extended to other "more serious irregulari-

ties". The purpose of the audit was to find out what happened to the money, to see if irregularities in payment occurred and to follow the flow of the money to ensure corrective steps could be taken.

Mr Kluever said developing the forensic auditing capability of his office was an essential part of his determination to enforce accountability.

After having recently returned from attending the Triannual Conference of Auditor-General's of the Commonwealth in Pakistan, he said he was determined South Africa would not go the way of some countries he had learned of at the international meeting.

There were some countries which had really let things slide and the whole system was so corrupt it was impossible to rectify, he said.

For the first time in 36 years, South Africa had been invited to attend the conference and it had been an eye-opener, said Mr Kluever.

"It comes back to one important thing: South Africa is not doing badly at all," he said.

Mr Kluever said he intended to build further capacity for forensic auditing by his office.

AIDS programme crumbling after squeeze on funds

(92) ST 24/11/96
By YVETTE VAN BREDA

WITH World AIDS Day only a week away, South African organisations fighting the disease have still not received any funds from the government

"We are really seeing the result of the Sarafina debacle at grassroots level," said Gary Adler, executive director of the AIDS Foundation of SA, an AIDS-funding agency

He was referring to the controversial AIDS awareness play, *Sarafina 2*, which received more than R14-million from government funding

The National Directorate for AIDS/HIV and Sexually Transmitted Diseases, which falls under the auspices of the Department of Health, is a major source of funding for non-governmental organisations combating the disease

The directorate had received 295 applications for funding from such organisations this year, totalling about R14-million, Adler said. But with only four months of the financial year to go, there were still no indications of budgetary allocations, he said

The deadline for applications had expired in June "and five months later we still don't know who is going to get what. Meanwhile some organisations are having to close their doors

"World AIDS Day is a week away and the National AIDS Programme is crumbling," Adler said. "And we've been told that no funds will be available until at least January," he added

Quarraisha Abdool Karim resigned as head of the directorate in August and Adler said there was a lack of leadership from the Department of Health regarding the AIDS epidemic. Although she had resigned her post officially in August, Abdool Karim had not been in her office since March

"The directorate has been without leadership for more than eight months," Adler said

Director of the AIDS-awareness play *Nou Verstaan 'n Man*, Boebie Hamza, who runs the Theatre Education Programme in Mitchells Plain, said he had applied for R185 000, but had not received any funding

"There is an obvious problem with the funding at national level," Hamza said. "Someone needs to explain what's taking them so long"

Vincent Hlongwane, a spokesman for Health Minister Dr Nkosazana Zuma, said "AIDS is high on the health department's priority agenda"

Leaders show little interest in Aids

(92)

CT 27/11/96

HEALTH WRITER

WITH four days left to finalise arrangements for South Africa's showcase World Aids Day event in Bloemfontein on Sunday, leading politicians, including Health Minister Dr Nkosazana Zuma, have yet to say whether they will attend.

It is causing all manner of problems for organisers of the event, which follows last year's showpiece in Durban, where Sarafina 2 was staged.

National and international attention, especially from the donor community, is focused on the Bloemfontein event.

Mr Boy Jijana, of the organising task team, said yesterday they could not finalise arrangements because Zuma had not yet said if she was attending. The team com-

prises officials of Zuma's own health department — Jijana is attached to its Aids directorate.

Zuma's spokesperson was not available to comment.

Jijana said Zuma's reply was not the only one outstanding.

President Nelson Mandela and his deputy, Mr Thabo Mbeki, have also yet to say whether either of them would be the main speaker in place of Zuma.

And that is not the end of the big-name problem for organisers.

Protocol demands that high on the list of speakers should be the premier of the host province and his Health MEC.

However, the Free State is now effectively without both officials following the sacking of premier Mr Terror Lekota and his entire executive.

Health committee ends year on a note of vindication

CS 27/11/96

(92)

AFTER a shaky start earlier this year, the committee of lawmakers charged with looking after the public interest in the health field now appears better placed to meet its responsibilities, reports Health Writer **ANEEZ SALIE**.

THE public's watchdogs in Parliament on health matters have reversed a subservient position at the start of the year when they were slapped down by the ANC's mightiest

They are now of indispensable relevance to the transformation of South Africa's racist and unequally developed health system

This is apparent in the End of Session Report of the National Assembly's Portfolio Committee on Health. The committee, together with its Senate counterpart, is meant to protect the public's interests against a ministry, department and parliament that burnt their fingers over the *Sarafina 2* scandal, which dominated the health agenda in 1996

It was precisely the basic issues of democracy which compelled the committee, headed and dominated by the ANC, to summon to a hearing in February an ANC cabinet minister, Dr Nkosazana Zuma, responsible for health

This was after Zuma, her director-general Dr Olive Shisana and other key officials initially declined to provide relevant details when the committee raised several questions over the funding of the *Sarafina 2* Aids musical

The committee, which has a constitutional duty to check on the health department's spending, was fobbed off with a measure of contempt. When it summoned Zuma and Shisana to a

hearing, both indicated they would not attend yet they later called media conferences instead. The Cape Times exposed the controversy, and publicised the impending showdown meeting of the committee which the pair would not attend

The ANC, at the highest level, intervened to scupper the committee's meeting. The party also ignored all evidence to the contrary and backed Zuma to the full, even after a damning report of the Public Protector which pulled the plug on *Sarafina 2*, and which, by implication, severely rapped the ANC over the knuckles

President Nelson Mandela last week finally admitted they had badly handled the matter, although he did so without withdrawing the harsh criticism he and the ANC had visited upon journalists responsible for exposing the scandal

From the *Sarafina 2* slap-down in the first half of the year, the committee ended 1996 on a high note for its successful handling of abortion legislation through extensive public hearings

The committee also brought a measure of order to the messy handling by the health authorities of the proposed ban on dispensing doctors and additional training for doctors

It was also involved in a host of activities which has regained its rightful place in South Africa's new parliamentary democracy

And next year an intense health programme awaits the committee's attention, it reveals in the End of Session Report. "In many senses, the challenges for the forthcoming

year remain similar to those which faced the committee as it entered 1996 — an increase in technical input and research output, development of the confidence and political capacity of committee members, addressing structural



NO SHOW: Minister of Health Dr Nkosazana Zuma and her director-general Dr Olive Shisana declined to supply *Sarafina 2* details

weaknesses within the parliamentary system and ensuring that discussion is converted to concrete action to improve health status and services

"The past year, however, has been one of enormous progress for the health committee. In countless areas — staff capacity, budget analysis, media liaison, inter-sectoral collaboration, forging a positive relationship with the department of health, defining its own role — the committee has grown, strengthened and learned much

"Next year will be a big year for the transformation of South African health services. The committee concludes 1996 confident that it is ready to play its part in the challenges ahead"

Through its sub-committee structure, the committee is set to address a range of difficult areas of health policy

According to the report, one consistent theme must run through all its activities. "There remain large areas of South Africa where little has changed in terms of the nature and scope of health services. As a prime example, certain hospitals and clinics continue to operate a policy of racial segregation

"The committee pledges its strongest support in assisting with the democratisation of the health service and in supporting equality and social justice."

"The committee pledges its strongest support in assisting with the democratisation of the health service and in supporting equality and social justice."

After 15 bad years there's hope at last

CT 29/11/96 (92)

AFTER 15 years of an ever-worsening Aids epidemic there is hope at last, says Dr Walter Prozesky, the president of the Medical Research Council (MRC).

He was a member of the diagnostic team that first identified the Aids virus in South Africa.

On the eve of World Aids Day on Sunday, which has as its theme One World — One Hope, Prozesky says HIV/Aids has firmly gripped South Africa.

"We are in the middle of one of the most devastating epidemics in our country's history. We are now 15 years into Aids, and recent results of an ante-natal survey show that on average about 10% of women attending clinics country-wide have the HIV virus. The risky sexual behaviour practised by



many of the youth also shows no sign of abating," he said yesterday.

However, there was hope in the recent advances in drug treatment, which, while not a cure, showed that researchers were on the right track, said Prozesky.

"One of the most promising new findings is that there is a small subgroup of people who seem to be resistant to the virus. Recent research in the United States shows that the group has a genetic mutation which either protects them from acquiring the virus, or prevents it from becoming active in their bodies.

"An explanation of how this happens would give us the key to unlock the mechanism by which the virus causes infection and disease."

Concerts, lectures for Aids Day

EVENTS organised to mark World Aids Day include:

- TODAY:**
- Red Ribbon radiothon with Good Hope FM in St George's Mall — live broadcast, 6am to 6pm.
 - Unveiling of quilt at Groote Schuur Hospital, Kleinschuur — 10 am.
 - Talk by person living with HIV/Aids at Groote Schuur,

- lunchtime. Also daily lunchtime lectures and exhibitions on Elevel at Kleinschuur.
- Rock and Roll benefit gig at the River Club, 9pm.
- TOMORROW:**
- Concert with Intsholo African Jazz Ensemble — Waterfront, 6.30pm.
 - Four jazz bands at Manenberg Jazz Café, 9pm.

- SUNDAY:**
- Candlelight procession through Groote Schuur Hospital — main foyer, Elevel, 7pm.
 - A free concert at the Company Gardens outside the SA National Gallery, featuring Sibongile Khumalo, 4.30pm.
 - Table Mountain will be illuminated in red shortly after sundown, with songs by Sibongile Khumalo.

Zuma will attend Bloemfontein event

HEALTH Minister Dr Nkosazana Zuma will attend South Africa's main World Aids Day celebration in Bloemfontein on Sunday after all, despite initial confusion.

The Cape Times reported yesterday that a Health Department official on a task team organising the event had said that with four days to go Zuma had yet to indicate whether she would attend. The official now says he was mistaken.

Health Department official Dr Gonda Peres said yesterday there was never a question of whether Zuma would attend — Health Writer

Muslims with HIV cast out

WHEN Muslims contract Aids they suffer a double blow — besides the fatal infection, they are immediately cast out of their community on the automatic assumption that they have been promiscuous, says Aids activist Mr Ismail Desai.

In terms of Muslim personal law, sex outside of wedlock is strictly forbidden. Because of prejudice and fear, there is ignorance of how the disease is contracted, he said.

There have been a number of Muslim Aids deaths, including babies, he said. Yet the Muslim community has not been sufficiently aware of the problem.

That is about to change with the launch this Sunday of the Muslim Aids Support Committee (MASC), which Desai co-ordinates.

Muslim clergy and leaders have been invited to a workshop by the Western Cape Health Department at 9am on Sunday at the Bernard Fuller Hall at the UCT Medical School (next to Groote Schuur).

A public forum, hosted by the MASC, will be held at 7.45pm at the Gatesville Mosque and it will be addressed by Health and Welfare MEC Mr Ebrahim Rasool.

● The MASC may be contacted at 633-9976 (phone and fax)

Shock Zimbabwe HIV statistics (92)

Harare - One in every three pregnant women in the Zimbabwe capital has the HIV virus that causes Aids, a recent survey carried out by the University of Zimbabwe medical school has revealed

Mike Mbizvo, a lecturer in obstetrics and gynaecology at the university, said the increase of HIV among pregnant women was "because of the behaviour of their husbands", saying the women involved in the study were not working as prostitutes - Sapa-AFP

Jan 29/11/96

▶ More reports



World Aids Day promotes hope

ON December 1 people around the world will observe World Aids Day with the theme One World One Hope.

This year's theme is similar to that of the 11th International Conference on Aids held in Vancouver this year.

It reflects the fact that HIV and Aids are global problems affecting all countries. It is also an invitation for optimism and highlights the need to build on some of the more hopeful trends now emerging.

The theme calls upon people across the world to work together to prevent the spread of HIV and to build a global society that offers care and support to those whose lives have been affected by the disease.

Although December 1 has been set as the date for World's Aids Day, in many communities a range of activities have been organised during the weeks and days before and after the official commemoration.

Some of the activities that have been traditionally organised on World Aids Day include

- candlelight vigils and marches,
- mobile theatre and theatre performances,
- poetry recitals
- public debates
- art exhibits,
- marathon runs
- bicycle races,
- poster competitions
- media prevention campaigns
- media briefings and seminars,
- celebrity concerts, and
- celebrity sports events

The UN programme says World Aids Day provides an important opportunity to raise awareness of HIV and Aids in the general public.

Its aim is to carry prevention messages into communities, to improve care for those infected by HIV and to fi

Gearing up to face a

tormenting reality

SINCE THE DISCOVERY of the Aids disease in the late '70s in San Francisco, United States, and Montreal in Canada, the area around the Great Lakes of Africa, Tanzania, Uganda and the Caribbean it has become a tormenting reality.

The issue now is no longer where the killer disease came from. It is here.

No individual or country is beyond the reach of HIV and its impact. Whatever culture or standard of living people are affected and are at risk. South Africa is not an exception.

The UNAIDS (Joint United Nations Programme on HIV-AIDS) estimates that over 20 million people worldwide are living with HIV-Aids with over five new infections occurring every minute.

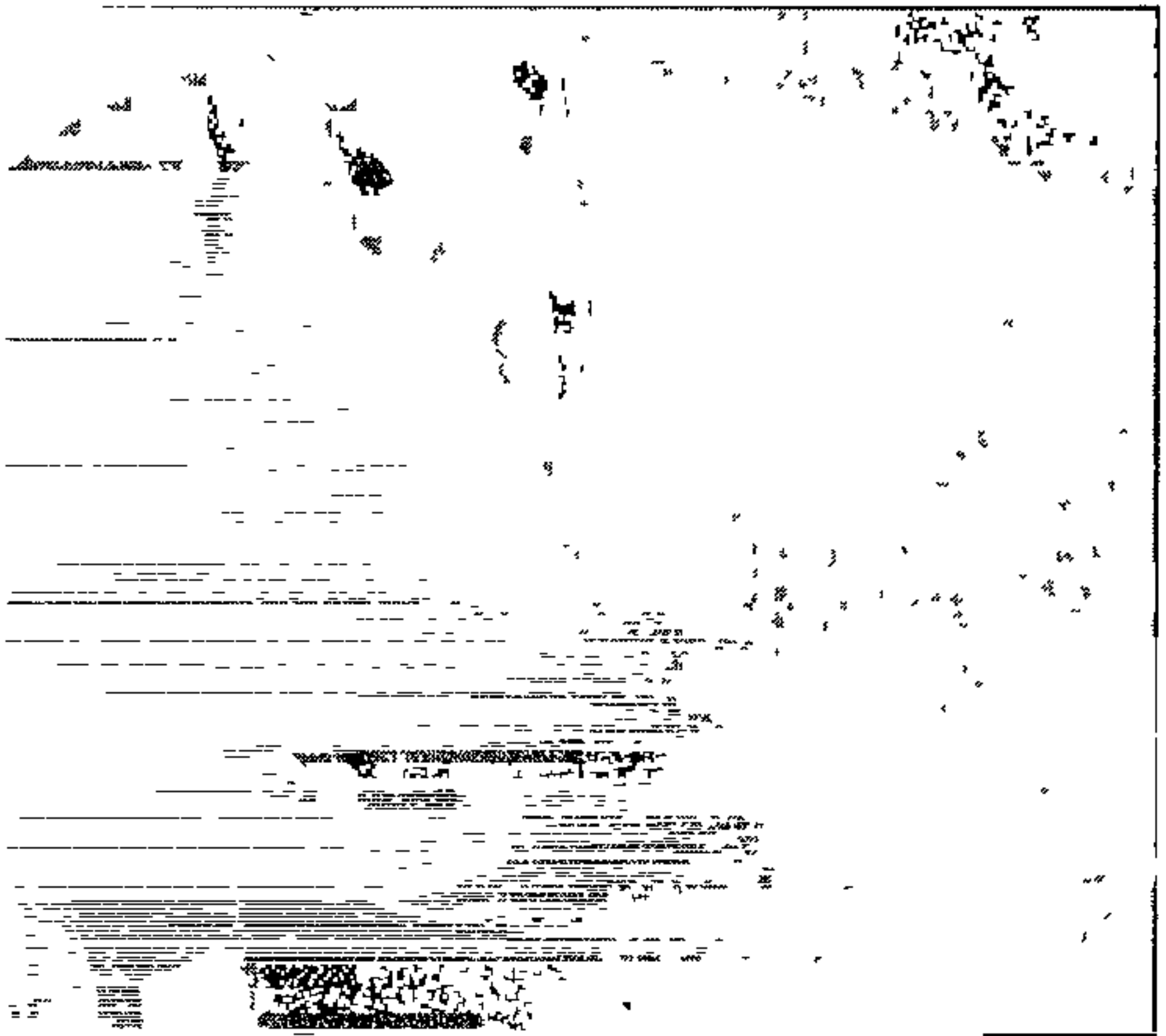
Gains made in development and the country's democracy are being threatened and reversed by the disease. Both the public and private health services are starting to feel the impact of HIV-Aids.

Schools, farms, and industries are beginning to lose staff. HIV-Aids is a global problem which cannot be treated in isolation where contacts between countries, communities, travel and migration are constantly on the rise.

Since the beginning of this decade, the Department of Health has been conducting unlinked anonymous surveys amongst women attending ante-natal clinics of the public health services.

Task team to oversee and coordinate the programme of trained Aids teachers

92 Sowetan 29/11/96



These include life skills programmes targeting at the youth in and out of school.

Presently the Department of Education, in conjunction with NGOs and other interested parties will be introducing a holistic and culturally acceptable life skills programme for Grade 1 to Standard 10 in all schools to be integrated into the curriculum.

A task team to oversee and co-ordinate the process is being put in place with an aim of having trained teachers in all schools by 1998.

Mass communication strategies to popularise the range of unbiased key prevention options have been implemented with wide reach acceptance.

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2001005954/p

THE COMMUNITY AIDS CENTRE

17 ESSELLEN ST, HILBROW, 2001

HOTLINE: 725-6710

Provides HIV/AIDS education, counselling and information to people in greater Johannesburg region. The Centre is open from 08h00 - 16h30 daily and 17h00 - 19h30 on Thursday evenings. The Centre offers a hotline for confidential

2001005876/B

Screened anonymously

A specified number of routine ante-natal blood specimens received during the October-November period are screened anonymously for HIV after completion of routine tests.

The estimated annual prevalence rates of HIV infection in these surveys amongst pregnant women reflect the trends of HIV infection to the country's population.

These surveys are fully reported in some issues of *Epidemiological Comments*, an in-house publication of the Department of Health.

The table below is a summary of the fifth and sixth national HIV survey among women attending ante-natal public clinics in October-November 1994 and 1995 per province. The percentages reflect the HIV-positivity per province in percentage among women attending ante-natal clinics.

Province	1994	1995
Western Cape	1.2	1.65
Eastern Cape	4.5	6.00
Northern Cape	1.8	5.34
Free State	9.2	11.03
KwaZulu-Natal	14.4	18.23
Gauteng	6.4	12.03
Mpumalanga	12.2	18.18
Northern Province	3.0	4.89
North West	6.7	8.30
South Africa	7.6	10.44

Source: Department of Health Directorate Health Systems Research

HIV-Positivity in women attending ante-natal clinics by age

Age group	1994	1995
Over 20	6.5	9.5
20-24	8.9	13.1
25-29	8.6	11.0
30-34	6.4	8.1
35-39	3.7	7.4
40-44	5.3	4.4
45-49	0.4	7.5*

Source: Department of Health Directorate Health Systems Research estimate is based on very small numbers

Based on this table, it is evident that infection has increased in all age groups with higher prevalence among 20, 24, 25-29 and the teenage age groups and slightly lower in the 30-34 and 35-39 age groups.

Dr Nkosazana Zuma ... her department has declared war against HIV-Aids as one of its priorities.

The national age-specific prevalence rates allow for projections to be made into the target population of women 15-49 years old their male consorts and infected babies.

Assuming that HIV prevalence in ante-natal attenders reflects the prevalence in the female population, that the male to female ratio of HIV infection is 0.73:1 and that the vertical transmission rate (from mother to child) is 13% it can be estimated that by the end of 1995 just over 1.8 million people were infected with HIV.

Most of the epidemiological evidence indicates that the extensive spread of HIV in Sub-Saharan Africa occurred between mid and late 1970s. Currently 63.9 percent of global HIV is from the sub-Saharan and this implies that an estimated 133 million adults in this region are infected.

Paradoxically, less than 3 percent of global funding for care and support is earmarked for the region. The situation will in the future be more critical due to the rapid increase of HIV in Asia which accounts for about 60 percent of the total population.

If sub-Saharan were to be divided into sub-regions, the central sub-region accounts for 20 percent of HIV infections, the Eastern 40 percent and the Southern 40 percent.

Researchers have noted a rapid escalation in the southern sub-region, Botswana, and a stabilisation in the eastern part, Uganda.

In both scenarios, South African and sub-Saharan, the increase is more noticeable and devastating amongst the youth.

In responding to this challenge and within a well-thought framework and current understanding of the epidemic, the Department of Health Directorate for HIV and STDs developed a short-term plan based on the National AIDS Convention of South Africa (NACOSA) document adopted by the Government of National Unity in 1994.

In close collaboration with all role-players including people living with the disease, five key strategies, a number of supporting objectives and focussed intervention were identified.

Declared war

Our messages have been erected, radio and television "spots" flighted and small media materials continue to be distributed nationwide.

In accordance with recent renewed international findings the appropriate treatment of patients with STDs has become one of the department's priorities. It has recently been accepted nationally that the syndromic approach to the management of STDs should be adopted.

This will enable all health workers with adequate training to manage STDs without the use of sophisticated laboratory technology. In the absence of a cure the use of barrier methods such as condoms remain a valuable form of protection.

Implementation strategy

A total of 90 million condoms were distributed in 1995-96. It is envisaged that female condoms with appropriate training and information, will also be available after the development of an implementation strategy.

In its fight against AIDS, the department recognises the need to build partnerships with NGOs, other government departments, the corporate sector and communities. Financial assistance was provided to more than 100 NGOs to support their HIV-Aids initiatives.

Assuming its rightful place in the international arena, South Africa will join in the world's response to the challenges of the epidemic by showing unprecedented solidarity with those affected and infected by the disease.

The health department is coordinating efforts to mark the World Aids Day on December 1 under the theme *One World, One Hope*. Provincial HIV-Aids programmes have arranged public gatherings, rallies, information centres to take place around this day.

A national event at the University of Free State Stadium, Bloemfontein, has been arranged. The event will be addressed by prominent celebrities whose speeches will be interspersed with cultural performances of various local artists. This will take place tomorrow. The public is invited.

Coming clean on Aids

92 Sowetan 29/11/96

THE COMMUNITY should overcome its secretiveness over Aids and let it be known when people are infected with the virus, according to Health Director-General Dr Olive Shisana

Speaking to *Sowetan* ahead of World Aids Day on December 1, she said the community would go far in dealing with Aids if it adopted the openness displayed in the recent ebola virus case

She was referring to the much-publicised case which involved Morningside Clinic nurse Marilyn Lahana (46), who died on Sunday night after experiencing multi-organ dysfunction

"Not only was her identity revealed soon after she contracted the virus, (but) people she came into contact with were tracked down to ensure that it was contained," Shisana said

"Quite clearly, if we were to come out in the open about the identity of HIV carriers, this would go a long way towards putting a face to this dreaded disease

"The question we should put to ourselves is whether we are doing ourselves any favour by hiding the HIV-positive status (of people)

"We even hide this status on our death certificates and claim people have died of some unnatural disease. Shouldn't we as a society review our attitude towards the whole issue of confidentiality around Aids?"

"An effective response to Aids shouldn't be constrained by secrecy because it's only by going public that we can change societal behaviour"

In line with "putting a face to Aids" the Department of Health has employed 10 HIV-infected people to educate communities about the disease

"Throughout the period we have worked with them, we have not received any reports of discrimination against them," Shisana reported

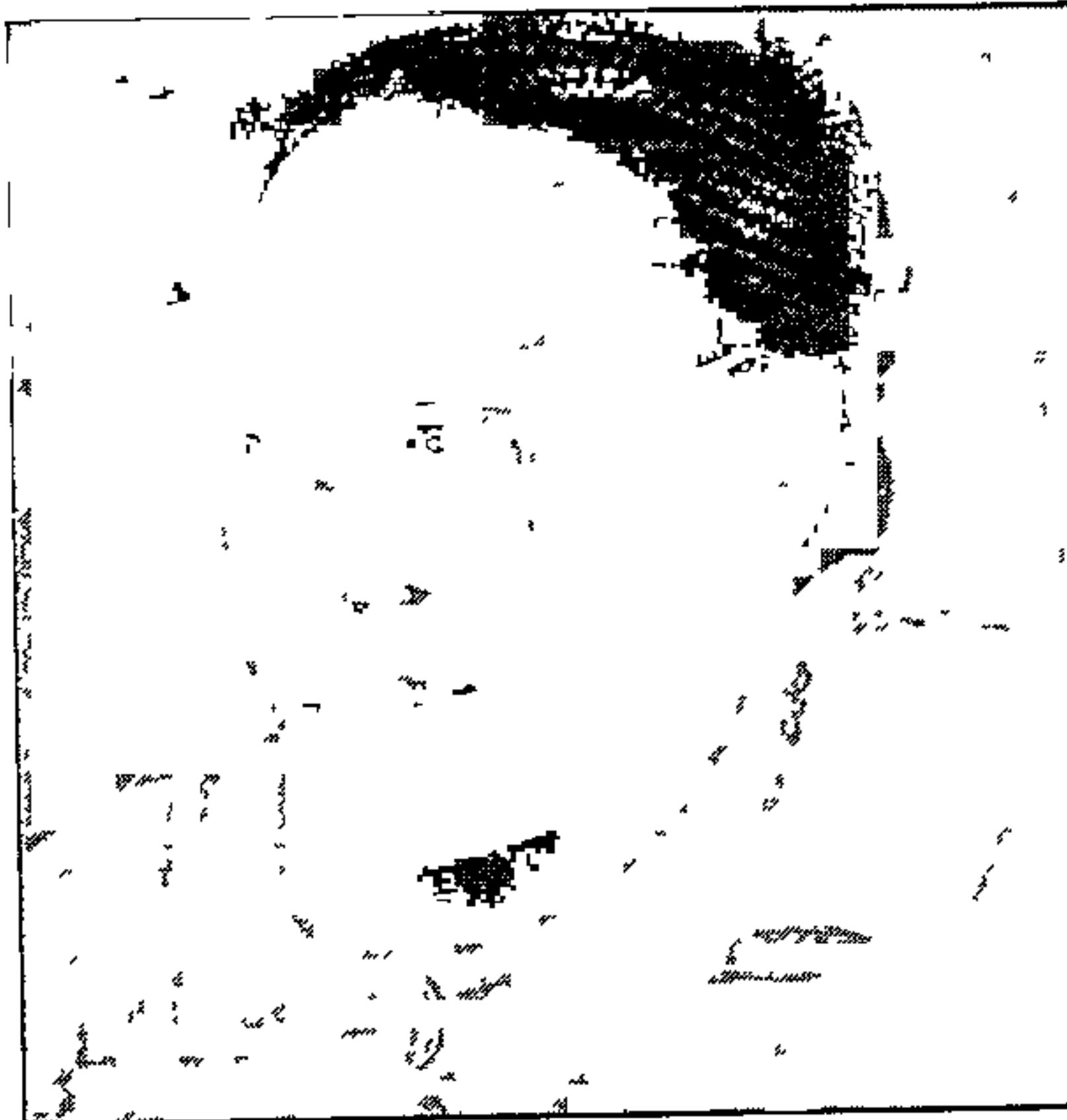
"In fact, when one of the sufferers, Mr Phillip Brown, died of the disease recently, the effect on the staff was amazing. They admired his openness about the disease and his commitment to fighting it"

In support of Shisana's views, Gauteng Aids Foundation chairman Professor Ruben Sher said "There's a lot of agreement in the medical field, especially in preventive medicine, to bring it out in the open - provided there will be no discrimination against people with Aids

"This is supported by the fact that we now have powerful drugs, although expensive, that can reduce the onset of Aids. The combination therapy - AZT plus 3TC - stops the transmission of the virus from pregnant mother to child"

Sher said education was vital as it would

Fifteen years into the Aids epidemic, research in South Africa shows that the disease is spreading. Health workers are now rethinking the question of confidentiality about Aids. **Mokgadi Pela** explains...



Dr Olive Shisana ... she has called on the community to end the secrecy around Aids.

PIC CLEMENT LEKANYANE

help the public to accept Aids as "another disease" "For instance, nobody worries if our child gets measles," he said

"Education would help (inform) HIV-positive people about the precautions to be taken and their rights should they experience discrimination in the workplace"

Makes it difficult

Sher said there was overwhelming evidence to show that confidentiality made it difficult for authorities to control the spread of the virus

"In fact, some people hold the view that this secrecy is responsible for the wild spread of the virus," he added

He urged the Government to redouble its efforts in the Aids campaign "I'm still not happy with the role the Government is playing in the struggle against the virus. It has to offer more financial assistance to organisations involved in Aids education and prevention

"The private sector should also realise that it cannot sit on the fence anymore. I suggest that the 100 top South African companies should each donate R100 million towards the

There is evidence to show that confidentiality about the disease makes it difficult for authorities to control the spread of the virus

Aids campaign

"Companies should realise that unless they act now they are going to lose enormously in absenteeism as workers stay away from work due to the onset of Aids

"We shouldn't go to them cap in hand, they need to realise there's more value in preventing the onset of the disease rather than having sick people on the workforce"

In his World Aids Day message, Medical Research Council president Dr Walter Prozesky called on South Africans to stand together against the disease and adopt safer sex practices

"The risky sexual behaviour practised by many of South Africa's youth also shows no sign of abating," he said

"Also, we are now 15 years into the Aids epidemic and recent results of antenatal surveys show that on average about 10 percent of women attending clinics countrywide have HIV

"This ranges from 18 percent in KwaZulu-Natal to 1,7 percent in the Western Cape" Prozesky implored everybody to play their part in combating the disease

A recent study conducted among high school students in the Western Cape showed a vast knowledge about the disease

For example, before this study, most students knew that Aids could be transmitted heterosexually, that sex without a condom was dangerous and that Aids could not be transmitted through casual contact

AIDS threat to your financial

Fears expressed that pension funds, risk benefits used to

Bruce Cameron

Watch out! Your life assurance or retirement may be keeping you in the dark about the financial effects of Aids.

As another International AIDS Day comes and goes the life and retirement industries are still struggling with the issue of cross subsidisation and the full impact this will have on non-HIV infected policyholders and members. The problems in the retirement industry are also creating major headaches for employers and employees.

The life industry, among other things, generally appears to be secretly adjusting risk premiums, to pass additional costs onto individuals without their knowledge. The industry is, however, insisting

on more HIV testing before policies are sold.

Neither individuals with life assurance policies, nor retirement fund members are being fully informed about how AIDS will impact on their future financial security or what protection, if any, they can expect in the event of an AIDS epidemic.

Figures compiled by the Life Assurance industry continue to show a rapid increase in the number of people, who are HIV-positive, making claims against the industry. But, the worst is still some years off.

A survey of defined contribution retirement funds released by Old Mutual Actuaries & Consultants this week (see page 2) showed that many employers are also shying away from the issue

by either absorbing the rising costs of group life and disability benefits for fund members or by reducing benefits of members.

On the individual life assurance side, Southern Life remains about the only company actively marketing a policy that limits the risk to non HIV-positive individuals.

Some other companies, like Fedlife, have joined Southern in offering special cheaper policies in an AIDS-free pool for people who feel they are at no risk and are prepared to take a significant drop in benefits if they contract AIDS.

Fedlife and Metropolitan Life also led the industry world-wide this year in introducing universal policies (a combination of life cover and investment) to people who are in the first stages of

being HIV-positive. The policies are sold with significantly higher-than-normal premiums.

Other companies are quietly reducing the guarantee periods on life assurance premiums to as little as one year while others juggle secretly with the portion of the premiums that goes to the investment build-up on your life assurance policy.

Dave Avnir of Fedlife, says the threat of AIDS, which "is possibly the most challenging issue that has faced the assurance industry this century", has led to an increase in the cost of life cover.

On the side of the retirement industry Chris Rosenberg of Sanlam, says AIDS is already having a considerable impact on the cost of risk benefits

(death and disability benefits)

He warns the position is likely to "worsen considerably" with the result that many employers will be unable to afford the current level of employee benefits.

"With less than a third of the funds requiring a medical examination for new members and only a fraction having specific measures to reduce AIDS-related claims, most of the funds are particularly vulnerable to the impact of the epidemic."

And, he says, the situation could get worse with future legislation that could make it impossible to discriminate against HIV-status in employment practices.

Dr Erich Potgieter, Old Mutual senior actuary, says the Old Mutual

survey revealed that the number of retirement funds which reduced the level of risk benefits because of AIDS was balanced by the number of funds where employers have ended up paying more.

"This suggests that, given the fairly limited increases seen so far, a number of employers may have been unwilling to risk confrontation with the workforce by actually trying to reduce benefits."

Potgieter is concerned that some funds are responding to rising group life and disability costs by reducing retirement funding contributions or the rate of the bonus added to the fund contributions. This reduces retirement benefits - and all this without the knowledge of fund members.

SECURITY
cover the HIV factor

(92) AR6 30 JUN 1986

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Aids programme comes under fire

(92)

From page 1

ARL 30/11/96

drew 64 applications, but none were found to be suitable

Responding to criticism that they were slow in funding projects, Dr Shisana said the department had been sharply criticised for rushing through funding for the Sarafina 2 project, and was now committed to checking out the effectiveness of programmes before funding them

One of the main complaints of AIDS workers is that despite the fact that the NAP was made a presidential lead project, there has been no clear initiative from any of the high-profile political leaders so far

"The seriousness and extent of the epidemic calls for the highest level response possible, with the president's office playing a leadership role," said Peter Busse, of the National Association of People with Aids (Napwa)

"There has not been any significant comment made from national, provincial and local government officials, politicians and community leaders," he said.

The National Aids Convention of South Africa (Nacosa) organised a briefing for parliamentarians in Cape Town in September this year, to which eight parliamentary portfolio committees and every MP was invited. Only 14 MPs attended, most of these from the portfolio committee on health

"This is an indication of just how serious government ministers are taking the Aids issue," said Morna Cornell of the Aids Consortium, who was one of three people who flew to Cape Town for the briefing

There is strong support among Aids workers for the programme to be moved to the deputy president's office and overseen by an inter-ministerial committee, which would draw together the education, welfare, labour, health, justice, trade and industry, police and defence departments.

Sex education comic book, page 9

Aids plan has stalled, needs top backing, say experts (92)

By PRAKASH NAIDOO

It's a shambles. That's the way Aids educationists and health workers have described the Government's National Aids Plan (NAP) three years after it was launched at a much-publicised event.

Now, on the eve of World Aids Day, health workers have urged the Government to stop paying lip-service to its own plan.

Heading a long line of criticism they have laid at the state's door, is the perceived lack of real commitment at a senior level to fighting the virus.

It is believed as many as two million South Africans are already infected with the virus, with an estimated 500 new infections a day.

According to some educationists, the Government's inability to implement the NAP, at a time when the epidemic has worsened, has had devastating effects on the battle to fight the disease in South Africa.

"The Aids programme has been one of the most hamstrung and ineffectual initiatives launched by the Government," said Dr Helen Schneider from the Centre for Health Policy at Wits University.

"Part of the reason is the bureaucracy, but the main problem is that there is no clear vision on how to mobilise the key players and get them actively involved with the National Aids Plan," she said.

The disaster of the *Sarafina 2* debacle has caused immense damage to the entire Aids cause in South Africa, driving a chasm between the department and NGOs and causing public derision and hostility to Aids work and programmes.

The criticism the department received for its cavalier funding of the doomed production has resulted in careful controlling of its finances, and Aids workers are said to be furious that it can take as long as 10 months to get the department to approve R10 000 for a workshop.

"It is a catastrophe," said Mark Heywood, of the Aids Law Project at Wits University.

"We have all the infrastructures in place and there is no reason why, in a country like South Africa, we are unable to implement the plan."

With conservative predictions of between 500 and 800 new infections a day, Heywood said the Government's response to the epidemic so far could be seen only as contempt for poor people, who have been most affected by the disease.

FROM PAGE 1

◆ Aids plan

The new directorate for HIV/Aids and STD in the Department of Health has been without a head since director Quaraisha Abdool Karim resigned more than six months ago. The position has been advertised twice and still no appointment has been made.

"This is proving to be disastrous for the programme," said Dr James McIntyre, co-director of the perinatal and HIV research unit at Baragwanath Hospital. "The programme was already looking bad at the beginning of the year and now it looks terminal."

McIntyre's co-director at Baragwanath, Dr Glenda Grey, says the prevalence of HIV infection in mothers and newborn babies more than doubled in the past two years, with virtually no indication of intervention. "Our strategy is infantile in comparison to the rest of the world. If you look at how countries such as Thailand have handled the epidemic, our response is pathetic."

Thailand, which has similar infection patterns to South Africa, has budgeted R10-billion for Aids for the next four years and is already looking at manufacturing its own form of the drug AZT.

Virtually none of the NGOs have yet been told if they will receive government funding for this financial year, and others have been forced to draw up budgets just for the next three months. It is believed the department has spent only 14% of its budget. But director-general of health Dr Olive Shisana says "This is just a perception of people and is far from the reality."

"The programme has increased its operating budget from R21-million in 1994 to R80-million this year and is now distributing more than 125-million condoms nationally. We have moved from having no programme on the ground to actual implementation of the plan. We are not perfect, but we have come far," said Shisana.

Programmes now checked

She said the department was expected to make an announcement on the new director for the Aids programme soon. The first advertisement drew 64 applications, but none was found to be suitable. Shisana said the department was sharply criticised for rushing through funding for the *Sarafina 2* project, and was now committed to checking out the effectiveness of programmes before funding them.

One of the main complaints of Aids workers is, although the NAP was made a presidential lead project, there has been no clear initiative from any of the high-profile political leaders so far.

"The seriousness and extent of the epidemic calls for the highest-level response possible, with the president's office playing a leadership role," said Peter Busse, of the National Association of People with Aids. "There has not been any significant comment made from national, provincial and local government officials, politicians and community leaders," he said.

The National Aids Convention of South Africa organised a briefing for parliamentarians in Cape Town in September, to which eight parliamentary portfolio committees and every MP was invited. Only 14 MPs attended, most of these from the portfolio committee on health. This showed how serious government ministers were taking the Aids issue," said Morna Cornell of the Aids Consortium.

"Unless there is inter-ministerial committee, headed and driven by (Deputy President) Thabo Mbeki, the National Aids Plan is never going to be implemented," said Cornell.

Part of the problem, say observers, is that the programme is rooted in the health department, making it solely a health problem, rather than a broader social issue. There is strong support among Aids workers for the programme to be moved to the deputy president's office and overseen by an interministerial committee which draws together the education, welfare, labour, health, justice, trade and industry, police and defence departments.

Aids workers agree the NAP is one of the most dynamic plans in the world, widely hailed at the international Aids conference in Vancouver in June. "The problem is not a lack of innovation or knowledge, but a lack of the ability to mobilise the resources and get the programme moving," said Grey.

Inaction could see the worst scenario coming true, with HIV prevalence in pregnant women increasing to 30% and 1 000 new infections a day.

Taking the policy battle to the courts

(92)
ST(PT) 1/12/96

THE possibility of 20% of any workforce in South Africa being infected with HIV within the next 10 years makes HIV/AIDS a major industrial relations and workplace issue. The AIDS Law Project, which is part of the Centre for Applied Legal Studies at the University of the Witwatersrand, is involved in addressing major policy issues concerning AIDS and employment.

Mark Heywood, acting head of the project, says the AIDS Law Project is involved in lobbying for a national legally enforceable code of good practice for all employers. "The Commission for Conciliation, Mediation and Arbitration has the power to draft codes of practice

— one already exists on dismissal. We would like to see the CCMA draft a similar code on how HIV/AIDS should be treated in the workplace."

The project also offers a legal service to people who suffer any kind of discrimination at work. Heywood says it has acted for several people, even though few cases have made it to the courts because HIV-infected employees are afraid to have their HIV/AIDS status publicly known and because the industrial court system has not been conducive to solving peoples' problems.

In one case, a temporary worker at a chemical company who applied for permanent employment was told he would have to undergo an HIV test. When he tested HIV positive, he was refused any further employment. "This case reached the industrial court about two months ago where we argued that it was clearly an unfair labour practice. The company settled out of court and paid the individual

R20 000," says Heyman.

Another case against a mining company concerned an employee who was involved in a serious accident and was referred to hospital. Before the person was operated on, an illegal HIV test was performed on him. Partly as a result of his HIV status becoming known, he was dismissed on the grounds of incapacity. The company settled out of court, reinstating the person and giving him seven months' compensation before the case could go to trial. A doctor's report commissioned by the AIDS Law Project, which was intended to be part of the industrial court trial, showed that two years after his dismissal for incapacity, he showed no illnesses associated with HIV infection.

QUOTE:
Failure to defend the right to confidentiality will drive AIDS underground

Although these were two groundbreaking cases, it was not possible to set legal precedent because they never made it to the courts. However, Heywood says it did indicate that employers knew they were treading on flimsy ground re-

garding the practice of pre-employment HIV testing and dismissing a person because their HIV status is known.

The Constitution grants every person the right to personal privacy and dignity. This principle applies to aspects of the personality that are generally considered private, for example, a person's sexual orientation, religious beliefs or health status. Unfortunately, however, it is a principle that is frequently infringed upon when it concerns a person's HIV status. Although a person's right to medical confidentiality, including their HIV status, is guaranteed by the South African Medical and Dental Council and the Medical As-



FIGHTING FOR HUMAN RIGHTS... Mark Heywood, acting head of the AIDS Law Project

sociation of SA, most breaches of confidentiality occur in hospitals or clinics.

The AIDS Law Project is acting for many domestic workers who have been forced by their employers to go for an HIV test, and to tell them the result.

"Hospitals and clinics are also acting illegally because they sometimes test domestic workers for HIV without their knowledge or consent. This is clearly unlawful. In many cases they are also breaching confidentiality by telling the employer the result before telling the domestic worker."

The project is also looking at laying criminal charges against the doctors involved. Legally, to

do a medical operation on a person without their knowledge or informed consent is equivalent to assault.

The project has some long-running cases against the SA Police Services and the SA National Defence Force where HIV testing is still mandatory. "In both cases, again, we haven't got to court, but we have forced changes in policy. The SANDF would not employ people who tested HIV-positive at all, but now they are giving people two-year short-term contracts. It is a breakthrough, but it is still unacceptable since most people in the SANDF are on medium-term contracts. Our argument is that it is unconstitutional, and

we intend acting against the SANDF."

Heywood says the project is acting on behalf of several hundred police constables who are being refused permanent employment because of knowledge of their HIV status.

He says failure to defend the right to confidentiality will drive AIDS underground. People needing health care will be afraid to disclose all the facts of their health status, and may not provide the co-operation needed to give them the best treatment. Those suspecting they have HIV will be afraid to be tested because of the possibility of prejudice if information about their HIV status is disclosed.

Independence from charity is the aim

EXPERIENCE in other African countries has shown that the economic effects of AIDS — both inside and outside the family — are often more devastating and enduring than the emotional loss.

It was against this background that the Sub-Contracting & Enterprise Project was initiated 12 months ago. SCEP is a pilot programme aimed at bringing together young black women between the ages of 18 and 30 living with HIV who are determined not to become a burden on charity or welfare.

Bart Cox, who is currently administering SCEP, says up to now, sponsorship for SCEP has come from the Department of Health, a charitable family trust in Holland, and a donor organisation

in South Africa.

SCEP is currently trying to secure contracts from companies that need unskilled labour for sorting, packaging, mailing and assembly work, for example. The work is done in their own workshop. Organisations that have already used SCEP's services have expressed satisfaction, both with the quality of work, reliability and competitive price.

Cox stresses that SCEP is not asking for money — it is seeking work contracts. SCEP aims to create 40 permanent jobs by February 1997 and an additional 80 part-time jobs by October 1997. However, if contracts are not forthcoming soon, funds will dry up, and the programme may have to close down.

Health department has plan for united action

(92) ST (BT) 1/12/96
THERE is no doubt that the spread of HIV is reaching alarming proportions. The Department of Health recently released the latest results on HIV incidence in pregnant women in South Africa.

One out of every 10 young mothers reporting to ante-natal clinics in Soweto is testing HIV-positive. Predictions are that by the year 2005 one-fifth of South Africa's population — men, women and children — could test HIV positive.

In the light of statistics such as these, many people are questioning whether the government is taking the fight against HIV/AIDS seriously enough.

Rose Smart, consultant to the Department of Health's HIV/AIDS and STDs directorate, says the department has a clear-cut plan for the workplace based on "A National Aids Plan for South Africa", and has begun working within departments in an attempt to get a truly united government response.

The key focus during 1996 was to continue the process of forming partnerships with five sectors the directorate views as its key partners: government (national departments, provincial government, and local government structures), business (employer and employee representative bodies), non-governmental organisations, the community and civil society.

On the public sector side, efforts

are being made to establish an inter-departmental committee to bring together top decision makers from all the national government departments.

To assist departments with developing, managing and monitoring policies and programmes, the direc-

torate has come up with an information guide outlining a six-part process for developing an AIDS policy. It also holds one-day AIDS education workshops for HIV/AIDS committee members and a management presentation on the economic impact of AIDS.



TEAM TACTICS ... consultants Rose Smart and Ann Strode

Management the way to address problems

IF COMPANIES understand what the impact of the AIDS epidemic could be on their business, and design appropriate ways to manage it, there is no reason why it cannot be addressed in the same way as any other business risk, says Dr Jonathan Broomberg, a director at HIV Management Services (HMS), South Africa's only independent specialist HIV/AIDS consultancy.

"There is no doubt that the AIDS epidemic has to be taken seriously, but companies have to stop behaving as though they are 'frozen in the headlights' and start doing something. If the HIV/AIDS problem is dealt with properly, it should not have a negative impact on the country's global competitiveness. In fact, there is tremendous scope to manage HIV/AIDS if it is understood and quantified. South Africa could become a leader in developing humane, compassionate, and efficient ways of dealing with HIV/AIDS in the workplace."

Broomberg says HMS was established six months ago to provide companies with the full range of interventions to assist them with managing the impact of the AIDS epidemic. "The problem up to now has been that hysteria and alarm around the scale of the epidemic and its impact has been created without offering companies a way forward. Most other consultancies have focused on the impact of HIV/AIDS on company benefits, we saw the need to go beyond that and provide information on a range of issues important to companies."

HMS has designed a product called HIV Benefit Management, which helps companies manage the costs of treating HIV/AIDS within the medical scheme environment. It consists of various elements, including a sophisticated clinical protocol customised to the client's needs in accordance with their budget and a network of providers skilled in dealing with HIV/AIDS, who agree to

abide by the protocol. In addition, employees are trained and educated about what the benefits are, and how they can be accessed.

"This allows employers and medical schemes to cover the costs and also to manage them, which is very attractive to all stakeholders. In addition, we foresee the legislative and labour relations environment moving quickly to a situation where it will become unacceptable, and even illegal, for employers or medical schemes to discriminate against people living with HIV/AIDS."

HMS director Gill Gresak says workplace benefits are critical in a country such as South Africa where there is no social security. "A situation in which benefits are not payable for certain illnesses becomes onerous for the family. Most employees view health care as a necessity for themselves and their families so it is important that people can continue to work and access benefits," she says.

(92) ST(BT) 1/12/96

As more South Africans develop AIDS symptoms, employers will have to start dealing with the implications of the disease. LEE-ANNE SMITH reports

Time to deal with the reality of AIDS

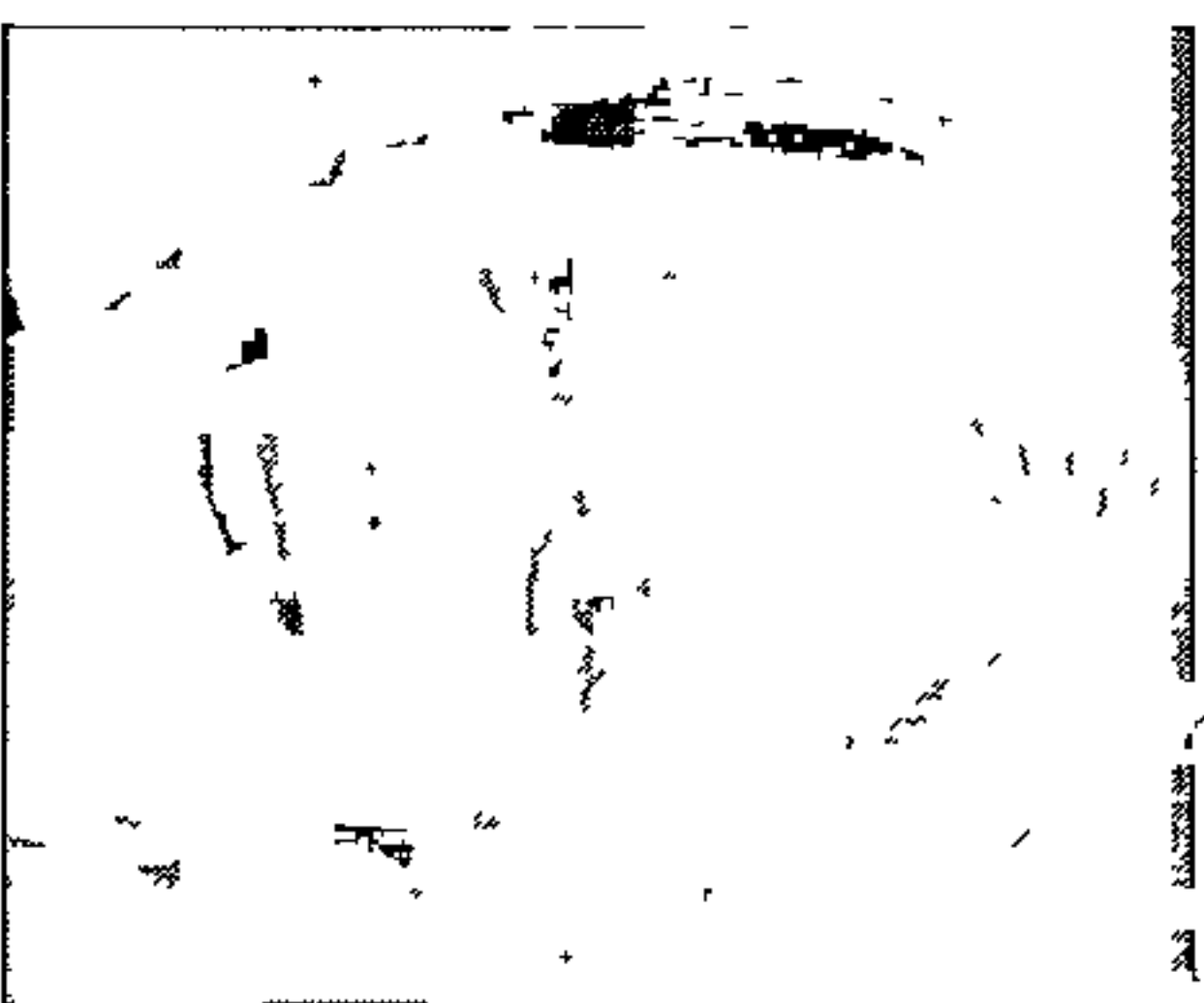
(92) ST(BT) 1/12/96

MORE than 2-million South Africans are HIV-infected, and assessing the average time from HIV infection to developing an AIDS-related illness is 8.5 years, Metropolitan Life senior general manager corporate business unit Peter Doyle estimates there will be about 65 000 new AIDS cases in SA this year. This could increase to about 200 000 new AIDS cases by the year 2000.

He says the HIV/AIDS epidemic could be more severe here than in other comparable African countries because of a combination of factors such as rapid urbanisation, labour mobility, and a highly developed transport infrastructure. "Prevalence (the proportion of infections in the population) is in line with the Doyle Model's worst-case scenario. The epidemic is no different from what was witnessed in countries like Uganda and Malawi. Almost all communities in South Africa's nine provinces are in the epidemic stage (prevalence greater than 1% in the adult population)."

Data shows that prevalence in rural areas of KwaZulu-Natal is often greater than in urban areas. Doyle says this is particularly worrying and can be attributed to excellent mobility together with the existence of a migrant labour system. In contrast, in Uganda there is a massive differential between rural and urban prevalence.

In addition, many African countries are only 30% urbanised whereas South Africa is already about 50% urbanised and this figure could well



PETER DOYLE

increase. On top of this, HIV/AIDS is not only a disease of the poor and unemployed, data shows prevalence among people working in all sectors of the economy to be as high as among the unemployed.

When the Doyle Model was developed in 1990 it made a significant assumption — that the biggest co-factor in the spread of HIV/AIDS was the presence of other sexually transmitted diseases.

Doyle says one of the key advances in HIV/AIDS research recently has been confirmation by the Mwanza Tanzania Trial that the treatment of STDs reduces the rate of new HIV infections. A random sample of 12 000 adults was monitored over a two-year period to

record HIV incidence and prevalence. The incidence of HIV infections over two years was 1.2% in the intervention group compared with 1.9% in comparison communities.

Hope that the number of new infections occurring may have decreased comes from studies of the epidemic in Uganda, which has one of the older epidemics in Africa. A study of recent trends in HIV infection in women attending several antenatal clinics in Uganda shows significant declines in HIV prevalence.

"This shows, for the first time in Africa, an absolute drop in prevalence, and that we can look forward to when the epidemic will peak at a more manageable level."

There has been a fundamental shift in the way the epidemic is being viewed by all stakeholders because they are beginning to feel its impact, and also because data in support of what was forecast six years ago is beginning to emerge, says Doyle. "Companies will have to become more proactive in their approach to dealing with AIDS in the workplace, especially in the light of the implications of the recently promulgated Labour Relations Act, and the fact that the expected higher mortality and disability arising from AIDS will have a significant impact on employee benefits."

He warns that South Africa will not be able to change the fundamental course of the AIDS epidemic. "But it is possible to reduce the incidence and improve the situation for future generations."



Pictures: JEREMY GLYN

WORDS OF WARNING... Erich Potgieter of Old Mutual says employees should be informed

Employee benefits threatened

(92) ST(BT) 1/12/96

ONE of the greatest concerns for the country regarding AIDS is that the hardest hit age group is the economically useful 30-45 year age bracket, and that more than 2.1% of people currently applying for life assurance policies are HIV-positive. Based on the 12th AIDS Claims Statistical Report, published by Mercantile & General Reinsurance, there were more than 1 700 AIDS or AIDS-related cases by December 1995, the cost to the insurance industry amounting to about R65-million.

Andrew McGinn, Divisional Head of Fedlife Group Benefits, says Fedlife has been close to the building industry for over 50 years and, based on Fedlife's initial studies, the costs of providing death and disability benefits to building industry retirement funds will increase by about 50% by the year 2000 and be double current levels in 10 years' time if nothing is done to prevent the spread of the epidemic. "This means that for the average defined contribution fund that maintains the current level of funding, letting the risk costs eat away at the retirement allocation, the retirement benefits will be more than 20% lower than if risk costs stay constant at their current level."

Nicholas Davies, actuarial consultant at Hollanda Life Reinsurance, says statistics from Zimbabwe and Malawi show that group life and disability insurance premiums have escalated dramatically while benefits have decreased steeply in an effort to meet mushrooming AIDS-related death and disability claims.

Davies says Hollanda, a significant player in the reinsurance of employee benefits, has been well placed to monitor AIDS-induced trends. "The last available industry figures show group business claims increasing at a rate twice that of individual claims on life business and five times on disability business. Clearly, insurers and employers cannot sustain payments at this level, and measures will have to be taken to protect against astronomical employee benefit costs."

Erich Potgieter, Old Mutual Actuaries & Consultants senior actuary and consultant, says some funds responded to rising group life and disability costs by reducing retirement funding contributions or the rate of bonuses added to these, which is a cause for concern. "Fund members are possibly not even aware that their long-term benefit prospects are being reduced to subsidise risk-benefit costs in the short term. If this strategy is adopted, we believe it is vital to communicate this to the members and explain to them how their retirement and resignation benefits are affected."



It was a day to remember for former pupils of Madibane High School of the old Western Township when they and their former teachers came together on Saturday with pupils and staff of what is now Dowling Primary School in Westbury, Johannesburg. Mr Peter Rezant and Archbishop Desmond Tutu were there to share some anecdotes. See page 11

PIC CLEMENT LEKANYANE

Aids message ⁽⁹²⁾ spread across SA

Sowetan 2/12/96

By Mokgadi Pela

THOUSANDS of South Africans marked World Aids Day at rallies and festivals held around the country at the weekend under the Department of Health's message of "One world, one hope"

The message emphasises the need for people everywhere to put aside their differences and work together to meet the challenge of slowing the Aids epidemic and alleviating its impact", a department statement read

For years the World Health Organisation has urged compassion and understanding towards people with Aids

Reports show that more than two million South Africans were infected with the virus

Addressing thousands of people at the University of the Free State at the weekend, Health Minister Dr Nkosazana Zuma said Aids must be fought with the same vigour displayed during the struggle against apartheid

She urged understanding and compassion towards HIV-carriers

While there is discrimination against HIV carriers they will be secretive

Anglo American Corporate Affairs manager Mr Clem Suter said in his World Aids Day message that the country would soon face "an epidemic of unimaginable proportions" as HIV sufferers go on to develop Aids

Reacting to health director-general Dr Olive Shisana's views on the "need for an end to secretiveness around the HIV status, the Gauteng region of the National Aids Convention of South Africa said "Until the community and government are supportive of people with HIV by providing care and protection against discrimination, we cannot expect HIV sufferers to be open about their status"

Co-chairperson of the Aids Consortium Dr James McIntyre said "As long as HIV-positive people continue to lose their jobs and to be expelled from their homes it is unthinkable that people will ever disclose their HIV condition"

Distributors of condoms, Mates Healthcare, have called on South Africans "to protect themselves and their partners from possible HIV infection by using condoms"

Addressing an Aids awareness rally in Dobsonville, Soweto, yesterday, chairman of the SA Medical and Dental Practitioners Dr Joe Maelane revealed chilling statistics that one in every 40 women will be infected with HIV by the year 2010 and one in every 10 males would be infected by the same year

Maelane urged the youth to preach the gospel of using a condom because "protection is better than cure"

His sentiments were echoed by Aids Project leader Mr Bongani Mtshali, who said Aids was destructive. The youths of today should address the seriousness of the disease in order to defeat it," he said



Statisticians estimate that 550 000 South Africans were infected with HIV at the end of 1993.

Getting wise (92) about Aids

Journal 2/12/96

By Claire Keeton

WHO IS more at risk of getting HIV a single working woman who has been involved

with three boyfriends in three years and has not been concerned about safe sex, or a prostitute who has sex with strangers regularly but insists they wear condoms?

This is only one of dozens of questions in a student workbook on HIV/Aids and relationships, designed specifically for teenagers

Get Wise about Aids is a book that demands the reader's attention and is difficult to put down. One activity leads to another and the topics are presented in a way that is sure to attract students

The workbook is divided into 10 main sections which follow logically, starting with basic facts, questions and answers about Aids, through to caring for those with the disease and community outreach

Role-plays, stories, cross-words, letters and questionnaires require active participation by the reader as an individual and in groups

The student workbook is accompanied by a teacher's guide to help the teacher take a creative and constructive approach, under-

Teenagers who face peer pressure to be sexually active will need this

lining the key points about HIV/Aids such as the importance of Aids tests and knowledge about sexually transmitted diseases

But *Get Wise about Aids* is far more than a workbook about the disease. It looks at Aids in the context of teenage relationships, values and peer pressure, equipping the reader to protect himself or herself from infection

The workbook offers information and the development of life skills in a thoughtful way. It encourages independent thinking and suggests alternatives for students under pressure to conform to the behaviour of their peers

Expressing love

For example, one section on "Expressing Love" presents different opinions of love and sex in relationships, compelling readers to think about their own opinions and priorities

One of the strengths of this programme is that it will reach students on an emotional level which they can relate to. The topics were not developed

in isolation but with secondary school students, and thus becomes clear in the contents of the student workbook

The programme was developed by the Medical Research Council specifically for Aids education in South African secondary schools

A section on Aids statistics shows that the disease is a reality in this country which no-one should ignore

At the end of 1993, statisticians estimated that 550 000 South Africans were infected with HIV and almost 15 000 babies were infected during pregnancy

These figures are already out of date as the number of people with HIV and Aids is increasing rapidly

The workbook has an important section on how to support a friend with Aids as well as practical advice on dealing with fevers, weakness and more severe symptoms of the illness

Get Wise about Aids - both the student workbook and the teacher's guide - should be in every teenager's classroom. It is an indispensable educational tool

Bringing hope to Aids sufferers

Star 2/12/96

(92)

Project provides medical care, advice on nutrition and employment opportunities

By BEATRICE MOTSI
City Desk

Fikile (30) lives with her mother in Soweto and fears she will be rejected by her family if they find out she is HIV positive

Fikile (not her real name) became very ill with TB several years ago, and, although she recovered, a routine blood test last year revealed she was HIV positive

"I want to tell them. Yet if I tell them I know my life will change," she said

She has joined Hope Worldwide's project at Chiawelo Clinic in Soweto. Hope provides medical care, nutritional information to maintain good health, income-generating projects, and counselling services for HIV-positive

people and Aids sufferers

"Hope has helped me," Fikile said "I don't sit at home and think about my problems"

The organisation runs a community-based support group that includes patients, medical personnel and volunteers

They are trained to provide counselling for HIV/Aids patients as well as their families. The support group is the primary educational and prevention base that visits schools, youth groups, churches and prisons

Fikile's last job was in a temporary position as a cleaner and childminder at a city creche almost three years ago. She was trained in needlework, and with a group of nine other women can produce between 10 and 15 cushions a day

Buyi Mgiyako, the organisa-

tion's project co-ordinator, said the sewing project had been running for three years. Tasks are divided among the women and include cutting patterns, drawing designs, embroidery and sewing

Mgiyako said that although many of the project members had died, there were always new people who joined the project. More than 70 women are employed in the Soweto sewing project, and Chiawelo Clinic employs 10 women.

The cushions are sold and half the proceeds are ploughed back into Hope. The other half is given to the women. The organisation's director, Dr Mark Ottenweller, said the project made a profit of more than R16 000 in the past year

A gardening project in the clinic grounds produced several

thousand bags of vegetables

Patients also get additional income by selling sachets of powdered milk, which makes a profit of almost R800 a month, Ottenweller said

Few men are involved in the community projects

Fikile has also been trained as a counsellor, and is involved in weekly community Aids education programmes held at a church in Protea North.

Ottenweller said 10 counsellors trained by Hope were employed in the city health department last year.

The community-based education and prevention programmes will also be put in place in other countries. Ottenweller said "The low-cost programmes are easy to reproduce. The work done here will be done in other countries"

Asia fears that epidemic and death toll have yet to take off

Hong Kong - Asians marked World Aids Day yesterday with calls to halt the spread of the epidemic, but experts warned that a lack of education and sexual taboos ensure the killer disease will continue to run rampant

Two 18m-high red ribbons, the symbol of international Aids

awareness, adorned the Sydney Harbour Bridge in Australia while thousands of people in Thailand distributed condoms at massage parlours and petrol stations

In Manila, 500 members of HIV/Aids Network Philippines released hundreds of red balloons

marked with the words "World Aids Day", while awareness groups in Tokyo opened a round-the-clock telephone counselling service in eight languages and hotlines for Japanese women and homosexuals

As many remembered the dead and dying, health experts in

India, the world's second most populous nation, warned that the most horrific toll may still be to come

The World Health Organisation estimates that nearly 28 million people have been infected worldwide with HIV since the start of the epidemic 15 years ago - Reuters

'Commitment against HIV/Aids is lacking'

(92)

Failure to recognise epidemic, says national organisation

Mar 4/12/96

MEDICAL CORRESPONDENT

HIV/Aids is spreading rapidly in South Africa because there is still no public, vocal, high-level commitment to fighting it, says the National Association of People Living with HIV/AIDS (Napwa)

The association said the National Aids Plan had not been implemented, and the National HIV/Aids and Sexually Transmitted Diseases Directorate was in disarray

The climate had not been created where people recognised there was an epidemic which they needed to curb, Napwa added

The organisation was responding to Dr Olive Shisana, Director-General of Health, who said in a recent interview she was convinced that, despite *Sarafina 2*, the Department of Health was moving in the right direction with its HIV/Aids policy

"But I am not convinced we are doing the right thing in keep-

ing HIV/Aids such a secret," Shisana said. She compared HIV to Ebola, saying the deadly haemorrhagic-fever virus was contained because of the immediate response, and because there were no superficial constraints on the doctors and the hospital by issues such as confidentiality

But, retorted Napwa, blaming confidentiality for the spread of the virus "returns us to the position where people with HIV and Aids are yet again blamed for what is starkly the failure of the Government to give leadership and take action"

Ebola and Aids were in no way comparable as Ebola was highly infectious and easily transmitted and keeping infections confidential would be contrary to public health, Napwa said

It said the National Aids Plan - which forms the basis of the National HIV/Aids and STD Directorate and most provincial and local government Aids plans - was developed through extensive consultation.

The right of confidentiality was fundamental to the plan because of people's right to privacy about their health status.

It was also important because of the extraordinarily high levels of prejudice, discrimination and rejection which people with HIV and Aids and their families were experiencing

It was hoped that the rapid implementation of the National Aids Plan would create a society where people would feel safe and supported in revealing their status. That this had not happened was indicative of how the Health Department and other state organs were dealing with the epidemic

The answer lay not in mass testing or in gross violations of confidentiality, but in creating a society where all sexually active people took steps to ensure they were not infected

The epidemic would be normalised only when people were respected, not punished, for revealing their status, Napwa said

Lesotho battles to educate its people on Aids

(92) *Handwritten* 5/12/96

By Bethuel Thai

MASERU - Nothing can be done to avoid Aids. Using a condom is like having your staple diet poisoned. I would rather die than use that plastic. This is the alarming response of a Sotho teenager asked about the killer disease.

Despite a heightened anti-Aids campaign, which likens the disease "to a serial killer still at large" the warnings appear to be falling on deaf ears.

While statistics reveal a four-fold increase in the number of reported cases, residents still believe Aids is an imported disease brought in by foreigners.

The general public apathy towards Aids has prompted two organisations, the Aids Control Programme and CARE-Lesotho to launch a series of activities aimed at transforming attitudes towards the disease.

Sporting personalities

The campaign targets a number of areas but the main focus is to use well-known sporting personalities as role-models. Mamello Molele, Aids Control education officer, says using sports persons such as footballers is definitely worthwhile. "They are role models and youth normally copy their behaviour".

She said the rising number of Aids cases seen in recent years was not unusual "because we are reaping the results of past years when people did not believe there was Aids and indulged in promiscuity".

"We are still expecting the number to go up before it will eventually reach equilibrium," she said.

Sex should no longer be a taboo subject at home and parents had to change

their attitudes towards children and be open to discuss Aids issues, Molele said.

A traditional doctor, Mantona Lebenya, says because the disease is not readily discussed and kept a secret by those who contract it, many people are not convinced that it even exists until a relative or close friend dies of it.

She said Aids had to be exposed and people should be forced to believe in its existence for campaigns to succeed.

Social problem

Labour minister Ntsho Molepo has appealed to employers to fight against the spread of Aids at work. "Aids is not only a medical problem. It is a social problem which deprives the country of skilled labour".

"Most Aids victims are bread winners of the family and the consequences are too alarming to even contemplate".

Health minister Tefo Mabote has recommended that Aids education be part of the primary health care curriculum.

The June 1996 report by the sexually transmitted diseases and aids control units of the ministry of health said since the first reported case in 1986, the number has increased to 1 088 cases in 1996.

This rate of infection is regarded as high in Lesotho, which has a population of about 1.8 million.

"But taking into account the number of cases that go unreported, the real cumulative figure is probably much higher," the report said.

Cases are primarily clustered in the 20 to 39 age group, which contributes about 66.5 percent of reported cases.

Female cases are much higher than male cases in this age group - *Africa Information Afrique*.

Well-known sporting people used as role-models,

Many are not convinced of Aids until a relative or friend dies,

Aids is not only a medical problem but a social one,

Magic Johnson's 3-Potter Competition

At 6.9 - fall Magic is a tryn to look up to! Win one of 50 tickets to the Wimpy Magic Johnson's All Stars game at the Sun City Superbowl on Saturday 7 December or at the University of Durban Westville on Thursday 12 Dec. mba, or at the Standard Bank Arena in Johannesburg on Sunday 15 December. To see magic live all you have to do is correctly answer the question below.

Q. How tall is Magic Johnson?

Make sure you have the following information ready when you phone

Answer Name Telephone #

Phone your answer to (011) 622-9921 between 12-1pm

- Sun City event call on Thursday 5 December.
- Durban Westville event call on Monday 9 December.
- Johannesburg event call on Wednesday 11 December.

MVP **BAWA** **South African Airways** **Standard Bank** **SPONSORING INTERNATIONAL**

RULES: 1. Only one correct telephone answer accepted on the date & times above. 2. The judges decision is final and no correspondence will be entered into. 3. Winners will be contacted by phone and must produce valid identification upon receipt of prize. 4. Prizes are subject to availability. 5. Winners must be 18 years of age or older. 6. Prizes are void if the winner is a member of the immediate family of the sponsor, sponsors staff, or organizers.



Shisana calls for effective AIDS plan

Jacqui Pile

STRATEGIES to reduce the spread of AIDS in SA Development Community (SADC) countries had been unsuccessful and SA would have to look at changing its existing programmes for preventing and controlling the spread of HIV, health department director-general Olive Shisana said yesterday.

Addressing an SADC-European Union conference on HIV and AIDS in Malawi, Shisana said extensive mass communication strategies, life skill programmes and condom distribution all focusing on safe sex had not prevented the virus from spreading.

"We find that we are far behind other countries in our control strategies," she said. Shisana suggested that policies on the disclosure of HIV status should be debated. This could involve introduc-

ing a programme whereby the partners of HIV infected people were notified. "The need for confidentiality and protection of community health needs to be balanced," she said.

Discussion on this topic had not previously been considered as it was not certain whether partner notification would hinder the spread of HIV. Shisana said health authorities were also worried about violence against women who disclosed their HIV-positive status to their partners.

Shisana said SADC member states needed to join developed countries to seek ways of reducing the chances of infecting babies being born from HIV-positive mothers. This would involve research into the use of a combination of AZT and 3TC drugs to reduce transmission of the virus from mother to child. Studies involving pregnant mothers such as those currently being

conducted at Baragwanath Hospital in Soweto and King Edward VIII Hospital in Durban and elsewhere in Africa were "examples of the direction we need to follow", Shisana said.

Many developed countries were moving towards increasing the lifespan of HIV positive people. Treatment of infected people could prevent the development of the virus into full blown AIDS in SA.

Shisana said that developing countries needed to "remove the psychological barrier that we cannot afford expensive drugs needed to prolong infected people's lives". She said that health authorities needed to enter into discussions with multilateral organisations to tender for drugs such as AZT and 3TC in order to reduce the price and make them more accessible.

EUNA reports that more than 250 people are being infected by the AIDS

virus monthly in East London.

The manager of the East London aids training centre and regional project co-ordinator Rose Hegner said she used "laboratory information" to conclude that about eight people were infected daily in East London.

"AIDS is not a notifiable disease, so we can only estimate how many people are infected," she explained.

"The number of people with this deadly infection is doubling and even tripling every month.

"According to statistics, the Eastern Cape is only number five or six, in the provinces with the highest number of people infected by AIDS. "Kwazulu-Natal is the highest and the Western Cape the lowest."

She stressed that it was important for people to learn and be aware of the danger of AIDS and know how to prevent its spread.

Ed 5/12/96

92

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(92) B0 5/12/96

gains momentum it could lead to a reduction in the ability of the poor to afford the most basic government housing. It may reduce the demand for low income housing altogether.

"The impact of the epidemic needs to be planned for. At the very least, population projections should include the effects of HIV, it should be given consideration in government policies and the White Papers of all ministries, and the private sector needs to be involved, both in its own right and as a contributor to government policy."

In SA, rates of HIV infection continue to rise at an alarming rate, but there is a glimmer of hope. Between 1994 and 1995 the total percentage of HIV-infected women attending public antenatal clinics increased from 7,6% to 10,4% and not to 11%-12% as predicted by preceding surveys.

Although the prevalence is highest in African communities, there is evidence that the epidemic is spreading rapidly across all population groups.

It dispels the notion that HIV/Aids is likely to stop or reverse population growth, although it might slow the rate of population growth in some regions.

Some predict that infant mortality rates will nearly double in Zambia and Zimbabwe and that life expectancy will fall by 9-25 years in the worst affected countries by 2010.

It is clear that HIV/Aids will reverse developmental gains, but the review treats with caution studies which have found that the epidemic could erode countries' economic growth by as much as 25% over 20 years.

In SA, it predicts a change in the demographic structure of the population, an increase in demand for social, health and welfare services and the loss of scarce, skilled manpower.

It has been estimated that by the year 2005, up to three quarters of SA's projected health budget could be consumed by the consequences of the epidemic. The review thus argues strongly for the development of primary health-care to prevent the situation already developing in KwaZulu-Natal where Aids patients, who could best be treated at clinics, are occupying hospital beds.

Although the health department has made the fight against Aids a priority, it is criticised by the review for allowing red tape to hamper the appointment of key people to its HIV/Aids control programme. ■

HIV/AIDS UPDATE

Fmb/12/96

DEARTH OF PLANNING

(92)

South Africa is failing to consider how the HIV/Aids epidemic will reverse hard-won developmental gains, increase demand for social, health and welfare services and reduce the availability of manpower.

The latest *SA Health Review* finds that policy papers on Aids fail to consider how the epidemic will affect the demand for services and government's ability to meet them. For instance, as the epidemic

Ngema plans European tour for slated *Sarafina 2*

ARG 7/12/96 (92)

BEKIZULU MPOFU
OWN CORRESPONDENT

Durban – Controversial playwright Mbongeni Ngema believes he was used as a “ping-pong ball” in the *Sarafina 2* debacle.

He now plans to resuscitate it by taking the play on a tour to Europe next year and away from political fights in the Government which he claims caused the sudden end of *Sarafina 2*.

“South African politics is crooked. We were caught up in the middle of a big fight between the ANC and the DP, basically, a fight between blacks and whites. We were the ping-pong balls in the whole issue. Whites are not ready for blacks to get such big production mo-
mes

“If there was a creative white man like myself, if only they could invent a white Mbongeni Ngema, then perhaps things would be different,” he said.

He still feels bitter towards the Gov-

ernment, which he believes has abandoned artists. “We were there in the forefront during the struggle campaigning very hard for the end of apartheid.”

“I would have imagined that the Government would have put more money into theatre which has remained so Eurocentric.

“In my case I can get anywhere in the world because I have a track record. What about the millions of neglected artists out there who do not have the slightest chance of performing in big theatres?”

“People at the ministry of arts and culture have no artistic record and are dealing with an animal they have no understanding of.”

His new play, *Asinamali*, which opened last night, celebrates its 13th anniversary of its production this year. *Asinamali* comes to Durban following a recent successful tour to Europe and Japan. Ngema himself stars in the play.



Used: Mbongeni Ngema

THE killer disease, Acquired Immune Deficiency Syndrome (AIDS) is cutting a path of destruction through the subcontinent — according to figures released by authorities monitoring this pandemic.

In Namibia, with a population of less than two million, the number of people infected with the Human Immunodeficiency Virus (HIV) stands at approximately 108 000. According to Health and Social Services Minister, Dr Libertine Amathila, this is expected to exceed 200 000 within two years.

In Malawi, the number of HIV-positive people, carrying the virus which causes Aids, is reported to stand at one million — out of a total population of 11 million. Figures for other countries in the region make for equally grim reading.

As the disease decimates populations in Southern Africa, those afflicted with the virus are coming out of the closet to speak about the disease, and governments are also taking a more serious look at the problem.

□ In 1988, Winnie Chikafumbwa (45) was at the peak of her career as a secretary to a cabinet minister in Malawi when she was diagnosed as having HIV.

For four years after being diag-

AIDS: Africa's curse

THE HORROR of HIV is on the increase in Africa, due to lack of governmental interest and money. But help is in sight for those afflicted with HIV/AIDS in the formation of numerous support groups. AIA reports.

Killer virus ravages the continent

mental institutions. Over 20 AIDS support groups have been set up, with support from local and international donor agencies

Members of the support groups help fellow AIDS victims, both psychologically and materially — encouraging them to adopt a more positive attitude towards life, while teaching them to develop healthy habits and avoid stress to improve the quality of their lives.

The government and international donors have finally recognised the efforts of AIDS support groups and are devising new ways of assisting people living with AIDS. A consultative mission from the United Nations Volunteers (UNV) visited Malawi last month to work out an effective public campaign strategy with the government, international donor agencies and local AIDS support groups

The project is a pilot initiative to involve people infected with HIV in AIDS prevention, care and support. It is designed on the premise that people living with, and those directly affected by, HIV and AIDS are

“potentially more effective educators, counsellors, campaigners and care-givers — given ample education and appropriate support.”

□ In sparsely populated Botswana, awareness campaigns and home-based care for the sick are the two pillars of Botswana's approach to the HIV/AIDS pandemic, which affects 13 percent of its population, or 180 000 people

These campaigns follow the adoption of a national policy on HIV/AIDS in 1993, aimed at mobilising all governmental, private and non-governmental sectors to collaborate in response to AIDS

As a result, many private companies have introduced AIDS awareness programmes at the workplace

□ The Roman Catholic Church recently launched a community home-based care programme in Mogoditshane, a peri-urban centre outside Gaborone. Project co-ordinator Joyce Seiter says the church works closely with the health clinic staff in the area. She says they identify patients who need to be visited and

provide counselling for them and their families

Helen Mhone, who is herself HIV positive, is involved in a project aimed at disseminating information on the disease. This support group was formed in 1993 by people affected by AIDS to offer emotional and practical support to each other. Membership is for those who are HIV positive and also for those whose relatives or friends have been infected by the virus.

□ The increasing number of patients being admitted to Namibia's state hospitals with AIDS-related complications is putting immense pressure on limited hospital beds and human resources.

The Ministry of Health and Social Services has had to review its policy on the admittance of terminally-all patients, placing more emphasis on home-based care

Windhoek Central Hospital Medical Superintendent, Dr Andre Oberholzer, says the country's state hospitals could no longer cope with the increasing number of Aids patients. He says between 24 and 36

patients with HIV complications occupy the beds of the two state hospitals in the capital every day, with an average of two deaths per day.

Abner Xoaqub, co-ordinator of the National AIDS Control Programme, agreed that if the health of a terminally-all patient had reached a level where professional health services could no longer make a difference, the family's help became a must.

□ In war-ravaged Angola, doctors and non-governmental organisations have warned the Angolan government not to ignore AIDS — as the disease is reaching catastrophic proportions.

Dr Marques Gomes, an epidemiologist with the National Programme for the fight against AIDS (PNLS), has accused the Angolan government of apathy regarding the disease. “There is absolutely no support from the government and I have never seen nor heard of any fund or budget from the Ministry of Health for the fight against AIDS,” he said.

His sentiments are echoed by the executive director of the Angolan Association for the Fight Against Aids (AALSIDA), Antonio Coelho, who has called on the government

to urgently create a national commission on AIDS. He warns that if the prevailing attitudes towards the disease continue, there will be two or three cases of AIDS in each family in the next five years.

Executive director of the Action Group Against AIDS (GASIDA), A Sapato, agrees: “Aids is not yet a priority area with the Angolan government. Perhaps due to the military, political and socio-economic problems, what is being done on information and education is the work of Angolan NGOs, with the support of international organisations.”

He claims the government “has not yet defined a programme, and has never given even a single dollar towards the fight against AIDS”

The findings of an International Centre for Research on Women (Icrw) study on Africa, which documents increasing rates of HIV infection among monogamous married women, show that they have both an understanding of heterosexual HIV transmission and access to condoms. What they unfortunately lack is the power to control their husband's sexual behaviour.

□ The World Health Organisation (WHO) estimates a total of 40 million infections will have occurred worldwide by the year 2 000, over 90 percent being in developing countries. Already over 5, 8 million deaths are thought to have occurred. The number of children orphaned by AIDS is variously cited as being between five and ten million.

Medico condemns HIV exposure

By Mokgadi Pela.

FORCED disclosure of the HIV status of carriers would drive the epidemic further underground, a leading-medical practitioner has said

Co-director of the Perinatal HIV Research Unit at Baragwanath Hospital Dr James McIntyre was reacting to the call by Health Director Dr Olive Shisana for an "end to secretiveness around the HIV status of people with the dis-

ease so as to improve the effectiveness of treatment and education" Shisana's views were published ahead of World Aids Day

"The path from the removal of confidentiality to compulsory disclosure leads to the extremes of public humiliation, branding and discrimination that we can never afford to see again in this country, particularly as South Africa does not have a great record of tolerance," he said

McIntyre said it was surprising that while South Africans had demanded to see the faces of Aids, "they have done nothing to ensure that these people can be open about their HIV status without discrimination and prejudice To expect people with HIV to divulge their status and risk rejection and vilification by families, employers and communities in the absence of a supportive environment is both irresponsible and immoral"

Sowetan 16/12/96

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New health head vows to tackle Aids crisis

M+G 20-23

(92)

Stuart Hess

THE new head of the Department of Health's HIV/Aids/sexually-transmitted diseases (STD) directorate has vowed to kickstart the organisation's stumbling campaign, pursuing a strategy based on greater co-operation within the government

Rosemary Smart, a 48-year old former nurse, was appointed to the post on December 12 — some six months after her predecessor Quarraisha Abdool Karim resigned

The directorate has been stung by criticism that it lacks leadership and drive. Morale among staff has been drained by the *Sarafina II* episode

Groups involved in the fight against the Aids virus have also accused the directorate of straying on to their turf, while failing to provide a clear lead

In an interview this week Smart said she planned to close the door on the mistakes of the past. "*Sarafina II* has been damaging to the Aids programme, but I believe that there is sufficient goodwill to put it behind us and move forward on the important issue of tackling the epidemic," she said

Sarafina II, she added, could have been avoided had the directorate followed the correct procedure and not tried to rush the R14,2-million project

The programme in 1997 will concentrate on all stakeholders developing a common understanding of the national Aids plan. This will seek to overturn the idea of an "alleged" lack of political will behind the campaign

Directorate figures show the number of people in South Africa infected with HIV rose to 2,2-million this year from 1,8-million in 1995. Heterosexual transmissions account for an increase of 1 000 new infections daily.

"It would be naive to believe that the epidemic can be halted in its tracks or even appreciably slowed down in the short term," she said

"There is a growing realisation that Aids is not a health issue, but has the potential to impact on all sectors of society. As ownership of the problem increases there will be an associated increase in support

from political and other leaders"

An inter-departmental committee will meet early next year to provide a forum to create a "united response by government to the epidemic", Smart said

Among the major issues the directorate will seek to tackle is that of confidentiality. Department of Health director general Olive Shisana, who oversees the directorate, has already opened the debate, arguing earlier this month that the question of confidentiality should be reviewed if the fight against the spread of the virus was to be stepped up. Her comments earned a sharp rebuke from the African National Congress and Aids activists

Smart said the issue was one area where policy development was needed

Confidentiality was also one of the key factors affecting the treatment offered to pregnant mothers who are HIV-positive. She believed that by testing in order to protect the baby, doctors may come into conflict with the mothers' right to privacy

Administering infected mothers with the drug AZT during pregnancy and to infants immediately after birth can reduce the transmission of the virus by 70%

"However, the department recognises certain policy and ethical problems with the provision of AZT because the use of this treatment requires that pregnant women be tested for HIV," said Smart.

The efficiency of AZT when administered with a drug called 3TC is being tested at Baragwanath Hospital. "Until conclusive results are known, making this combination available will not be considered by the department," she said.

Smart said the Health Department was ruling

out, for now, subsidising such combination treatment, given the cost of R70 000 to R95 000 a year per patient.

Future plans to subsidise treatment will be guided by research currently under way across the world

"The results of the research will have to be interpreted and implemented within the context of the available health budget," said Smart. "Demands for such treatments will have to compete with other health issues"



'There is a growing realisation that Aids is not a health issue, but has the potential to impact on all sectors of society'

— Rosemary Smart

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(92) MTG 20-23 11/2/96

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Field workers welcome Smart as head of Directorate HIV/Aids

(92) Star 24/12/96

JANINE SIMON
Medical Correspondent

Rose Smart's appointment to the post of Director of the Department of Health's Directorate HIV/Aids and STDs on December 12 has been welcomed by HIV/Aids field workers

The feeling is due partly because the job vacated by Quarraisha Abdul Karim in the wake of *Sarafina II* has been filled after five months of being empty

But there's also relief that someone knowledgeable in the field has agreed to take up a post many colleagues wouldn't touch because it has limited power, and is therefore hobbled in its ability to tackle the epidemic at the required level

Smart says 1997 will be a year of unprecedented growth, expansion and acceleration of the national Aids programme

"*Sarafina II* has taught us there are no short cuts to accountability, and that a balance must be found between developing creative responses to the epidemic, and ensuring this is done procedurally," she says

Smart has stated her principles in an open letter, and they include for 1997 to be a year in which all partners formally commit themselves to the execution of the national Aids programme,

in which there is a meaningful inter-sectoral approach, and which will herald a culture which exposes discrimination and abuse

The Aids epidemic is now understood to be more than just a health issue, and there are two schools of thought over whether Smart will be able to summon from her new position the influence to pull the issue to the top of

Epidemic more than simply a health issue

the agendas of other ministries

As a director under the Chief Directorate of National Programmes, she is one of seven directors falling under Dr Glodine Mtshali, and is two levels down from Director-General Dr Olive Shisana and three from the Minister

Alleged lack of political will be addressed as broad inter-sectoral response to the epidemic takes place, says Smart

There are many indications that ownership of the problem is beginning in earnest in government departments and the private sector, and lobbying and advocacy activities to support this

are planned

"Rose will have support," says Dr James MacIntyre, co-chair of the Aids Consortium, which has been so discouraged as to write to Health Minister Nkosazana Zuma, urging her to find a way to break through the lethargy which has developed around the epidemic

"The appointment is very positive," says Dr Liz Floyd, Gauteng Director Aids and Communicable Diseases

A nursing sister by profession, Smart moved into Aids education while working as an occupational health nurse in the late '80s and early '90s

She ran the Pietermaritzburg Chamber of Industry's anti-Aids programme for more than a year before becoming manager of the Pietermaritzburg Aids Training, Information, and Counselling Centre (ATICC) in 1992

Smart, who has been working as a consultant to the national Aids programme for the past few months, has been intimately involved with developing the document on which it is based

She convened the commission which drafted the education and prevention component of the strategy, and help draft the implementation plan

But, says Smart, direction from the national office will be a priority for 1997